

Private Health Information Statement - Hospital policy

Basic Plus 750 Hospital (Disability Dependants)

Westfund Limited

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 1300 937 838

Monthly Premium

\$178.88[#]

(before any rebate, loading or discount)

Covers one adult & dependants, including persons with a disability* (2 or more people, only one of whom is an adult)

Available in Western Australia

[#] 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.

* Participants in the National Disability Insurance Scheme (NDIS) are considered persons with a disability. Insurers may have a broader definition of persons with a disability. Check with the insurer for details.

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

✓ Dental surgery	✓ Tonsils, adenoids and grommets	R Rehabilitation
✓ Hernia and appendix	R Hospital psychiatric services	
✓ Joint reconstructions	R Palliative care	

This policy ✗ does not include cover for

✗ Assisted reproductive services	✗ Ear, nose and throat	✗ Miscarriage and termination of pregnancy
✗ Back, neck and spine	✗ Eye (not cataracts)	✗ Pain management
✗ Blood	✗ Gastrointestinal endoscopy	✗ Pain management with device
✗ Bone, joint and muscle	✗ Gynaecology	✗ Plastic and reconstructive surgery (medically necessary)
✗ Brain and nervous system	✗ Heart and vascular system	✗ Podiatric surgery (provided by a registered podiatric surgeon - limited benefits)
✗ Breast surgery (medically necessary)	✗ Implantation of hearing devices	✗ Pregnancy and birth
✗ Cataracts	✗ Insulin pumps	✗ Skin
✗ Chemotherapy, radiotherapy and immunotherapy for cancer	✗ Joint replacements	✗ Sleep studies
✗ Diabetes management (excluding insulin pumps)	✗ Kidney and bladder	✗ Weight loss surgery

✗ Dialysis for chronic kidney failure	✗ Lung and chest	
✗ Digestive system	✗ Male reproductive system	

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 offers '[known gap](#)' or '[no 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).

Ambulance cover

In Western Australia 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.

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.