

HBF Health Limited

570 Wellington Street
Perth WA 6000
Phone: 133 423

Postal Address for Claims:	HBF Health Limited GPO Box 1440 Perth WA 6839
Hospital Claim Enquiries:	1300 810 475 hospitalinvoices@hbf.com.au
Eligibility Enquiries:	1300 810 475 Eligibility@hbf.com.au
Exgratia Submissions:	ProviderSubmissions@hbf.com.au
AHSA Contract Enquiries:	ahsaproviderrelations@hbf.com.au

Hospital treatments	Basic Hospital Plus	Basic Hospital Plus Elevate	Bronze Hospital Plus	Silver Hospital R✓1	Silver Hospital Plus	Gold Hospital Elevate
Rehabilitation	R✓	R✓	R✓1	R✓1	✓	✓
Hospital psychiatric services	R✓	R✓	R✓	R✓	R✓	✓
Palliative care	R✓	R✓	✓	✓	✓	✓
Tonsils, adenoids and grommets	✓	✓	✓	✓	✓	✓
Joint reconstructions	✓	✓	✓	✓	✓	✓
Hernia and appendix	✓	✓	✓	✓	✓	✓
Gynaecology	✓	✓	✓	✓	✓	✓
Dental surgery	✓	✓	✓	✓	✓	✓
Ear, nose and throat	x	✓	✓	✓	✓	✓
Bone, joint and muscle	x	✓	✓	✓	✓	✓
Kidney and bladder	x	✓	✓	✓	✓	✓
Male reproductive system	x	✓	✓	✓	✓	✓
Digestive system	x	✓	✓	✓	✓	✓
Gastrointestinal endoscopy	x	✓	✓	✓	✓	✓
Miscarriage and termination of pregnancy	x	✓	✓	✓	✓	✓
Chemotherapy, radiotherapy and immunotherapy for cancer	x	✓	✓	✓	✓	✓
Blood	x	✓	✓	✓	✓	✓
Skin	x	✓	✓	✓	✓	✓
Brain and nervous system	x	x	✓	✓	✓	✓
Eye (not cataracts)	x	x	✓	✓	✓	✓
Pain management	x	x	✓	✓	✓	✓
Breast surgery (medically necessary)	x	x	✓	✓	✓	✓
Diabetes management (excluding insulin pumps)	x	x	✓	✓	✓	✓
Lung and chest	x	x	✓	✓	✓	✓
Back, neck and spine	x	x	✓	✓	✓	✓
Plastic and reconstructive surgery (medically necessary)	x	x	✓	✓	✓	✓
Sleep studies	x	x	✓	✓	✓	✓
Heart and vascular	x	x	x	✓	✓	✓
Podiatric surgery (provided by a registered podiatric surgeon)	x	x	x	✓	✓	✓
Implantation of hearing devices	x	x	x	✓	✓	✓
Insulin pumps	x	x	x	✓	✓	✓
Cataracts	x	x	x	x	✓	✓
Joint replacements	x	x	x	x	✓	✓
Dialysis for chronic kidney failure	x	x	x	x	x	✓
Pregnancy and birth	x	x	x	x	x	✓
Assisted reproductive services	x	x	x	x	x	✓
Weight loss surgery	x	x	x	x	x	✓
Urgent Ambulance by road	✓	✓	✓	✓	✓	✓
Travel and accommodation benefits	x	x	x	x	x	✓2

Excess	Members have the choice of a \$500, \$750, \$1000 or \$1500 excess to reduce the premium.	
	The excess is paid once per member per calendar year (to a maximum of twice per family policy) no matter how many times a person may be hospitalised. The excess applies for day and overnight admissions.	
	R✓	Restricted hospital benefits only. Significant out-of-pocket costs may occur
	✓	Included service.
	x	Excluded service.
	1	Rehabilitation is included when related to covered services. For services that are not covered, restricted benefits for Rehabilitation treatment apply therefore significant out-of-pocket expenses may be incurred.
	2	HBF will pay benefits towards travel and accommodation costs incurred when travelling at least 200km (9 return journey) for an included hospital admission. Eligibility criteria and exclusions apply

The Product Template is only a guide and is not a substitute for an Eligibility Check.

