

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.

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 or by calling Westfund on 1300 937 838. Our Privacy Policy and Complaints Resolution Policy as well as information about the Code of Conduct and Commonwealth Ombudsman are also included in our Membership Terms & Conditions.

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:

- ✓ Extended* and Disability Dependant^ cover options available
- ✓ Age-Based Discounts for Adults under 30 to save on their hospital premiums

This is an eligible Age-Based Discount policy and Retained Age-Based Discount policy

- ✓ Unlimited emergency ambulance cover and \$5000 per member for 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 are looking for bare bones cover plus the added peace of mind of unlimited emergency ambulance cover with Westfund recognised providers (included in all our covers).



* Dependants up to 31 stay covered if unmarried or not in a bona fide domestic relationship.

^ A dependant with a disability is a person who is over the age of 31 and participates in the National Disability Insurance Scheme (NDIS) and holds an active NDIS plan.

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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

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

Treatments not covered by this policy (excluded)

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

Your cover explained

✓ Covered

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

✓^R 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;

- Medical Devices and Human Tissue Products: up to the approved benefits outlined in the prescribed list of Medical Devices and Human Tissue Products.

- 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.

[^] Limited benefits apply for podiatric surgery provided by a registered podiatric surgeon. Westfund will pay a benefit towards your hospital accommodation and up to the approved benefits outlined in the prescribed list of medical devices and human tissue products. No benefit is payable towards theatre fees, pharmaceuticals or medical fees related to your admission.

Excess options:

- ✓ Excess of \$750 per member per calendar year

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

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Health and Wellbeing Programs

Chronic Disease Management Programs	Waiting Period	Additional Information
Cancer Support Program	12 months	Personalised digital cancer support program to help maintain physical and mental wellness
Weight Management Programs	12 months	Manage your chronic condition or get support to make lifestyle changes

Additional eligibility criteria apply for the above programs, please visit www.westfund.com.au/health-insurance/health-wellbeing-programs/ for more information.

Waiting Period	Service
1 day	Accident-related hospitalisation
2 months	Hospital psychiatric services, Palliative care and Rehabilitation
12 months	Pregnancy and birth
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
westfund.com.au



Visit a Care Centre
Our Care Centres are located
across regional NSW and QLD