

Private Health Information Statement - Hospital policy

Basic Public 750 Hospital (Dependants under 25)

Westfund Limited

<http://www.westfund.com.au>
enquiries@westfund.com.au
 1300 937 838

Monthly Premium

\$244.75[#]

(before any rebate, loading or discount)

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

Available in NSW & ACT

[#] 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 and other dependants up to and including the age of 24, as well as persons with a disability who qualify as a child or other dependant in this age range.

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>

R 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

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

This policy ✗ does not include cover for

✗ Dialysis for chronic kidney failure

✗ Weight loss surgery

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 NSW & ACT 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](#)

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[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.