

Private Health Information Statement - Combined policy

Prime Package Silver Plus \$500/\$1000 Excess & Ambulance Care

HBF Health Limited

<http://hbf.com.au>

memberservices@hbf.com.au

133 423

Monthly Premium

\$321.06[#]

(before any rebate, loading or discount)

Covers only one person
Available in Northern Territory
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.

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>

R 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

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

This policy ✗ does not include cover for

✗ Assisted reproductive services

✗ Pregnancy and birth

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: You will have to pay an excess of \$500 per admission. This is limited to a maximum of \$500 per person and \$500 per policy per year.

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
- 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](#)

For agreed services, you are fully covered for accommodation in a shared or private room in an HBF Member Plus hospital. Ambulance Care covers you for the times when you need non-urgent ambulance.

General Treatment Cover

HBF members have hundreds of participating optical stores nationally to choose from with access to a range of fully covered glasses. See <http://www.hbf.com.au/health-insurance/find-a-provider>.

This policy  includes General treatment (Extras) cover for

Note, for items marked with an asterisk *: Orthodontics and Implants combined sub-limit of \$2,500. Orthodontic Lifetime Limit \$2,500. Before a benefit is payable on an eligible Pharmacy item, a co-payment amount reasonably determined by HBF is deducted from the cost of each script.			
Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental	2	\$3,500 per policy (combined limit for general dental, major dental, endodontic & orthodontic - Sub-limits apply)	Periodic oral examination - \$42.50 Scale & clean - \$83.30 Fluoride treatment - \$21.25 Surgical tooth extraction - \$132.30
Major dental	12		Full crown veneered - \$780.00
Endodontic	12		Filling of one root canal - \$150.00
Orthodontic*	12		Braces for upper & lower teeth, including removal plus fitting of retainer - \$2,500.00
Optical	2	\$204 per policy (Sub-limits apply)	Single vision lenses & frames - \$160.00 Multi-focal lenses & frames - \$160.00
Non PBS pharmaceuticals*	2	\$200 per policy	Per eligible prescription - \$200.00
Physiotherapy	2	\$1,000 per policy (combined limit for physiotherapy, chiropractic & osteopathy)	Initial visit - \$39.00 Subsequent visit - \$33.00
Chiropractic	2		Initial visit - \$40.00 Subsequent visit - \$30.00
Podiatry	2	12 service(s) every 1 year	Initial visit - \$33.00 Subsequent visit - \$30.00
Psychology	2	\$720 per policy	Initial visit - \$44.00 Subsequent visit - \$44.00
Hearing aids	12	\$1000 per person every 3 calendar years	Hearing aid - 100% of charge

Blood glucose monitors	12	1 appliance(s) every 3 years	Per monitor - \$200.00
Dietetics/dietary advice	2	\$240 per policy	Initial visit - \$54.00 Subsequent visit - \$32.00
Eye therapy (orthoptics)	2	\$600 per policy (combined limit for eye therapy (orthoptics), occupational therapy & speech therapy)	Initial visit - \$45.00 Subsequent visit - \$45.00
Health management / Healthy lifestyle	2	\$250 per policy (Sub-limits apply)	Health management - 70% of charge
Occupational therapy	2	Combined limit - see Eye therapy (orthoptics)	Initial visit - \$51.00 Subsequent visit - \$39.00
Orthotics (podiatric orthoses)	12	\$240 per policy	Orthotics supply & fit - \$240.00
Osteopathy	2	Combined limit - see Physiotherapy	Initial visit - \$39.00 Subsequent visit - \$33.00
Speech therapy	2	Combined limit - see Eye therapy (orthoptics)	Initial visit - \$75.00 Subsequent visit - \$40.00
Prime Package Silver Plus also includes cover for: CLINICAL PSYCHOLOGY (waiting period 2 months, \$79 initial visit and \$44 subsequent visit up to \$720 combined with Psychology per person); AIDS TO RECOVERY EQUIPMENT (waiting period 2 months, \$50 per person); NON-SURGICALLY IMPLANTED APPLIANCES (waiting period 12 months, benefits vary depending on appliance up to \$500 per person, sub-limits apply); NEBULISER (waiting period 12 months, \$108 per person up to 1 appliance every 3 years. **Note: Health Management/Healthy Lifestyle – initial visit for Strength for Life is \$35 up to combined limit listed.			

This policy **X** does not include General treatment (Extras) cover for

X Acupuncture	X Remedial massage	X Other treatments - check with your insurer
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Ambulance cover

In Northern Territory this policy provides:

Emergency: Unlimited with a waiting period of 7 days.

Non-emergency: Unlimited transport with a waiting period of 30 days.

Call-out fees: will be paid for each attendance, including emergency treatment without transport to hospital.

Other features of this ambulance cover

Emergency ambulance provides full cover for emergency treatment and urgent ambulance transport (by road) within Australia by a State Government ambulance provider or an HBF approved ambulance provider. Non-emergency ambulance services include transport from home to the hospital and transfers between hospitals. Services not covered include air ambulance services, transport between a public hospital to your home and transport not provided in an ambulance.

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.