Intermediate Hospital gives you comprehensive hospital cover for thousands of medical procedures, including common procedures such as removal of tonsils, knee and shoulder reconstructions, cancer treatment, maternity and birth-related services, cataract and eye lens procedures, heart treatment, joint replacement surgery and psychiatric care.

We don't cover hospital treatment that’s not eligible for a Medicare benefit, such as cosmetic surgery and podiatric surgery. Please contact us for more information.

This is an overview of Intermediate Hospital. Additional information you should know relating to this cover can be found in the Membership guide available at hbf.com.au/membership-guide, in a branch or via 133 423.

**Hospital costs you can receive a benefit towards:**

<table>
<thead>
<tr>
<th>Cost Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accommodation</td>
<td>Includes the fees charged for your room in a private or public hospital. See below for more information.</td>
</tr>
<tr>
<td>Theatre</td>
<td>Includes the fees charged for the theatre in which your procedure is performed.</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>Includes the cost of some of the medication administered during your hospital stay.</td>
</tr>
<tr>
<td>Prostheses</td>
<td>Includes the costs of any prostheses (surgically implanted devices you may need if you have a procedure such as joint replacement or cataract surgery) used during your procedure. See overleaf for more information.</td>
</tr>
<tr>
<td>Medical</td>
<td>Includes the fees charged by your surgeon, anaesthetist and pathologist.</td>
</tr>
</tbody>
</table>

You're also covered for urgent ambulance transport by road, which means ambulance trips that St John Ambulance classifies as requiring urgent attention. While you’re staying in hospital as a private patient, you’re also covered for all medically necessary inter-hospital ambulance transfers, to or from a private hospital.

**How soon can you claim?**

The table below is a brief overview of the standard waiting periods that may apply to your cover. If you haven’t completed the necessary waiting period, we may not be able to pay a benefit.

<table>
<thead>
<tr>
<th>Cost Type</th>
<th>Waiting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-existing ailments or conditions</td>
<td>12-month waiting period (does not apply for psychiatric, rehabilitation, or palliative care)</td>
</tr>
<tr>
<td>Maternity and birth-related services</td>
<td>12-month waiting period</td>
</tr>
<tr>
<td>Other hospital treatments including surgery</td>
<td>2-month waiting period</td>
</tr>
<tr>
<td>Urgent ambulance (by road)</td>
<td>7-day waiting period</td>
</tr>
</tbody>
</table>

*HBF will cover the cost for urgent ambulance transport by road only for circumstances classified by the state ambulance provider as requiring urgent attention. HBF will not pay a benefit for air ambulance services.

**Accommodation benefits**

In most cases, when you go into hospital, regardless of whether you have a procedure or not, you'll be charged for a hospital room. As an HBF member, you'll receive a benefit towards this cost.

Intermediate Hospital provides substantial cover for a shared room for agreed services in HBF Member Plus hospitals (you will need to pay a co-payment towards the cost of your room for up to six days of a hospital stay, but after this we'll cover the full fee, except for psychiatric treatment). If shared accommodation isn't available, you may need to pay the additional cost between the shared room and private room rate.

**Excess**

You may have chosen to pay a $140 excess on your Intermediate Hospital cover.

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 dependent children on your policy.

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.
More information about your health cover

HBF Member Plus hospitals
HBF Member Plus hospitals provide great value for our members. In Member Plus hospitals you’ll be covered for accommodation and theatre fees for all agreed services included on your level of cover.

While most services are covered in all Member Plus hospitals, there may be some services that are not – we refer to them as ‘non-agreed’ services. If you are being admitted for a non-agreed service contact HBF to see if this service is an agreed service at another Member Plus Hospital.

It’s important to stay at a Member Plus hospital, otherwise you may experience significant out-of-pocket expenses. Call us to find out if you are being admitted to an HBF Member Plus hospital and to confirm what you are covered for.

Hospital boarders
If you need someone to stay with you while you’re in hospital, we’ll fully cover the charge for a hospital boarder where it is an agreed service, and their presence is integral for the management of your condition. Costs covered include accommodation and meals in your room.

Private cover in a 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 expense for your hospital admission related to your hospital excess, or if you stay in a private room.

Contact us before your treatment for more information about any out-of-pocket costs.

Medical
If your doctor/s (e.g. your surgeon, specialist or anaesthetist) charges more than the Medicare Benefits Schedule (MBS) fee, there’ll be a ‘gap’ that needs to be paid. HBF may cover all, some or none of this gap, depending on the agreement we have with the doctor for in-hospital medical services.

You should always 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. Contact us for more information and for a list of agreement doctors.

Prostheses
Prostheses are medical devices that are listed on the government prostheses list and may be required during your hospital stay. Most prostheses are fully covered, however your doctor may use a prostheses that is not listed on the government prostheses list which will have an out-of-pocket expense. We suggest you discuss the choice of prostheses with your doctor.

Psychiatric treatment
We will pay you benefits for in-patient psychiatric treatment in hospitals with approved programs.

Co-payments will apply. Please contact us for details.

In-hospital pharmacy
When you’re admitted into hospital for a procedure, it’s likely that 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 per hospital episode, with a member co-payment of $100. 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.

Maternity
You will receive 100% cover for labour ward and accommodation for the first three days in a shared room in a Member Plus hospital (less any excess). After this, you will need to make a co-payment towards the cost of the next six days. And if you’re in hospital any longer, the additional days will be fully covered in a shared room.

If you’d prefer your own room or shared accommodation isn’t available, you may need to pay the additional cost between the shared room and private room rate.

Breastfeeding support
Member Plus Hospitals provide free of charge lactation consultations during your hospital stay.

Theatre benefits
You’re 100% covered for theatre charges.

Are there any exclusions on benefits?
There are a few circumstances under which HBF will not pay a benefit:

- If your membership is unfinancial at the time of treatment or service
- On claims covered by worker’s compensation, third party or other legal right
- For treatment or services required by your employer or potential employer to be provided to you as a condition of your employment or by your insurer as a condition of your policy
- For treatment or services provided outside of Australia
- For care and accommodation in nursing homes
- Before a treatment or service has been received
- If a claim is not lodged within two years of the date of service
- For hospital treatment that is not eligible for a Medicare benefit, such as cosmetic surgery
- For outpatient services

What if I’m not eligible for Medicare?
If you aren’t eligible for Medicare, you will experience large out-of-pocket costs for your hospital treatment. You should always 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. Contact us for more information and for a list of agreement doctors.

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.

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The information in this product sheet is correct at 14 January 2019.