

Private Health Information Statement - Hospital policy

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Monthly Premium
\$251.59[#]
(before any rebate, loading or discount)

Covers two adults & dependants, including non-student dependants (3 or more people, only 2 of whom are adults)

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, an age-based discount or an insurer discount. Check with your insurer for details.

This policy covers children, students up to and including the age of 30 and non-students up to and including the age of 30, as well as persons with a disability who qualify as a child, student or non-student in these age ranges.

Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy provides accident cover - check with your insurer for details.

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

This policy  **does not include** cover for

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 \$750 per admission. This is limited to a maximum of \$750 per person and \$1500 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
- 12 months for pregnancy and birth (obstetrics)
- 2 months for all other treatments

Gap Cover

This provider does not offer any 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

Access to health and wellbeing programs to assist in management of chronic conditions (cancer support & weight management).

For further information about this policy see

<https://www.westfund.com.au/dl/summaries/basic-hospital.pdf>

Ambulance cover

In Northern Territory this policy provides:

Emergency: Unlimited with a waiting period of 1 day.

Non-emergency: transport with a waiting period of 2 months, limited to \$5,000 per person per year.

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

Other features of this ambulance cover

Cover for the unexpected. Feel assured with Australia-wide ambulance cover for emergency and non-emergency transportation (up to available limits). This product provides coverage for transport by a Westfund recognised Ambulance service provider in Australia either by covering the cost of state government levies or by covering the ambulance account. Recognised Ambulance service providers include: NSW Ambulance, Ambulance Victoria, Queensland Ambulance Service, ACT Ambulance Service, SA Ambulance Service, Ambulance Tasmania, St John Ambulance NT, St John Ambulance WA, St John Ambulance Norfolk Island and NSW Government local service providers.

For further information about this policy see

<https://www.westfund.com.au/dl/summaries/basic-hospital.pdf>

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.