## **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	Basic Hospital	Basic Hospital	Lite Bronze		<b>Essential Silver</b>	Silver Hospital	Silver Hospital	Gold Hospital
·	Accident Only	Plus	Plus Elevate	Hospital Plus	Plus	Hospital		Plus	Elevate
Rehabilitation	R✓	R✓	R✓	R✓	R√1	✓	R√1	✓	✓
Hospital psychiatric services	R✓	R✓	R✓	R✓	R✓	R✓	R✓	R✓	✓
Palliative care	R✓	R✓	R✓	R✓	✓	✓	✓	✓	✓
Tonsils, adenoids and grommets	×	✓	✓	✓	✓	✓	✓	✓	✓
Joint reconstructions	×	✓	✓	✓	✓	✓	✓	✓	✓
Hernia and appendix	×	✓	✓	✓	✓	✓	✓	✓	✓
Gynaecology	×	✓	✓	✓	✓	✓	✓	✓	✓
Dental surgery	×	✓	✓	✓	✓	✓	✓	✓	✓
Ear, nose and throat	×	×	✓	✓	✓	✓	✓	✓	✓
Bone, joint and muscle	×	×	✓	✓	✓	✓	✓	✓	✓
Kidney and bladder	×	×	✓	✓	✓	✓	✓	✓	✓
Male reproductive system	×	×	✓	✓	✓	✓	✓	✓	✓
Digestive system	×	×	✓	✓	✓	✓	✓	✓	<b>√</b>
Gastrointestinal endoscopy	×	×	<b>√</b>	✓	1	1	1	1	1
Miscarriage and termination of pregnancy	×	×	✓	<b>√</b>	1	1	1	1	1
Chemotherapy, radiotherapy and immunotherapy for cancer	×	×	1	✓	1	1	1	1	1
Blood	×	×	1	·	<b>√</b>	1	1	1	1
Skin	×	×	· /	<i>y</i>	<b>√</b>	-	1	· /	1
Brain and nervous system	× ×	×	×	-	- (	-	-	-	-
				· · ·	<b>V</b>	· ·	· · ·	· ·	· ·
Eye (not cataracts)	×	×	× ×	· ·	1	· ·	· ·	· ·	<b>v</b>
Pain management	×		-	<b>V</b>	<b>V</b>	<b>V</b>	V	<b>√</b>	<b>V</b>
Breast surgery (medically necessary)	×	×	×	V		V	V	<b>√</b>	<b>Y</b>
Diabetes management (excluding insulin pumps)	×	×	×	<b>√</b>	<b>√</b>	<b>√</b>	V	<b>√</b>	<b>√</b>
Lung and chest	×	×	×	<b>√</b>	<b>√</b>	✓	✓	✓	✓
Sleep studies	×	×	×	✓	✓	✓	✓	✓	✓
Back, neck and spine	×	×	×	×	✓	✓	✓	✓	✓
Plastic and reconstructive surgery (medically necessary)	×	×	×	×	✓	✓	✓	✓	✓
Heart and vascular	×	×	×	×	×	✓	✓	✓	✓
Podiatric surgery (provided by a registered podiatric surgeon)	×	×	×	×	×	✓	✓	✓	✓
Implantation of hearing devices	×	×	×	×	×	✓	✓	✓	✓
Insulin pumps	×	×	×	×	×	×	✓	✓	✓
Cataracts	×	×	×	×	×	×	×	✓	✓
Joint replacements	×	×	×	×	×	×	×	✓	✓
Dialysis for chronic kidney failure	×	×	×	×	×	×	×	*	✓
Pregnancy and birth	×	×	×	×	×	×	×	×	✓
Assisted reproductive services	×	×	×	×	×	×	×	×	✓
Weight loss surgery	×	×	×	×	×	×	×	×	✓
Urgent Ambulance by road	✓	✓	✓	✓	✓	✓	✓	✓	✓
Private Room coverage	✓	✓	✓	✓	✓	✓	✓	✓	✓
Travel and accommodation benefits	×	×	×	×	×	×	×	×	√2
Excess	The excess is paid	once per member		applies for	twice per family po	admissions.		rson may be hospit	alised. The exces
		R✓	Restricted hospital benefits only. Significant out-of-pocket costs may occur						
	✓	Included service.							
		×	Excluded service.						
		1			to covered services. F t expenses may be in-		not covered, restricte	d benefits for Rehabi	litation treatment
		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							