

## see-u by HBF Hospital Products

<b>Fund Name</b>	see-u by HBF
<b>Fund ID</b>	CHF
<b>Address</b>	Locked bag 2234, BRISBANE, QLD, 4001
<b>General Manager</b>	Johannes Boshoff
<b>Telephone</b>	1300 499 260
<b>E-mail</b>	<a href="mailto:info@seeuhealthinsurance.com.au">info@seeuhealthinsurance.com.au</a>
<b>Claims Enquiries</b>	Claims Department via 1300 499 260
<b>Membership Enquiries</b>	Customer Service Team via 1300 499 260
<b>Eligibility</b>	To confirm Patient eligibility and membership level of cover please visit <a href="https://echeck.hambs.com.au">https://echeck.hambs.com.au</a> prior to patient admission.

### Medical Devices and Human Tissue Products

see-u will pay the minimum benefit set out in the Federal Government's Prescribed List.

### Public and Non-Agreement Hospitals

Legislated rates for accommodation. No benefits for operating theatre, labour ward and intensive care charges.

## Premium Hospital Non-Obstetrics (Silver Plus)

<b>Product Codes</b>	
<b>\$250 Excess</b>	R1, R1P, R1M, R1L, R1T, R1B, R1R, R1J, R1Z, R1V, R1W, R1Q
<b>\$500 Excess</b>	R2, R2P, R2M, R2L, R2T, R2B, R2R, R2J, R2Z, R2V, R2W, R2Q
<b>\$750 Excess</b>	R3, R3P, R3M, R3L, R3T, R3B, R3R, R3J, R3Z, R3V, R3W, R3Q
<b>Product Tier</b>	Silver Plus
<b>Exclusions</b>	No Benefits Paid for: <ul style="list-style-type: none"> <li>✗ Pregnancy and birth</li> <li>✗ Assisted reproductive services</li> <li>✗ Weight loss surgery</li> </ul>
<b>Restrictions</b>	Benefits are limited to Default Bed Rate for: <ul style="list-style-type: none"> <li>R Hospital psychiatric services</li> </ul>
<b>Co-Payment</b>	Nil
<b>Excess</b>	Excess payable per overnight or same day admission (payable once per person per calendar year). Excess is not payable for dependant children.
<b>Status</b>	<b>Open for sale to new policies (product eligibility criteria applies)</b>

## Starter Hospital (Basic)

<b>Product Codes</b>	3P, 3PV, 3PP, 3PM, 3PL, 3PT, 3PB
<b>Product Tier</b>	Basic
<b>Inclusions</b>	<ul style="list-style-type: none"> <li>✓ Includes Accident Cover: Accident Cover provides temporary hospital coverage for services that are normally Restricted or Excluded if the hospital treatment is required for injuries that are sustained in the Accident. Eligibility criteria applies.</li> </ul>
<b>Exclusions</b>	<p>No Benefits Paid for:</p> <ul style="list-style-type: none"> <li>✗ Lung and chest</li> <li>✗ Pain management with device</li> <li>✗ Sleep studies</li> <li>✗ Pain management</li> <li>✗ Insulin Pumps</li> <li>✗ Weight loss surgery</li> <li>✗ Assisted reproductive services</li> <li>✗ Pregnancy and birth</li> <li>✗ Dialysis for chronic kidney failure</li> <li>✗ Joint replacements</li> <li>✗ Cataracts</li> <li>✗ Implantation of hearing devices</li> <li>✗ Podiatric surgery (provided by a registered podiatric surgeon)</li> <li>✗ Dental surgery</li> <li>✗ Plastic and reconstructive surgery (medically necessary)</li> <li>✗ Back, neck and spine</li> <li>✗ Blood</li> <li>✗ Heart and vascular system</li> <li>✗ Diabetes management (excluding insulin pumps)</li> <li>✗ Breast surgery (medically necessary)</li> <li>✗ Skin</li> <li>✗ Chemotherapy, radiotherapy and immunotherapy for cancer</li> <li>✗ Miscarriage and termination of pregnancy</li> <li>✗ Gynaecology</li> <li>✗ Gastrointestinal endoscopy</li> <li>✗ Hernia and appendix</li> <li>✗ Digestive system</li> <li>✗ Male reproductive system</li> <li>✗ Kidney and bladder</li> <li>✗ Joint reconstructions</li> <li>✗ Bone, joint and muscle</li> <li>✗ Tonsils, adenoids and grommets</li> <li>✗ Ear, nose and throat</li> <li>✗ Eye (not cataracts)</li> <li>✗ Brain and nervous system</li> </ul>
<b>Restrictions</b>	<p>Benefits are limited to Default Bed Rate for:</p> <ul style="list-style-type: none"> <li>R Hospital psychiatric services</li> <li>R Rehabilitation</li> <li>R Palliative Care</li> </ul>
<b>Co-Payment</b>	Nil
<b>Excess</b>	<p>\$750 Excess payable per overnight or same day admission (payable once per person per calendar year).</p> <p>Excess is payable by dependant children.</p>
<b>Status</b>	<b>Open for sale to new policies (product eligibility criteria applies)</b>

### Saver Hospital (Bronze Plus)

<b>Product Codes</b>	3JV, 3JW, 3JQ, 3JP, 3JM, 3JL, 3JT, 3JB
<b>Product Tier</b>	Bronze Plus
<b>Exclusions</b>	No Benefits Paid for: <ul style="list-style-type: none"> <li>✗ Heart and vascular system</li> <li>✗ Lung and chest</li> <li>✗ Blood</li> <li>✗ Back, neck and spine</li> <li>✗ Plastic and reconstructive surgery (medically necessary)</li> <li>✗ Podiatric surgery (provided by a registered podiatric surgeon)</li> <li>✗ Implantation of hearing devices</li> <li>✗ Cataracts</li> <li>✗ Joint replacements</li> <li>✗ Dialysis for chronic kidney failure</li> <li>✗ Pregnancy and birth</li> <li>✗ Assisted reproductive services</li> <li>✗ Weight loss surgery</li> <li>✗ Insulin Pumps</li> <li>✗ Pain management with device</li> <li>✗ Sleep studies</li> </ul>
<b>Restrictions</b>	Benefits are limited to Default Bed Rate for: <ul style="list-style-type: none"> <li>R Hospital psychiatric services</li> <li>R Rehabilitation</li> <li>R Palliative Care</li> </ul>
<b>Co-Payment</b>	Nil
<b>Excess</b>	\$750 Excess payable per overnight or same day admission (payable once per person per calendar year). Excess is payable by dependant children.
<b>Status</b>	<b>Open for sale to new policies (product eligibility criteria applies)</b>

### Smart Hospital (Bronze Plus)

<b>Product Codes</b>	3LV, 3LW, 3LQ, 3LP, 3LM, 3LL, 3LT, 3LB
<b>Product Tier</b>	Bronze Plus
<b>Exclusions</b>	No Benefits Paid for: <ul style="list-style-type: none"> <li>✗ Heart and vascular system</li> <li>✗ Back, neck and spine</li> <li>✗ Podiatric surgery (provided by a registered podiatric surgeon)</li> <li>✗ Implantation of hearing devices</li> <li>✗ Cataracts</li> <li>✗ Joint replacements</li> <li>✗ Dialysis for chronic kidney failure</li> <li>✗ Pregnancy and birth</li> <li>✗ Assisted reproductive services</li> <li>✗ Weight loss surgery</li> <li>✗ Insulin Pumps</li> <li>✗ Pain management with device</li> <li>✗ Sleep studies</li> </ul>
<b>Restrictions</b>	Benefits are limited to Default Bed Rate for: <ul style="list-style-type: none"> <li>R Hospital psychiatric services</li> <li>R Rehabilitation</li> <li>R Palliative Care</li> </ul>
<b>Co-Payment</b>	Nil
<b>Excess</b>	\$750 Excess payable per overnight or same day admission (payable once per person per calendar year). Excess is payable by dependant children.
<b>Status</b>	<b>Open for sale to new policies (product eligibility criteria applies)</b>

### Secure Hospital (Silver)

<b>Product Codes</b>	3UV, 3UW, 3UQ, 3UP, 3UM, 3UL, 3UT, 3UB
<b>Product Tier</b>	Silver
<b>Exclusions</b>	No Benefits Paid for: <ul style="list-style-type: none"> <li>✗ Cataracts</li> <li>✗ Joint replacements</li> <li>✗ Dialysis for chronic kidney failure</li> <li>✗ Pregnancy and birth</li> <li>✗ Assisted reproductive services</li> <li>✗ Weight loss surgery</li> <li>✗ Insulin Pumps</li> <li>✗ Pain management with device</li> <li>✗ Sleep studies</li> </ul>
<b>Restrictions</b>	Benefits are limited to Default Bed Rate for: <ul style="list-style-type: none"> <li>R Hospital psychiatric services</li> <li>R Palliative Care</li> </ul>
<b>Co-Payment</b>	Nil
<b>Excess</b>	\$750 Excess payable per overnight or same day admission (payable once per person per calendar year). Excess is payable by dependant children.
<b>Status</b>	<b>Open for sale to new policies (product eligibility criteria applies)</b>

### Ultimate Hospital (Gold)

<b>Product Codes</b>	K2, K2T, K2P, K2R, K2M, K2B, K2J, K2L, K2Z
<b>Product Tier</b>	Gold
<b>Exclusions</b>	Nil
<b>Restrictions</b>	Nil
<b>Co-Payment</b>	Nil
<b>Excess</b>	\$500 Excess payable per overnight or same day admission (payable once per person per calendar year). Excess is not payable for dependant children or for treatment required as the result of an accident occurring after joining.
<b>Status</b>	Closed to new policies

### Premium Hospital (Gold)

<b>Product Codes</b>	
<b>Nil Excess</b>	T0, T0T, T0B, T0P, T0M, T0L, T0R, T0J, T0Z, T0Q, T0W, T0V
<b>\$250 Excess</b>	T1, T1T, T1B, T1P, T1M, T1L, T1R, T1J, T1Z, T1Q, T1W, T1V
<b>\$500 Excess</b>	T2, T2T, T2B, T2P, T2M, T2L, T2R, T2J, T2Z, T2Q, T2W, T2V
<b>\$750 Excess</b>	T3, T3T, T3B, T3P, T3M, T3L, T3R, T3J, T3Z, T3Q, T3W, T3V
<b>Product Tier</b>	Gold
<b>Exclusions</b>	Nil
<b>Restrictions</b>	Nil
<b>Co-Payment</b>	Nil
<b>Excess</b>	Excess payable per overnight or same day admission (payable once per person per calendar year). Excess and Co-Payment not payable for dependant children.
<b>Status</b>	Closed to new policies

**Private Hospital \$500 with Co-Payment (Gold)**

<b>Product Codes</b>	S75, S75P, S75M, S75R, S75J, S75T, S75B, S75Q, S75W, S75V
<b>Product Tier</b>	Gold
<b>Exclusions</b>	Nil
<b>Restrictions</b>	Nil
<b>Co-Payment</b>	\$50 per night capped at \$250 per admission (does not apply to same-day admissions)
<b>Excess</b>	\$500 Excess payable per overnight or same day admission (payable once per person per calendar year). Excess and Co-Payment not payable for dependant children.
<b>Status</b>	Closed to new policies

**Corporate Top Package (Gold) (Hospital component)**

<b>Product Codes</b>	C2
<b>Product Tier</b>	Gold
<b>Exclusions</b>	Nil
<b>Restrictions</b>	Nil
<b>Co-Payment</b>	Nil
<b>Excess</b>	\$500 Excess payable per overnight or same day admission (payable once per person per calendar year). Excess is not payable for dependant children.
<b>Status</b>	Closed to new policies

**Premium Select Hospital (Silver Plus)**

<b>Product Codes</b>	
<b>\$500 Excess</b>	N2, N2T, N2P, N2R, N2M, N2B, N2J, N2L, N2Z, N2Q, N2W, N2V
<b>\$750 Excess</b>	N3, N3T, N3P, N3R, N3M, N3B, N3J, N3L, N3Z, N3Q, N3W, N3V
<b>Product Tier</b>	Silver Plus
<b>Exclusions</b>	No Benefits Paid for: <ul style="list-style-type: none"> <li>✗ Cataracts</li> <li>✗ Joint replacements</li> <li>✗ Weight loss surgery</li> </ul>
<b>Restrictions</b>	Benefits are limited to Default Bed Rate for: <ul style="list-style-type: none"> <li>R Hospital psychiatric services</li> </ul>
<b>Co-Payment</b>	Nil
<b>Excess</b>	Excess payable per overnight or same day admission (payable once per person per calendar year). Excess is not payable for dependant children.
<b>Status</b>	Closed to new policies

### Standard Hospital (Silver Plus)

**Product Codes**

**\$500 Excess** M2, M2P, M2M, M2L, M2T, M2B, M2R, M2J, M2Z, M2Q, M2W, M2V

**\$750 Excess** M3, M3P, M3M, M3L, M3T, M3B, M3R, M3J, M3Z, M3Q, M3W, M3V

**Product Tier** Silver Plus

**Exclusions** No Benefits Paid for:

- ✗ Cataracts
- ✗ Pregnancy and birth
- ✗ Assisted reproductive services
- ✗ Joint replacements
- ✗ Dialysis for chronic kidney failure
- ✗ Weight loss surgery

**Restrictions** Benefits are limited to Default Bed Rate for:

- R Hospital psychiatric services

**Co-Payment** Nil

**Excess** Excess payable per overnight or same day admission (payable once per person per calendar year).  
Excess is not payable for dependant children.

**Status** *Closed to new policies*

### Bronze Plus Hospital

**Product Codes**

**\$500 Excess** D2, D2T, D2P, D2R, D2M, D2B, D2J, D2L, D2Z, D2Q, D2W, D2V

**\$750 Excess** D3, D3T, D3P, D3R, D3M, D3B, D3J, D3L, D3Z, D3Q, D3W, D3V

**Product Tier** Bronze Plus

**Exclusions** No Benefits Paid for:

- ✗ Heart and vascular system
- ✗ Implantation of hearing devices
- ✗ Back, neck and spine
- ✗ Plastic and reconstructive surgery (medically necessary)
- ✗ Pain management with device
- ✗ Insulin pumps
- ✗ Cataracts
- ✗ Pregnancy and birth
- ✗ Assisted reproductive services
- ✗ Joint replacements
- ✗ Dialysis for chronic kidney failure
- ✗ Weight loss surgery

**Restrictions** Benefits are limited to Default Bed Rate for:

- R Hospital psychiatric services
- R Rehabilitation
- R Palliative Care

**Co-Payment** Nil

**Excess** Excess payable per overnight or same day admission (payable once per person per calendar year).  
Excess is not payable for dependant children.

**Status** *Closed to new policies*

### Basic Plus Hospital

**Product Codes**

**\$250 Excess** B1, B1P, B1M, B1L, B1T, B1B, B1R, B1J, B1Z, B1Q, B1W, B1V

**\$500 Excess** B2, B2P, B2M, B2L, B2T, B2B, B2R, B2J, B2Z, B2Q, B2W, B2V

**\$750 Excess** B3, B3P, B3M, B3L, B3T, B3B, B3R, B3J, B3Z, B3Q, B3W, B3V

**Product Tier** Basic Plus

**Exclusions**

No Benefits Paid for:

- ✗ Pain management with device
- ✗ Pain management
- ✗ Insulin pumps
- ✗ Weight loss surgery
- ✗ Assisted reproductive services
- ✗ Pregnancy and birth
- ✗ Dialysis for chronic kidney failure
- ✗ Joint replacements
- ✗ Cataracts
- ✗ Implantation of hearing devices
- ✗ Plastic and reconstructive surgery (medically necessary)
- ✗ Back, neck and spine
- ✗ Heart and vascular system
- ✗ Chemotherapy, radiotherapy and immunotherapy for cancer
- ✗ Miscarriage and termination of pregnancy

**Restrictions**

Benefits are limited to Default Bed Rate for:

- R Hospital psychiatric services
- R Rehabilitation
- R Palliative Care

**Co-Payment**

Nil

**Excess**

Excess payable per overnight or same day admission (payable once per person per calendar year)

Excess is not payable for dependant children

**Status**

Closed to new policies

### Public Hospital (Basic Plus)

**Product Codes**

B100, B100P, B100M, B100R, B100J, B100T, B100B

**Product Tier**

Basic Plus

**Exclusions**

Nil

**Restrictions**

Benefits are limited to Default Bed Rate for ALL Services

**Co-Payment**

Nil

**Excess**

Nil

**Status**

Closed to new policies

**Healthy Start Package (Basic Plus)**

<b>Product Codes</b>	I2Y
<b>Product Tier</b>	Basic Plus
<b>Scale</b>	Single, Couple
<b>Exclusions</b>	<p>No Benefits Paid for:</p> <ul style="list-style-type: none"> <li>× Cataracts</li> <li>× Pregnancy and birth</li> <li>× Assisted reproductive services</li> <li>× Joint replacements</li> <li>× Dialysis for chronic kidney failure</li> <li>× Lung and chest</li> <li>× Pain management</li> <li>× Insulin Pumps</li> <li>× Weight loss surgery</li> <li>× Implantation of hearing devices</li> <li>× Podiatric surgery (provided by a registered podiatric surgeon)</li> <li>× Plastic and reconstructive surgery (medically necessary)</li> <li>× Back, neck and spine</li> <li>× Blood</li> <li>× Heart and vascular system</li> <li>× Diabetes management (excluding insulin pumps)</li> <li>× Breast surgery (medically necessary)</li> <li>× Skin</li> <li>× Chemotherapy, radiotherapy and immunotherapy for cancer</li> <li>× Digestive system</li> <li>× Kidney and bladder</li> <li>× Pain management with device</li> <li>× Brain and nervous system</li> </ul>
<b>Restrictions</b>	<p>Benefits are limited to Default Bed Rate for:</p> <ul style="list-style-type: none"> <li>R Hospital psychiatric services</li> <li>R Rehabilitation</li> <li>R Palliative Care</li> </ul>
<b>Co-Payment</b>	\$50 per night capped at \$250 per admission (does not apply to same-day admissions).
<b>Excess</b>	Nil
<b>Status</b>	Closed to new policies



## Basic Saver Plus Hospital

<b>Product Codes</b>	G2, G2T, G2P, G2R, G2M, G2B, G2J, G2L, G2Z
<b>Product Tier</b>	Basic Plus
<b>Exclusions</b>	<p>No Benefits Paid for:</p> <ul style="list-style-type: none"> <li>× Eye (not cataracts)</li> <li>× Ear, nose and throat</li> <li>× Bone, joint and muscle</li> <li>× Male reproductive system</li> <li>× Kidney and bladder</li> <li>× Digestive system</li> <li>× Skin</li> <li>× Breast surgery (medically necessary)</li> <li>× Diabetes management (excluding insulin pumps)</li> <li>× Brain and Nervous system</li> <li>× Chemotherapy, radiotherapy and immunotherapy for cancer</li> <li>× Pain management</li> <li>× Heart and vascular system</li> <li>× Implantation of hearing devices</li> <li>× Back, neck and spine</li> <li>× Plastic and reconstructive surgery (medically necessary)</li> <li>× Lung and Chest</li> <li>× Blood</li> <li>× Podiatric surgery (provided by a registered podiatric surgeon)</li> <li>× Sleep studies</li> <li>× Pain management with device</li> <li>× Insulin pumps</li> <li>× Cataracts</li> <li>× Joint replacements</li> <li>× Dialysis for chronic kidney failure</li> <li>× Pregnancy and birth</li> <li>× Assisted reproductive services</li> <li>× Weight loss surgery</li> </ul>
<b>Restrictions</b>	<p>Benefits are limited to Default Bed Rate for:</p> <ul style="list-style-type: none"> <li>R Hospital psychiatric services</li> <li>R Rehabilitation</li> <li>R Palliative Care</li> </ul>
<b>Co-Payment</b>	Nil
<b>Excess</b>	<p>\$500 Excess payable per overnight or same day admission (payable once per person per calendar year).</p> <p>Excess is not payable for dependant children.</p>
<b>Status</b>	Closed to new policies

## Accident Only Hospital (Basic)

<b>Product Codes</b>	A2, A2P, A2M, A2L, A2T, A2B, A2R, A2J, A2Z
<b>Product Tier</b>	Basic
<b>Inclusions</b>	<ul style="list-style-type: none"> <li>✓ Includes Accident Cover: Accident Cover provides temporary hospital coverage for services that are normally Restricted or Excluded if the hospital treatment is required for injuries that are sustained in the Accident. Eligibility criteria applies.</li> </ul>
<b>Exclusions</b>	<p>No Benefits Paid for:</p> <ul style="list-style-type: none"> <li>✗ Lung and chest</li> <li>✗ Pain management with device</li> <li>✗ Sleep studies</li> <li>✗ Pain management</li> <li>✗ Insulin Pumps</li> <li>✗ Weight loss surgery</li> <li>✗ Assisted reproductive services</li> <li>✗ Pregnancy and birth</li> <li>✗ Dialysis for chronic kidney failure</li> <li>✗ Joint replacements</li> <li>✗ Cataracts</li> <li>✗ Implantation of hearing devices</li> <li>✗ Podiatric surgery (provided by a registered podiatric surgeon)</li> <li>✗ Dental surgery</li> <li>✗ Plastic and reconstructive surgery (medically necessary)</li> <li>✗ Back, neck and spine</li> <li>✗ Blood</li> <li>✗ Heart and vascular system</li> <li>✗ Diabetes management (excluding insulin pumps)</li> <li>✗ Breast surgery (medically necessary)</li> <li>✗ Skin</li> <li>✗ Chemotherapy, radiotherapy and immunotherapy for cancer</li> <li>✗ Miscarriage and termination of pregnancy</li> <li>✗ Gynaecology</li> <li>✗ Gastrointestinal endoscopy</li> <li>✗ Hernia and appendix</li> <li>✗ Digestive system</li> <li>✗ Male reproductive system</li> <li>✗ Kidney and bladder</li> <li>✗ Joint reconstructions</li> <li>✗ Bone, joint and muscle</li> <li>✗ Tonsils, adenoids and grommets</li> <li>✗ Ear, nose and throat</li> <li>✗ Eye (not cataracts)</li> <li>✗ Brain and nervous system</li> </ul>
<b>Restrictions</b>	<p>Benefits are limited to Default Bed Rate for:</p> <ul style="list-style-type: none"> <li>R Hospital psychiatric services</li> <li>R Rehabilitation</li> <li>R Palliative Care</li> </ul>
<b>Co-Payment</b>	Nil
<b>Excess</b>	<p>\$500 Excess payable per overnight or same day admission (payable once per person per calendar year).</p> <p>Excess is not payable for dependant children.</p>
<b>Status</b>	Closed to new policies