

Gold Hospital Cover Summary

Top hospital cover for all services, so you can have total peace of mind

Features



Cover for your own private room¹



Choice of a higher excess to reduce your premium



Unlimited urgent ambulance by road²



No excess for kids

Gold Hospital includes:

- ✓ Pregnancy and Birth
- ✓ Heart and Vascular
- ✓ Joint Replacements
- ✓ Cataracts
- ✓ Weight Loss Surgery

Full list of inclusions and exclusions is included in this product sheet

How to contact us:



Call 133 423

Call centre hours (WST)
Mon-Fri: 6am-6pm, Sat: 7am-4pm, Sun: Closed



Go to [hbf.com.au](https://www.hbf.com.au)



Find a branch near you

¹ At a Member Plus hospital. Subject to availability.

² HBF will cover the cost for urgent ambulance transport by road only for circumstances classified as emergency or urgent. HBF does not cover air ambulance.

Why trust HBF as your health insurer

Since 1941, HBF has been caring for the health of Australians by helping them get well in the moments that matter



We always put our members first



We're not run by shareholders. That means we can focus on giving our members more back.



We're a health fund trusted by 1 million members³

Get well rewarded with a range of offers and discounts:



15% off at Friendlies Pharmacies for HBF members⁴



Free HBF fitness sessions run across WA⁵



Access exclusive discounts through our Momentum Member Benefits program

As an HBF member, you'll also be able to:



Claim online through myHBF



Access more private hospital partners in WA than any other major health fund⁶



Get well covered with HBF home, car and travel,⁷ and life⁸ products

³ As at January 2019.

⁴ Excludes prescriptions, discounted products, health services and related items.

⁵ Charges apply for other participants.

⁶ Compared to any of the top five health insurers.

⁷ General Insurance issued by Insurance Australia Limited. Consider the PDS available from HBF.com.au to see if the product is right for you.

⁸ HBF Ezicover life insurance products are issued by Zurich Australia Limited. Before making a decision about the product you should consider the HBF relevant combined Product Disclosure Statement and Financial Services Guide available from HBF or via www.hbf.com.au

What am I covered for?

This is an overview of Gold Hospital. Additional information you should know relating to this cover can be found in the Membership guide available at hbf.com.au/membership-guide

Hospital treatments & services	Covered/Not Covered
Rehabilitation	✓
Hospital psychiatric services	✓
Palliative care	✓
Tonsils, adenoids and grommets	✓
Joint reconstructions	✓
Hernia and appendix	✓
Gynaecology	✓
Dental surgery	✓
Brain and nervous system	✓
Eye (not cataracts)	✓
Ear, nose and throat	✓
Bone, joint and muscle	✓
Kidney and bladder	✓
Male reproductive system	✓
Digestive system	✓
Gastrointestinal endoscopy	✓
Miscarriage and termination of pregnancy	✓
Chemotherapy, radiotherapy and immunotherapy for cancer	✓
Pain management	✓
Skin	✓
Breast surgery (medically necessary)	✓
Diabetes management (excluding insulin pumps)	✓
Lung and chest	✓
Blood	✓
Back, neck and spine	✓
Plastic and reconstructive surgery (medically necessary)	✓
Pain management with device	✓
Sleep studies	✓
Heart and vascular system	✓
Podiatric surgery (provided by a registered podiatric surgeon)	✓
Implantation of hearing devices	✓
Insulin pumps	✓
Cataracts	✓
Joint replacements	✓
Dialysis for chronic kidney failure	✓
Pregnancy and birth	✓
Assisted reproductive services	✓
Weight loss surgery	✓

✓ Included service. This meets government requirements for a Gold level of hospital cover.

What is an included service?

When you have been admitted to hospital for treatment that is an included service on your cover, you'll be covered for private room accommodation and theatre fees (less any co-payment or agreed excess) for all agreed services in a Member Plus hospital.

We may also pay a benefit towards your specialist fees and other in-hospital services, such as medically necessary investigative tests and/or examinations, if your treatment is covered by Medicare. These services must be required to support your treatment after you've been admitted to hospital.

If you choose to be treated as a private patient in a public or non-Member Plus hospital, we'll pay a benefit towards your accommodation only, and you may incur out-of-pocket costs. You'll have the option to request a private room, however please note that private rooms are offered based on medical need and there may be some instances where a private room is unavailable.

Are there any exclusions on benefits?

There are some common situations where HBF won't pay a benefit:

- If you receive a service or treatment that is excluded on your cover
- If you receive an outpatient service including treatment in a private emergency department
- If you receive hospital treatment that is not eligible for a Medicare benefit, such as cosmetic surgery
- Your premium payments are not up-to-date at the time of treatment or service
- Your claim is not lodged within two years of the date of service
- If you have not yet received your treatment or service at the time you claim
- Your treatment or service is provided outside of Australia
- Your claim is covered by worker's compensation, third party or other legal right

See the **Membership Guide** for a full list of exclusions.

Urgent Ambulance

With Urgent Ambulance, you'll be fully covered for ambulance transport by road and on-site treatment, for circumstances classified as emergency or urgent when transported by an approved HBF provider.

The most common urgent ambulance service is a call-out that requires a trip to a hospital emergency department. Emergency or urgent treatment by paramedics at the scene, such as resuscitation, are also considered an urgent ambulance service and will therefore be eligible for benefit under your cover.

Each state runs a little differently when it comes to Ambulance cover, so here's what you need to know when you get your bill:

- If you live in VIC, SA, WA or NT and receive a bill for emergency ambulance transport, send it to us for processing.
- If you live in NSW or ACT, you need to return your bill to your respective state/territory ambulance levy scheme with your HBF member information.
- If you live in TAS or QLD, you are covered under your state-based scheme for ambulance services within your state.
- If you hold a concession card, you may have subsidised ambulance services depending on the state you live in.

HBF won't pay a benefit for:

- Situations where the service is not classified as emergency or urgent, including transport to medical appointments.
- Any transport not by road, including air ambulance services.
- Situations where the benefit or cost is subsidised by a state scheme or is payable by a third party, including inter-hospital transfers⁹

Pregnancy and Birth

You'll need to add your baby to your policy within two months of your baby's birth date. If you're currently on a single or couple policy and want your newborn to be covered, an increase to a parent plus or family premium will apply from your baby's date of birth. If you're already on family cover, you won't need to pay anything additional to add your newborn to your policy.

Breastfeeding support

HBF Member Plus hospitals provide free of charge lactation consultations during your hospital stay.

When can I claim?

If you're new to private health insurance or if you've upgraded to a higher level of cover, you'll have to serve a waiting period before you can claim.

Waiting periods for Gold Hospital are listed below:

Service	Waiting Period
Pre-existing ailments or conditions ⁹	12 months
Pregnancy and birth related services	2 months
All other in-hospital treatments	7 days
Urgent ambulance (by road)	7 days

Where you have continuous hospital cover, we'll honour any waiting periods you served with your previous health fund, so you won't have to re-serve them. If you are part-way through a waiting period, you will just have to serve the remainder before you can claim.

If you're moving from a cover with an excess to a cover with a lower or no excess, you'll need to pay the higher excess if you're admitted to hospital during the waiting periods applicable to that service.

What is a pre-existing condition and how does it work?

This is an illness or condition which, in the opinion of an independent medical practitioner (appointed by HBF), was known to exist, or where signs or symptoms were evident during the six-month period before you became an HBF member, including on the day you joined. This also applies if you transferred to a level of cover with higher benefits.

If you proceed with a hospital admission without confirming what benefits you're eligible for and your condition is determined to be pre-existing, you will be required to pay all outstanding hospital and medical charges not covered by Medicare.

⁹ Pre-existing waiting periods do not apply for psychiatric care, rehabilitation or palliative care.

Will I have any out-of-pockets?

In some situations, yes. Below are some common out-of-pockets costs and how to manage them. To reduce or avoid out-of-pockets, simply contact us before you go to hospital and we'll help you understand ways to save.

Excess

An excess is a sum of money you pay upfront before you receive hospital treatment. Generally, the higher your excess, the lower your premium. The excess is paid once per member per calendar year (to a maximum of twice per couple or family policy) no matter how many times you may be hospitalised. The excess applies for day and overnight admissions. You won't be required to pay an excess for any dependant children on your family policy. Gold Hospital has a \$0, \$250, \$500 or \$750 excess option available.

How to manage out-of-pockets: Some HBF products have a lower excess option to reduce the amount you pay upfront when you go to hospital, but keep in mind a lower excess generally means a higher premium.

Hospital Gaps

HBF has agreements with a large network of private hospitals, which we call Member Plus hospitals, to cover the cost of accommodation and theatre fees for all agreed services included on your level of cover. If the hospital you attend does not have an agreement with HBF, or if the service you require is a 'non-agreed' service (not covered as part of your hospital's agreement with HBF), you will have an out-of-pocket.

How to manage out-of-pockets: Stay at a Member Plus hospital to ensure your accommodation and theatre fees are covered for the services included on your level of cover.

Medical Gaps

If your doctor/s (e.g. your surgeon, specialist or anaesthetist) charges more than the Medicare Benefits Schedule fee, you will pay the difference (known as 'the gap') out of your own pocket. HBF may cover all, some or none of this gap, depending on the agreement the doctor has chosen to participate in. Doctors outside of WA can choose to participate in agreements with HBF on a case by case basis.

How to manage out-of-pockets: Speak to your doctor/s prior to your procedure to check what arrangement they have with HBF and what, if any, gap you'll have to pay. You can contact us for more information and a list of doctors HBF has agreements with, within WA.

Private Patient in Public Hospital

When you are admitted as a private patient in a public hospital, HBF will pay a benefit towards your treatment. There may be an out-of-pocket cost for your hospital admission related to your hospital excess, or if you stay in a private room.

How to manage out-of-pockets: If you choose to use your private hospital insurance in a public hospital, contact us before your treatment and we'll guide you through any out-of-pocket costs.

Medicare Eligibility

Most Australian citizens and permanent residents are eligible for Medicare; however, if you aren't eligible for Medicare, you'll experience large out-of-pocket hospital and medical expenses even if you have hospital cover with HBF.

How to manage out-of-pockets: You may wish to consider HBF's range of overseas visitor cover, which provides benefits for services Medicare would normally cover.

In-hospital Pharmacy

When you're admitted into hospital for a procedure, it's likely you'll be given medication. In a number of Member Plus hospitals, in-hospital non-PBS pharmacy items are specified in the hospitals' Participating Hospital Provider Agreement. These items may be included in the hospital charges, which means you may have limited or no out-of-pocket costs to pay.

Where the non-PBS pharmacy items are not specified as included within the Member Plus hospital's agreement, we will pay benefits up to \$1400 with a member co-payment of \$100, per hospital episode. There's no limit on the number of times you can claim per year, however re-admissions within seven days may be considered continuous and therefore only one limit and co-payment applies.

Prostheses

Prostheses are medical devices, such as pacemakers and artificial joints, that can be provided during hospital treatment. HBF will cover prostheses that are listed on the government prostheses list. Most prostheses are fully covered; however, your doctor may use a prosthesis that isn't listed on the government prostheses list, in which case you'll have an out-of-pocket expense.

How to manage out-of-pockets: We suggest you discuss the choice of prostheses and the associated costs with your doctor.

Podiatric Surgery

Where Podiatric Surgery is an included service on your hospital cover, limited benefits will apply. This means that HBF will pay a benefit towards accommodation and theatre fees associated with Podiatric Surgery. HBF may pay a benefit towards the anaesthetist and/or a podiatric surgeon, however you will incur out-of-pocket costs. To receive a benefit, your treatment must be provided by a HBF approved podiatric surgeon at a hospital where Podiatric Surgery is an agreed service.

Call us before treatment to understand your level of cover and the out-of-pocket expenses that may be incurred.

If podiatric services are provided in a clinic, they are considered outpatient services, so unless you have Extras cover which includes those services, you will have to pay the bill yourself.

Dental Surgery

Where your Dental Surgery treatment is not covered by Medicare, HBF won't pay a benefit for the oral surgeon's fees under your hospital cover, however you'll still be covered for the accommodation and theatre.

How to manage out-of-pockets: You may be able to receive a benefit for these treatments if you hold an eligible Extras cover and waiting periods have been served. Contact us before your treatment to understand what out-of-pocket costs will apply and any benefits you may be able to receive with one of our Extras covers.

Before receiving any treatment, you should contact us or go to hbf.com.au/myhbf for a health benefit quote so you know how much you're covered for, the benefits you'll receive and any out-of-pocket expenses.

HBF reserves the right to make changes to its products, benefits and terms and conditions from time to time. HBF will notify the policyholder a reasonable time in advance of any changes that might be detrimental to the member's interests.