

Going to hospital.

Getting the most
from your HBF
hospital cover



hbf

We're here to help you

At HBF, we know that planning a hospital stay means you want clear information to ensure you get the most value out of your hospital cover.

This step by step guide takes you through all the important things you need to know about going to hospital so you know what to expect. In particular, we want to be sure you understand your benefits and how any out-of-pocket expenses work. That way you can approach your treatment with peace of mind.

At any time, please feel free to call HBF – from hospital costs to claims and recovery, we're always here to help you.





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**Before your
hospital stay.**



Understand your cover in advance

Avoid surprise bills and confusion by understanding what you'll be covered for before you head to hospital. Depending on your hospital policy, you might have a number of excluded treatments (things you won't be covered for), so check that the treatment you're going to have is included in your policy by calling us to confirm, logging into myHBF or our HBF app and checking your product details.

Get an HBF benefit quote

If you've just learnt you need to go to hospital, we strongly suggest you talk to us before booking your treatment. We'll check all details including any waiting periods, restrictions, minimum benefits, whether excess or co-payments apply, and how to minimise any out-of-pockets.

So we can give you accurate advice, please have a written cost estimate from your provider on-hand. We'll ask you questions about your:

- Specialist's name and provider number
- Anaesthetist's name and provider number
- MBS item numbers for your treatment
- Hospital name
- Hospital admission date
- Specialist fee for your treatment
- Day or overnight patient
- Any other fees estimated



Informed Financial Consent

You're legally entitled to know the estimated cost of your treatment before you're admitted into hospital*. If your hospital stay involves any out-of-pocket charges, the hospital (whether public or private) and your specialist must disclose the cost and obtain your agreement in writing before your admission.

Your Informed Financial Consent form is a useful reference to match against your final bill, so be sure to ask your specialists and hospital about it before you're admitted for treatment.

* Except in a life-threatening situation, for example, if you have a heart attack.

Be aware of who covers what

The following information will help you distinguish between what Medicare covers and what private health insurance covers.

Medicare provides benefits towards:

- Outpatient services (including GP & specialist visits, blood tests and scans)
- Pharmaceuticals listed on the PBS
- Treatment in a public hospital as a public patient

Depending on the type and level of cover you have, private health insurance provides benefits towards:

- Hospital cover: which provides benefits towards inpatient hospital accommodation, theatre fees and treatment;
- Extras cover: which provides benefits towards services such as dental, optical & physiotherapy
- Ambulance: which provides benefits towards ambulance services (depending on your state of residency/where you live)

Medicare and private health insurance will both pay a benefit for:

- Inpatient medical treatment when you are admitted to a private hospital or as a private patient in a public hospital, for an included service on your hospital cover

What does inpatient mean?

An inpatient is someone who has been formally admitted to hospital for treatment. If you visit your doctor or specialist at a hospital, without being admitted, this is classed as outpatient hospital treatment, for which your private health insurance cannot pay a benefit. Please call us to get a quote if you're unsure.

Choosing a hospital

HBF has a large network of Member Plus hospitals across Australia, which help keep your out-of-pocket costs to a minimum. In Member Plus hospitals you'll be covered for accommodation and theatre fees for all agreed services on your policy, less any co-payment or excess.

Understand your hospital type

HBF Member Plus private hospital

Go to one and you'll get the best value from your cover. Most hospital-stay services (such as Chemotherapy, Endoscopy and Colonoscopy)* are covered in Member Plus hospitals, but there may be some that are not. Before you arrange a hospital stay, please call us on 133 423 to confirm that you are being admitted to a Member Plus hospital and learn what you are/aren't covered for. Remember that all benefits are subject to any restrictions or inclusions on your cover.

Find a full list of Member Plus hospitals by searching under: Find a Provider at hbf.com.au or call us on 133 423.

Non Member Plus private hospital

You can still choose to be treated here, but be aware that you may incur significant out-of-pocket costs. Check with HBF before your stay.

Public hospital

You can choose to be treated here as a public or private patient. If you prefer to be admitted as a private patient in a public hospital, HBF will pay a benefit towards your treatment. There may also be an out-of-pocket cost for your hospital admission if you have an excess, stay in a private room or your specialist charges more than the HBF benefit. Also, you won't always avoid public hospital waiting lists, get a private room, or have continuity of care with the same specialist.



What you need to know about emergency treatment

HBF will only pay a benefit if you're admitted to hospital as an inpatient. If you visit an emergency department in a private hospital, it is considered as an outpatient treatment and you may be charged the full out-of-pocket emergency department fee.

Alternatively, go to an emergency department in a public hospital as emergency treatment is free to all Australian citizens and permanent residents.

More great HBF Member Plus hospital benefits

Someone to stay with you

If you need a parent, partner or carer to stay overnight with you in hospital, HBF will fully cover costs for a 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.

Ambulance transfers

While you're staying in hospital as a private patient, you're covered for all medically necessary inter-hospital ambulance transfers, to or from a private hospital.

* Some Member Plus hospitals may not offer all services.

HBF Member Plus arrangements

The amount you get back on a medical claim depends on the type of agreement HBF has with your specialists and hospital. Here's how it works:

Choosing a medical specialist

When you are admitted to hospital as a private patient, your specialists bills will be covered up to the Medicare Benefits Schedule (MBS) fee, which is set by the government. Medicare will cover 75% of the MBS fee, while HBF will cover the remaining 25%. An out-of-pocket cost occurs when there is difference between your specialist's fees and the combined benefit provided from Medicare and HBF.

HBF has a number of arrangement in place with specialists that can help eliminate or reduce these out-of-pocket costs for you.

Western Australia

Full Cover:

If your specialist participates in a Full Cover arrangement, they will only charge up to a certain fee, HBF will pay an additional amount above the MBS, leaving you with no out-of-pocket expense for their inpatient services.

Provider Choice:

If your specialist participates in the Provider Choice agreement, they have the option to opt-in or opt-out of the arrangement on a case by case basis. If they choose to opt-in your specialist will only charge up to a certain fee, HBF will pay an additional amount above the MBS eliminating your out-of-pocket cost.

No Arrangement:

If your specialist is not registered to participate in an arrangement (or opts-out of Provider Choice), their in-patient services will be covered up to the MBS fee. The difference between the MBS fee and the specialist's fees will be your out-of-pocket cost.

Find a full list of Full Cover specialists by searching under: Find a Provider at hbf.com.au/health-insurance/find-a-provider or call us on 133 423.



A note for members outside of WA

HBF participates in the Australian Health Service Alliance (AHSa) Access Gap Cover (AGC) arrangement for all states outside of Western Australia.

If your specialist participates in the AGC arrangement, they have the option to opt-in or opt-out of the arrangement on a case by case basis. If they choose to opt-in your specialist will only charge up to a certain fee, HBF will pay an additional amount above the MBS, leaving you with a maximum out-of-pocket expense of \$500 (or \$800 for obstetric services).

If your specialist chooses to opt-out of the arrangement or are not registered to participate in the AGC arrangement, their in-patient services will be covered up to the MBS fee. The difference between the MBS fee and the specialist's fee will be your out-of-pocket expense.

We recommend that you obtain written Informed Financial Consent prior to treatment to confirm any out-of-pocket cost.

Things to know about going to hospital

At HBF, we want to make sure you understand the steps you will most likely take when you are going to hospital. Of course, you can call us at any time along the way if you have questions. With our great value hospital cover behind you, you can follow the process below with peace of mind.

Visit your GP

- Hospital treatments most often begin with a visit to your GP.
- Discuss your condition and if applicable your GP will refer you to a specialist for treatment.
- Remember, you are entitled to choose your specialist, so ask for a few recommendations.

Choose your specialist in WA

- HBF has a large network of Member Plus providers. You can find a Full Cover specialist on our website under Find a Provider at hbf.com.au or call us on 133 423.
- Choosing to be treated by a Full Cover provider means their bill for inpatient treatment will be fully covered.
- If you accept your GP's referral to a specialist who isn't fully covered, make sure you contact us once you have all treatment details to find out your likely out of pocket expenses.

For members outside of WA

- HBF participates in the Australian Health Servie Alliance (AHSa) Access Gap Cover (AGC) arrangement for all states outside of Western Australia.
- To search for Access Gap medical providers, please visit hbf.com.au/health-insurance/find-a-provider

Visit your specialist

- At your consultation, the specialist will assess your condition and, if necessary, discuss your options for hospital treatment.
- You should receive a written cost estimate for your procedure, including specialist's fees, plus any additional fees (eg. anaesthetist, assistant surgeon). If an estimate for additional fees isn't provided, ask your specialist for one.
- Ask your specialist what hospital they will treat you at.



Understand your out-of-pocket gap:

- Choose an HBF fully covered specialist.
- Call us for a quote if you're unsure about which category your specialist falls into, and your out-of-pocket costs.
- Always ask for a quote from your specialist and discuss how they can help eliminate your out-of-pocket costs.

**During your
hospital stay.**



While you are in hospital

With all the information you now have, and knowing you've been able to choose your specialist and your hospital, you can go ahead and sign your admission forms with confidence. While a hospital stay can be daunting, you should be assured that with HBF you have access to the best possible medical care to treat your condition and help you back on the road to health.

Common out-of-pocket expenses

While every hospital works a little differently, remember there will always be some expenses you will incur. To ensure no surprises, be aware that you may have to pay the following:

Excess	If you've opted to reduce your premiums by adding an excess, you may need to pay this when receiving hospital treatment.
Private room	You'll have the option to request a private room, however please note that private rooms are offered based on medical need and availability. Private room availability is at the discretion of your hospital. You may incur out of pocket costs for private room accommodation in a public or non-Member Plus hospital.
Pharmacy	You may be billed for the cost of pharmaceuticals.
Pathology and radiology tests	If you need diagnostic tests, some hospitals' services, such as x-rays and blood tests, may be billed to you.
In-hospital allied health services	If you require services such as physiotherapy or speech therapy, these services may be included in the hospital charges, or may be covered on your extras policy.
Surgical implanted items	Items that are listed on the government prescribed list at the time of your procedure will be covered and benefits paid in line with the minimum benefit rate specified on the list. If your surgeon uses an item that isn't listed on the prescribed list, HBF will not pay a benefit and you'll have an out of pocket expense. Check with your surgeon and with HBF prior to treatment.
Aids to recovery	You may be required to pay for items to assist in your recovery, such as slings or compression stockings.
Hospital facilities and incidentals	You may be charged for access to and usage of facilities like phone, wi-fi, television and pay-TV channels.
Surgical assistants and anesthetists	You may be charged fees by certain specialists that are not fully covered (or covered at all) by HBF or eligible for a rebate from Medicare.
Ongoing care needs	Sometimes, you may have ongoing care needs such as wound dressing or IV antibiotics after you're discharged from hospital. These may be billed to you directly.

Please refer to the product sheet applicable to your cover and our HBF member guide for more detailed information.

Things not covered during your stay

Remember, there will always be items that are not covered, and you should be aware of these in advance:

Outpatient services

If you receive treatment as an outpatient (ie. you are not admitted), in most instances you will not be covered by private health insurance. If eligible, these services may be claimed from Medicare.

Costs for treatments not recognised by Medicare

There are a few hospital procedures, such as cosmetic surgery, that are not eligible for a Medicare rebate or covered by private health insurance.

Treatment before your waiting periods are served

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.

Service	Waiting periods
Urgent ambulance (by road)	7 days
All other in-hospital treatments	2 months
Pre-existing ailments or conditions*	12 months
Pregnancy and birth	
Speech and sound processor replacements	

Excess waiting periods

Waiting periods apply when your level of excess is reduced. The waiting period for a lower excess, or nil excess, depends on the service being claimed and aligns to the waiting periods set out above e.g. 12 months for pre-existing conditions.

Restricted or excluded treatment

If you receive treatment as a private patient that is specifically restricted or excluded on your policy you will incur significant out-of-pocket expenses. Please contact HBF prior to your hospital stay to ensure your treatment is covered.



Some general tips for before you are discharged

- Ensure you have written instructions about managing your post-hospital care.
- Understand any medications and instructions for taking them.
- Know who to contact if you experience problems related to your treatment.
- Make a follow up appointment with your specialist.
- Request a medical certificate if you require one for work.
- Organise for a family member or friend to take you home from hospital.

* Pre-existing waiting periods do not apply for Hospital psychiatric services, Rehabilitation or Palliative care.

**After your
hospital stay.**



Once you're home and recovering

At HBF, we want you to focus on recovering after your hospital stay. Please be assured that wherever we can, we will take care of paperwork and payments, saving you the added stress and worry.

Understanding your bills

Hospitals and specialists often bill independently and may send multiple bills depending on how many services they have provided. These bills could come at different times – often weeks or even months after your hospital stay.

Hospital bills

These cover accommodation, nursing, theatre costs, food, additional items such as pressure stockings, pharmaceuticals, medical devices and human tissue products and incidentals. Hospitals usually send their bills directly to HBF for payment. However you may receive a hospital bill if there are any out-of-pocket expenses.

Specialist bills

These may come from your specialist and other providers such as an anaesthetist, pathologist, radiologist, assistant surgeon or allied health professionals involved in your hospital treatment and stay.

If you receive a bill, please submit it to HBF for assessing. However, if you have made a payment on the bill, you will be required to submit to Medicare first.

Getting back on track

It's great to know that HBF is not only there for you when you're in hospital, but we also offer many ways to support you on your recovery journey.

Health support programs

HBF offers health support programs designed to assist members with ongoing management of chronic health conditions, such as heart disease, diabetes, knee or hip osteoarthritis, and chronic obstructive pulmonary disease.

Depending on the type of cover you have, these programs are fully covered and can help you reach your health goals and feel your best.

Eligibility criteria applies to each program, so please give us a call on 1300 886 513 or visit hbf.com.au/health-programs-and-services to see if a program may be suitable for you.

Out of Hospital support at your local Pharmacy 777 in WA

We understand that your health care journey continues after you leave hospital and accessing appropriate support is vital to your ongoing recovery. That's why HBF has a large network of pharmacies which provide a range of support services, including a dedicated Out-of-Hospital support program through Pharmacy 777 in WA. The program is free for HBF members and provides post-hospital support including:

- review of medications,
- pain management support,
- private appointment and follow-ups with your local Pharmacist, and
- collaboration with your health care team to support better health outcomes.

For more information please go to pharmacy777.com.au or visit your nearest Pharmacy 777 location in WA.

Support through Terry White Chemmart locations outside WA

Terry White Chemmart also provide a range of services at over 400 locations around Australia (excluding WA) including:

- medication reviews,
- pain management, and
- dose administration aids.

To find out more please go to terrywhitechemmart.com.au or visit your nearest Terry White chemist outside WA.

Easy ways to claim

Claiming medical bills

If we have an agreement with your chosen specialist or provider, they'll submit their bill to Medicare and HBF on your behalf.

If we don't, they'll bill you directly. In this case, you'll need to claim from Medicare first, then, send us the Statement of Benefit form that you'll receive when you submit your claim.

Statement of benefits

After your hospital and medical claims (from doctors and specialists) have been processed, we'll send you statements showing what has been paid on your behalf. Please check that these details are correct and contact us straight away if you have any queries.

Remember:

- You must make a claim within two years of the date you have had the service, so don't delay.
- Set up direct credit in myHBF so we can automatically credit funds to your bank account as soon as your claim has been processed.

Claim online

You can log into **myHBF** and submit a claim at any time. Just upload your bill or receipts and we'll do the rest.

Download the App

Use our HBF app, available for Apple and Android devices. Simply take a photo of your bill or receipts and submit your claim.

Submit your claim at a local branch

Present your HBF member card and bill or receipts and our friendly team will submit your claim for processing via the digital devices available.

If you have claimed from Medicare for in-hospital medical services, also bring the Medicare Statement of Benefit.



We're here to help you understand and make the most of your cover.

Visit a branch or Kiosk (WA only)

For branch opening hours, please visit hbf.com.au/find-a-branch

Go to hbf.com.au

Call us on 133 423

For call centre opening hours, please visit hbf.com.au/contact-us

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Stay in touch

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