

Private Health Information Statement - Hospital policy

Corporate Gold Hospital & Ambulance Care		
HBF Health Limited http://hbf.com.au memberservices@hbf.com.au 133 423	Monthly Premium \$320.32 # (before any rebate, loading or discount)	Covers only one person Available in Tasmania Closed to new members




You may be entitled to an Australian Government rebate on the above premium. Your premium may also include a Lifetime Health Cover loading or an insurer discount. Check with your insurer for details.

Available to employees/members of a organisation that has an agreement with HBF

Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy does not provide accident cover or benefits for travel and accommodation (outside of hospital).

-  **Covered**
For information on what is covered under each category, see <https://privatehealth.gov.au/categories>
-  **Restricted**
Restricted categories partially cover your hospital costs as a private patient in a public hospital. You may incur significant expenses in a private room or private hospital.
-  **Not Covered**
These categories are not covered by this policy.

This policy  includes cover for

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

The benefits paid for hospital treatment will depend on the type of cover you purchase and whether your fund has an agreement in place with the hospital in which you are treated. See ‘Agreement Hospitals’ on privatehealth.gov.au for which hospitals have arrangements with your insurer – <https://privatehealth.gov.au/dynamic/agreementhospitals>.

Under this policy, you may have to pay out-of-pocket costs above what you get from Medicare or your private health insurer. Before you go to hospital, you should ask your doctors, hospital and health insurer about any out-of-pocket costs that may apply to you.

The following payments may also apply for hospital admissions

Excess: No excess

Co-payments: No co-payments

The following waiting periods for hospital admissions apply to new or upgrading members

Waiting periods:

- 2 months for palliative care, rehabilitation and hospital psychiatric treatments, even if pre-existing
- 12 months for other pre-existing conditions
- 12 months for pregnancy and birth (obstetrics)
- 2 months for all other treatments

Gap Cover

This provider offers '[known gap](#)' or '[no gap](#)' cover for medical bills for this product.

The [Medical Costs Finder](#) lets you find out more about the cost of specialist medical services.

Other features of this hospital cover

Corporate Gold Hospital provides private room coverage (subject to availability) at an HBF Member Plus Hospital and there is no excess payable for any dependent children on a family policy or for day procedures. Corporate Gold Hospital also provides speech & sound processor replacements. Benefits for speech and sound processor replacements are available on this cover where the replacement is clinically necessary and provided as an outpatient service. Waiting periods and benefit limitations apply. Please refer to your product sheet and /or member guide for more information. Ambulance Care covers you for the times when you need non-urgent ambulance.

Ambulance cover

Ambulance cover is provided by the State government for residents of Tasmania. This may include cover whilst interstate, except for South Australia and Queensland where no cover applies. In other states please check with Ambulance Tasmania - https://www.health.tas.gov.au/ambulance/fees_and_accounts.

For further information about this policy see

<http://www.hbf.com.au/health-insurance/ambulance-cover.html>

Disclaimer

The information contained in this Private Health Information Statement was provided by the insurer and is intended as general information. It may not take into account your particular circumstances. For information please contact the insurer.