

# Basic Hospital Policy Summary



Welcome to Feel Good Cover.  
Health insurance that doesn't just do its job,  
but adds an extra level of care.

## Why Westfund?



We help people  
make sense  
of health care



We provide quality  
products with a  
proven track record



We're a not-for-profit  
that helps you get the  
most from your cover



We're proudly  
Australian owned  
and operated

## This Hospital Cover includes:

- ✓ Mix and match from our Hospital and Extras product range to create a level of cover that suits you
  - ✓ Flexible excess options – choose from \$500 or \$750 excess
  - ✓ Kids up to 25 stay covered\*
  - ✓ Age-Based Discounts for members under 30 to save on their hospital premiums
- This is an eligible Age-Based Discount policy and Retained Age-Based Discount policy
- ✓ Ambulance cover, including emergency and non-emergency ambulance trips

## Who should love this cover

Basic hospital cover for treatment as a private patient in a public hospital.

Health insurance for those who want the most basic level of cover.



\* Dependants stay covered if unmarried or not in a bona fide domestic relationship.

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Please read this policy summary carefully and retain. For more policy information, definitions and claiming requirements please refer to Westfund's Membership Terms & Conditions which can be downloaded at [www.westfund.com.au/terms-conditions](http://www.westfund.com.au/terms-conditions) or by calling Westfund on 1300 937 838. Our Privacy Policy and Complaints Policy as well as information about the Code of Conduct and Commonwealth Ombudsman are also included in our Membership Terms & Conditions.

We'll pay benefits under your hospital cover on treatments that are part of an admitted episode of care. Benefit amounts depend on whether the treatment is covered, restricted or excluded from your policy. We recommend you always check with us prior to going to hospital to ensure you are covered and to check any out-of-pockets or excess that may apply.

## Treatments covered by this policy

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

## Treatments not covered by this policy (excluded)

- ✗ Dialysis for chronic kidney failure
- ✗ Weight loss surgery

## Excess options:

- ✓ Excess options (per member per calendar year)
  - choose from \$500 or \$750 excess

Up to a maximum of \$1,500 per policy per calendar year for family and single parent family policies.

**Your excess explained:** Your chosen excess is an amount payable per member per calendar year for admissions into hospital. The excess is paid before a Westfund benefit is payable for hospital treatment.

## Your cover explained

### ✓ Covered

We will pay benefits towards your hospital treatment. This may include hospital accommodation, theatre fees, prostheses, pharmaceuticals and any medical fees related to your admission.

### ✓<sup>R</sup> Restricted Services

We pay to a certain limit towards your hospital treatment. We will not fully cover the cost of a private room in a public hospital. If you are admitted to a private hospital for restricted services, you will need to pay out-of-pocket costs.

### ✗ Excluded

We don't cover any benefits towards your hospital treatment. If you choose to proceed as a private patient, you will have large out-of-pocket costs.

### Hospital Cover

As a **private patient in a public hospital**, you will be covered for shared room hospital accommodation and your choice of doctor, from doctors with a right to practice at that hospital.

Where a service is covered or restricted on your policy, benefits are also payable for;

- Surgically Implanted Prostheses: up to the approved benefits in the Government's Prostheses List.
- Pharmaceuticals: for all Pharmaceutical Benefits Scheme (PBS) listed drugs that are administered according to the PBS approved indications.
- Medical fees charged by your doctor while you are in hospital, as well as common and support services such as anaesthetic, pathology and radiology related to your admission. As long as a Medicare Benefits Schedule (MBS) item number applies to those services and a Medicare benefit is payable.

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## Health and Wellbeing Programs

Chronic Disease Management Programs	Waiting Period	Additional Information
Weight Loss Programs	12 months	Manage your chronic condition or get support to make lifestyle changes
Additional eligibility criteria apply for the above programs, please visit <a href="http://www.westfund.com.au/health-insurance/health-wellbeing-programs/">www.westfund.com.au/health-insurance/health-wellbeing-programs/</a> for more information.		

## Hospital waiting periods

Waiting Period	Service
1 day	Accident-related hospitalisation
2 months	Hospital psychiatric services, Palliative care and Rehabilitation
12 months	Treatment of a pre-existing condition A pre-existing condition is an illness or condition for which in the opinion of a medical practitioner appointed by Westfund, signs or symptoms existed during the six months before the day you joined Westfund or upgraded to a higher level of cover.
2 months	All other hospitalisations not listed above

## Ambulance

Service	Waiting Period	Item Limit	Annual Group Limit	Additional Information
Emergency Ambulance Transport	1 day	100%	No annual limit	Benefit eligible for Westfund recognised ambulance service providers in Australia. Westfund covers the cost of transport by either covering the cost of state government levies or covering the ambulance account.
Non-Emergency Patient Transport	2 months	100%	\$5,000 per member	Ambulance services not available under this policy: - Inter-hospital transfers between public hospitals - Member requested ambulance transport e.g. to be closer to home/family.

Need to get in touch? We're only a click or call away.



Call us 1300 937 838  
Monday – Friday  
8am – 5pm (AEST)



Connect online  
[enquiries@westfund.com.au](mailto:enquiries@westfund.com.au)  
[westfund.com.au](http://westfund.com.au)



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Our Care Centres are located  
across regional NSW and QLD