

Fund Name: WESTFUND
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Chief Executive Officer: Mr Mark Genovese

Claims Enquiries: Claims Department via general telephone number.

Membership Enquires: Membership Department via general telephone number

Patient eligibility and level of cover should be confirmed prior to patient admission through Provider Online Eligibility Check (OEC) Medicare Australia.

Product: Gold – NZ
Description: Hospital and Extras cover
Excess: Nil

Product: Gold 500 – ENZ
Description: Hospital and Extras cover
Excess: An Excess of \$500 applies for admissions to a Public or Private Hospital. The Excess is \$500 per adult per calendar year. Each adult pays \$500 towards the cost of their hospital admission. The Excess does not apply to admissions to a Private Hospital due to an accident. The Excess does not apply to admissions of a dependant to a Public or Private Hospital.

Product: Gold Classic - SP
Description: Hospital and Extras cover
Excess: Nil

Product: Gold Classic 500 - ESP
Description: Hospital and Extras cover
Excess: An Excess of \$500 applies for admissions to a Public or Private Hospital. The Excess is \$500 per adult per calendar year. Each adult pays \$500 towards the cost of their hospital admission. The Excess does not apply to admissions to a Private Hospital due to an accident.

Start date: 1st January 2019

Product name: Gold Hospital
Product code: J52A
Description: Hospital cover only
Exclusions: -
Restrictions: -
Important Notes: No benefits are paid for non-therapeutic cosmetic surgery.Can only be purchased with ancillary products I11,I16,I12,I13,I15.
Moiety per day: -
Excess: Nil
Comprehensive/Non-Comprehensive cover: Comprehensive

Start date: 1st January 2019

Product name: Gold 500 Hospital
Product code: J52C
Description: Hospital cover only
Exclusions: -
Restrictions: -
Important Notes: No benefits are paid for non-therapeutic cosmetic surgery.Can only be purchased with ancillary products I11,I16,I12,I13,I15.
Moiety per day: -
Excess: An Excess of \$500 applies for admissions to a Public or Private Hospital. The Excess is \$500 per adult per calendar year. Each adult pays \$500 towards the cost of their hospital admission. The Excess does not apply to admissions to a Private Hospital due to an accident. The Excess does not apply to admissions of a dependant to a Public or Private Hospital.

Comprehensive/Non-Comprehensive cover: Comprehensive

Start date: 1st June 2021

Product name: Gold Complete 500 Hospital
Product code: J61C
Description: Hospital cover only

Exclusions:
Restrictions: -
Important Notes: No benefits are paid for non-therapeutic cosmetic surgery.Can only be purchased with ancillary products I11,I16,I12,I13,I15, I26
Moiety per day: -
Excess: An Excess of \$500 applies for admissions to a Public or Private Hospital. The Excess is \$500 per adult per calendar year. Each adult pays \$500 towards the cost of their hospital admission. The Excess does not apply to admissions to a Private Hospital due to an accident. The Excess does not apply to admissions of a dependant to a Public or Private Hospital.

Comprehensive/Non-Comprehensive cover: Comprehensive
Start date: 1st June 2021

Product name: Gold Complete 750 Hospital
Product code: J61D
Description: Hospital cover only
Exclusions: -
Restrictions: -
Important Notes: No benefits are paid for non-therapeutic cosmetic surgery.Can only be purchased with ancillary products I11,I16,I12,I13,I15, I26
Moiety per day: -
Excess: An Excess of \$750 applies for admissions to a Public or Private Hospital. The Excess is \$750 per adult per calendar year. Each adult pays \$750 towards the cost of their hospital admission. The Excess does not apply to admissions to a Private Hospital due to an accident. The Excess does not apply to admissions of a dependant to a Public or Private Hospital.

Comprehensive/Non-Comprehensive cover: Comprehensive

Start date: 1st April 2024

Product name: Gold Ultimate 500 Hospital
Product code: J62C
Description: Hospital cover only
Exclusions: -
Restrictions: -
Important Notes: No benefits are paid for non-therapeutic cosmetic surgery.Can only be purchased with ancillary products I11,I16,I12,I13,I15, I26
Moiety per day: -
Excess: An Excess of \$500 applies for admissions to a Public or Private Hospital. The Excess is \$500 per adult per calendar year. Each adult pays \$500 towards the cost of their hospital admission. The Excess does not apply to admissions to a Private Hospital due to an accident. The Excess does not apply to admissions of a dependant to a Public or Private Hospital.

Comprehensive/Non-Comprehensive cover: Comprehensive

Start date: 1st April 2024

Product name: Gold Complete 750 Hospital
Product code: J62D
Description: Hospital cover only
Exclusions: -
Restrictions: -
Important Notes: No benefits are paid for non-therapeutic cosmetic surgery.Can only be purchased with ancillary products I11,I16,I12,I13,I15, I26
Moiety per day: -
Excess: An Excess of \$750 applies for admissions to a Public or Private Hospital. The Excess is \$750 per adult per calendar year. Each adult pays \$750 towards the cost of their hospital admission. The Excess does not apply to admissions to a Private Hospital due to an accident. The Excess does not apply to admissions of a dependant to a Public or Private Hospital.

Comprehensive/Non-Comprehensive cover: Comprehensive

Product name: Silver Plus Assure Hospital
Product code: J53A
Description: Hospital cover only
Exclusions: Pregnancy and birth
Assisted reproductive services
Weight loss surgery
Restrictions: Hospital psychiatric services
Important Notes: No benefits are paid for non-therapeutic cosmetic surgery
Moiety per day: -
Excess: Nil
Comprehensive/Non-Comprehensive cover: Non-Comprehensive cover

Start date: 1st January 2019

Product name: Silver Plus Assure 250 Hospital
Product code: J53B
Description: Hospital cover only
Exclusions: Pregnancy and birth
Assisted reproductive services

Restrictions: Weight loss surgery
 Hospital psychiatric services
Important Notes: No benefits are paid for non-therapeutic cosmetic surgery
Moiety per day: -
Excess: An Excess of \$250 applies for admissions to a Public or Private Hospital. The Excess is \$250 per adult per calendar year. Each adult pays \$250 towards the cost of their hospital admission. The Excess does not apply to admissions to a Private Hospital due to an accident. The Excess does not apply to admissions of a dependant to a Public or Private Hospital.

Comprehensive/Non-Comprehensive cover: Non-Comprehensive cover

Start date: 1st January 2019

Product name: Silver Plus Assure 500 Hospital
Product code: J53C
Description: Hospital cover only
Exclusions: Pregnancy and birth
 Assisted reproductive services
 Weight loss surgery

Restrictions: Hospital psychiatric services
Important Notes: No benefits are paid for non-therapeutic cosmetic surgery
Moiety per day: -
Excess: An Excess of \$500 applies for admissions to a Public or Private Hospital. The Excess is \$500 per adult per calendar year. Each adult pays \$500 towards the cost of their hospital admission. The Excess does not apply to admissions to a Private Hospital due to an accident. The Excess does not apply to admissions of a dependant to a Public or Private Hospital.

Comprehensive/Non-Comprehensive cover: Non-Comprehensive cover

Start date: 1st January 2019

Product name: Silver Plus Assure 750 Hospital
Product code: J53D
Description: Hospital cover only
Exclusions: Pregnancy and birth
 Assisted reproductive services
 Weight loss surgery

Restrictions: Hospital psychiatric services
Important Notes: No benefits are paid for non-therapeutic cosmetic surgery
Moiety per day: -
Excess: An Excess of \$750 applies for admissions to a Public or Private Hospital. The Excess is \$750 per adult per calendar year. Each adult pays \$750 towards the cost of their hospital admission. The Excess does not apply to admissions to a Private Hospital due to an accident. The Excess does not apply to admissions of a dependant to a Public or Private Hospital.

Comprehensive/Non-Comprehensive cover: Non-Comprehensive cover

Start date: 1st April 2019

Product name: Silver Plus Nurture Hospital
Product code: J54A
Description: Hospital cover only
Exclusions: Cataracts
 Joint replacements
 Weight loss surgery

Restrictions: Hospital psychiatric services
Important Notes: No benefits are paid for non-therapeutic cosmetic surgery
Moiety per day: -
Excess: Nil

Comprehensive/Non-Comprehensive cover: Non-Comprehensive cover

Start date: 1st January 2019

Product name: Silver Plus Nurture 250 Hospital
Product code: J54B
Description: Hospital cover only
Exclusions: Cataracts
 Joint replacements
 Weight loss surgery

Restrictions: Hospital psychiatric services
Important Notes: No benefits are paid for non-therapeutic cosmetic surgery
Moiety per day: -
Excess: An Excess of \$250 applies for admissions to a Public or Private Hospital. The Excess is \$250 per adult per calendar year. Each adult pays \$250 towards the cost of their hospital admission. The Excess does not apply to admissions to a Private Hospital due to an accident. The Excess does not apply to admissions of a dependant to a Public or Private Hospital.

Comprehensive/Non-Comprehensive cover: Non-Comprehensive cover

Start date: 1st January 2019

Product name: Silver Plus Nurture 500 Hospital

Product code: J54C

Description: Hospital cover only

Exclusions: Cataracts

Joint replacements

Weight loss surgery

Restrictions: Hospital psychiatric services

Important Notes: No benefits are paid for non-therapeutic cosmetic surgery

Moiety per day: -

Excess: An Excess of \$500 applies for admissions to a Public or Private Hospital. The Excess is \$500 per adult per calendar year. Each adult pays \$500 towards the cost of their hospital admission. The Excess does not apply to admissions to a Private Hospital due to an accident. The Excess does not apply to admissions of a dependant to a Public or Private Hospital.

Comprehensive/Non-Comprehensive cover: Non-Comprehensive cover

Start date: 1st January 2019

Product name: Silver Plus Nurture 750 Hospital

Product code: J54D

Description: Hospital cover only

Exclusions: Cataracts

Joint replacements

Weight loss surgery

Restrictions: Hospital psychiatric services

Important Notes: No benefits are paid for non-therapeutic cosmetic surgery

Moiety per day: -

Excess: An Excess of \$750 applies for admissions to a Public or Private Hospital. The Excess is \$750 per adult per calendar year. Each adult pays \$750 towards the cost of their hospital admission. The Excess does not apply to admissions to a Private Hospital due to an accident. The Excess does not apply to admissions of a dependant to a Public or Private Hospital.

Comprehensive/Non-Comprehensive cover: Non-Comprehensive cover

Start date: 1st April 2019

Product name: Silver Hospital

Product code: J55A

Description: Hospital cover only

Exclusions: Cataracts

Joint replacements

Dialysis for chronic kidney failure

Pregnancy and birth

Assisted reproductive services

Weight loss surgery

Pain management with device

Insulin pumps

Sleep studies

Restrictions: Hospital psychiatric services

Important Notes: No benefits are paid for non-therapeutic cosmetic surgery

Moiety per day: -

Excess: Nil

Comprehensive/Non-Comprehensive cover: Non-Comprehensive cover

Start date: 1st January 2019

Product name: Silver 250 Hospital

Product code: J55B

Description: Hospital cover only

Exclusions: Cataracts

Joint replacements

Dialysis for chronic kidney failure

Pregnancy and birth

Assisted reproductive services

Weight loss surgery

Pain management with device

Insulin pumps

Sleep studies

Restrictions: Hospital psychiatric services

Important Notes: No benefits are paid for non-therapeutic cosmetic surgery

Moiety per day: -

Excess: An Excess of \$250 applies for admissions to a Public or Private Hospital. The Excess is \$250 per adult per calendar year. Each adult pays \$250 towards the cost of their hospital admission. The Excess does not apply to admissions to a Private Hospital due to an accident. The Excess does not apply to admissions of a dependant to a Public or Private Hospital.

Comprehensive/Non-Comprehensive cover: Non-Comprehensive cover

Start date: 1st January 2019

Product name: Silver 500 Hospital
Product code: J55C
Description: Hospital cover only
Exclusions: Cataracts
Joint replacements
Dialysis for chronic kidney failure
Pregnancy and birth
Assisted reproductive services
Weight loss surgery
Pain management with device
Insulin pumps
Sleep studies

Restrictions: Hospital psychiatric services
Important Notes: No benefits are paid for non-therapeutic cosmetic surgery
Moiety per day: -

Excess: An Excess of \$500 applies for admissions to a Public or Private Hospital. The Excess is \$500 per adult per calendar year. Each adult pays \$500 towards the cost of their Hospital admission. The Excess does not apply to admissions to a Private Hospital due to an accident. The Excess does not apply to admissions of a dependant to a Public or Private Hospital.

Comprehensive/Non-Comprehensive cover: Non-Comprehensive cover

Start date: 1st January 2019

Product name: Silver 750 Hospital
Product code: J55D
Description: Hospital cover only
Exclusions: Cataracts
Joint replacements
Dialysis for chronic kidney failure
Pregnancy and birth
Assisted reproductive services
Weight loss surgery
Pain management with device
Insulin pumps
Sleep studies

Restrictions: Hospital psychiatric services
Important Notes: No benefits are paid for non-therapeutic cosmetic surgery
Moiety per day: -

Excess: An Excess of \$750 applies for admissions to a Public or Private Hospital. The Excess is \$750 per adult per calendar year. Each adult pays \$750 towards the cost of their hospital admission. The Excess does not apply to admissions to a Private Hospital due to an accident. The Excess does not apply to admissions of a dependant to a Public or Private Hospital.

Comprehensive/Non-Comprehensive cover: Non-Comprehensive cover

Start date: 1st April 2019

Product name: Bronze Plus Hospital
Product code: J56A
Description: Hospital cover only
Exclusions: Heart and vascular system
Lung and Chest
Back, neck and spine
Plastic and reconstructive surgery (medically necessary)
Cataracts
Joint replacements
Dialysis for chronic kidney failure
Pregnancy and birth
Assisted reproductive services
Weight loss surgery
Pain management with device
Implantation of hearing devices
Insulin pumps
Sleep studies

Restrictions: Rehabilitation
Hospital psychiatric services
Palliative care

Important Notes: No benefits are paid for non-therapeutic cosmetic surgery

Moiety per day: -
Excess: Nil
Comprehensive/Non-Comprehensive cover: Non-Comprehensive cover

Start date: 1st January 2019

Product name: Bronze Plus 250 Hospital
Product code: J56B
Description: Hospital cover only
Exclusions: Heart and vascular system
Lung and Chest
Back, neck and spine
Plastic and reconstructive surgery (medically necessary)
Cataracts
Joint replacements
Dialysis for chronic kidney failure
Pregnancy and birth
Assisted reproductive services
Weight loss surgery
Pain management with device
Implantation of hearing devices
Insulin pumps
Sleep studies
Restrictions: Rehabilitation
Hospital psychiatric services
Palliative care

Important Notes: No benefits are paid for non-therapeutic cosmetic surgery

Moiety per day: -

Excess: An Excess of \$250 applies for admissions to a Public or Private Hospital. The Excess is \$250 per member per calendar year to a maximum of \$1500 per policy per calendar year.

Comprehensive/Non-Comprehensive cover: Non-Comprehensive cover

Start date: 1st January 2019

Product name: Bronze Plus 500 Hospital
Product code: J56C
Description: Hospital cover only
Exclusions: Heart and vascular system
Lung and Chest
Back, neck and spine
Plastic and reconstructive surgery (medically necessary)
Cataracts
Joint replacements
Dialysis for chronic kidney failure
Pregnancy and birth
Assisted reproductive services
Weight loss surgery
Pain management with device
Implantation of hearing devices
Insulin pumps
Sleep studies
Restrictions: Rehabilitation
Hospital psychiatric services
Palliative care

Important Notes: No benefits are paid for non-therapeutic cosmetic surgery

Moiety per day: -

Excess: An Excess of \$500 applies for admissions to a Public or Private Hospital. The Excess is \$500 per member per calendar year to a maximum of \$1500 per policy per calendar year.

Comprehensive/Non-Comprehensive cover: Non-Comprehensive cover

Start date: 1st January 2019

Product name: Bronze Plus 750 Hospital
Product code: J56D
Description: Hospital cover only
Exclusions: Heart and vascular system
Lung and Chest
Back, neck and spine
Plastic and reconstructive surgery (medically necessary)
Cataracts
Joint replacements
Dialysis for chronic kidney failure
Pregnancy and birth
Assisted reproductive services
Weight loss surgery

Restrictions: Pain management with device
 Implantation of hearing devices
 Insulin pumps
 Sleep studies
 Rehabilitation
 Hospital psychiatric services
 Palliative care

Important Notes: No benefits are paid for non-therapeutic cosmetic surgery
Moiety per day: -
Excess: An Excess of \$750 applies for admissions to a Public or Private Hospital. The Excess is \$750 per member per calendar year to a maximum of \$1500 per policy per calendar year.

Comprehensive/Non-Comprehensive cover: Non-Comprehensive cover

Start date: 1st June 2024

Product name: Bronze 500 Hospital
Product code: J63C
Description: Hospital cover only
Exclusions: Heart and vascular system
 Blood
 Podiatric Surgery (provided by a registered podiatric surgeon)
 Dental Surgery
 Lung and Chest
 Back, neck and spine
 Plastic and reconstructive surgery (medically necessary)
 Cataracts
 Joint replacements
 Dialysis for chronic kidney failure
 Pregnancy and birth
 Assisted reproductive services
 Weight loss surgery
 Pain management with device
 Implantation of hearing devices
 Insulin pumps
 Sleep studies

Restrictions: Rehabilitation
 Hospital psychiatric services
 Palliative care

Important Notes: No benefits are paid for non-therapeutic cosmetic surgery
Moiety per day: -
Excess: An Excess of \$500 applies for admissions to a Public or Private Hospital. The Excess is \$500 per member per calendar year to a maximum of \$1500 per policy per calendar year.

Comprehensive/Non-Comprehensive cover: Non-Comprehensive cover

Start date: 1st June 2024

Product name: Bronze 750 Hospital
Product code: J63D
Description: Hospital cover only
Exclusions: Heart and vascular system
 Blood
 Dental Surgery
 Podiatric Surgery (provided by a registered podiatric surgeon)
 Lung and Chest
 Back, neck and spine
 Plastic and reconstructive surgery (medically necessary)
 Cataracts
 Joint replacements
 Dialysis for chronic kidney failure
 Pregnancy and birth
 Assisted reproductive services
 Weight loss surgery
 Pain management with device
 Implantation of hearing devices
 Insulin pumps
 Sleep studies

Restrictions: Rehabilitation
 Hospital psychiatric services
 Palliative care

Important Notes: No benefits are paid for non-therapeutic cosmetic surgery
Moiety per day: -
Excess: An Excess of \$750 applies for admissions to a Public or Private Hospital. The Excess is \$750 per member per calendar year to a maximum of \$1500 per policy per calendar year.

Comprehensive/Non-Comprehensive cover: Non-Comprehensive cover

Start date: 1st January 2019

Product name: Basic Public 750 Hospital
Product code: J57D
Description: Public Hospital Cover with Extras - Cover for Public Hospital stays only in a shared room
Exclusions: Dialysis for chronic kidney failure
Weight loss surgery
Restrictions: Rehabilitation
Hospital psychiatric services
Palliative care
Brain and nervous system
Eye (not cataracts)
Ear, nose and throat
Tonsils, adenoids and grommets
Bone, joint and muscle
Joint reconstructions
Kidney and bladder
Male reproductive system
Digestive system
Hernia and appendix
Gastrointestinal endoscopy
Gynaecology
Miscarriage and termination of pregnancy
Chemotherapy, radiotherapy and immunotherapy for cancer
Pain management
Skin
Breast surgery (medically necessary)
Diabetes management (excluding insulin pumps)
Heart and vascular system
Lung and Chest
Blood
Back, neck and spine
Plastic and reconstructive surgery (medically necessary)
Dental surgery
Podiatric surgery (provided by a registered podiatric surgeon)
Implantation of hearing devices
Cataracts
Joint replacements
Pregnancy and birth
Assisted reproductive services
Insulin pumps
Pain management with device
Sleep studies

Important Notes: No benefits are paid for non-therapeutic cosmetic surgery
Moiety per day: -
Excess: An Excess of \$750 applies for admissions to a Public Hospital. The Excess is \$750 per member per calendar year to a maximum of \$1500 per policy per calendar year.

Comprehensive/Non-Comprehensive cover: Non-Comprehensive cover

Start date: 1st April 2019

Product name: Athlete Gold Hospital
Product code: J58B
Description: Hospital cover only
Exclusions: -
Restrictions: -
Important Notes: No benefits are paid for non-therapeutic cosmetic surgery
Moiety per day: -
Excess: An Excess of \$250 applies for admissions to a Public or Private Hospital. The Excess is \$250 per adult per calendar year. Each adult pays \$250 towards the cost of their hospital admission. The Excess does not apply to admissions to a Private Hospital due to an accident. The Excess does not apply to admissions of a dependant to a Public or Private Hospital.

Comprehensive/Non-Comprehensive cover: Comprehensive cover

Start date: 1st January 2019

Product name: Athlete Silver Plus Hospital
Product code: J59C
Description: Hospital cover only
Exclusions: Cataracts
Joint replacements
Dialysis for chronic kidney failure
Weight loss surgery
Restrictions: Rehabilitation
Hospital psychiatric services
Important Notes: No benefits are paid for non-therapeutic cosmetic surgery

Moiety per day: -
Excess: An Excess of \$500 applies for admissions to a Public or Private Hospital. The Excess is \$500 per adult per calendar year. Each adult pays \$500 towards the cost of their hospital admission. The Excess does not apply to admissions to a Private Hospital due to an accident. The Excess does not apply to admissions of a dependant to a Public or Private Hospital.

Comprehensive/Non-Comprehensive cover: Non-Comprehensive cover

Start date: 1st January 2019

Product name: Athlete Silver Hospital
Product code: J60B
Description: Hospital cover only
Exclusions: Cataracts
Joint replacements
Dialysis for chronic kidney failure
Pregnancy and birth
Assisted reproductive services
Weight loss surgery

Restrictions: Rehabilitation
Hospital psychiatric services

Important Notes: No benefits are paid for non-therapeutic cosmetic surgery

Moiety per day: -
Excess: An Excess of \$250 applies for admissions to a Public or Private Hospital. The Excess is \$250 per adult per calendar year. Each adult pays \$250 towards the cost of their hospital admission. The Excess does not apply to admissions to a Private Hospital due to an accident. The Excess does not apply to admissions of a dependant to a Public or Private Hospital.

Comprehensive/Non-Comprehensive cover: Non-Comprehensive cover

Start date: 1st January 2019

Product name: Overseas Top Plus Hospital with Extras
Product code: FCO
Description: Hospital and Extras cover
Exclusions: -
Restrictions: -
Important Notes: No benefits are paid for non-therapeutic cosmetic surgery
Moiety per day: -
Excess: Nil
Comprehensive/Non-Comprehensive cover: Comprehensive

Start date: 1st May 2012

Product name: Overseas Top Hospital with Extras
Product code: NZO
Description: Hospital and Extras cover
Exclusions: -
Restrictions: Hospital Psychiatric Services
Important Notes: No benefits are paid for non-therapeutic cosmetic surgery
Moiety per day: -
Excess: Nil
Comprehensive/Non-Comprehensive cover: Comprehensive

Start date: 1st May 2012

Product name: Overseas Hospital
Product code: OSC
Description: Hospital cover only
Exclusions: -
Restrictions: Hospital psychiatric services
Palliative care
Pregnancy and birth
Assisted reproductive services

Important Notes: No benefits are paid for non-therapeutic cosmetic surgery
Moiety per day: -
Excess: Nil
Comprehensive/Non-Comprehensive cover: Non-Comprehensive cover

Start date: 1st May 2012
Product name: Ultimate Pro Extras
Product code: I10
Description: Ancillary cover only
Exclusions: n/a
Restrictions: n/a
Important Notes: Can be purchased as a stand-alone product or with hospital products J52 - J57 and J61

Moiety per day: n/a
Excess: n/a
Comprehensive/Non-Comprehensive cover: Comprehensive

Start date: 1st January 2019

Product name: Ultimate Extras
Product code: I11
Description: Ancillary cover only
Exclusions: n/a
Restrictions: n/a
Important Notes: Can be purchased as a stand-alone product or with hospital products J52 - J57 and J61
Moiety per day: n/a
Excess: n/a
Comprehensive/Non-Comprehensive cover: Comprehensive

Start date: 1st January 2019

Product name: High Extras
Product code: I12
Description: Ancillary cover only
Exclusions: n/a
Restrictions: n/a
Important Notes: Can be purchased as a stand-alone product or with hospital products J52 - J57 and J61
Moiety per day: n/a
Excess: n/a
Comprehensive/Non-Comprehensive cover: Moderate

Start date: 1st January 2019

Product name: Mid Extras
Product code: I13
Description: Ancillary cover only
Exclusions: n/a
Restrictions: n/a
Important Notes: Can only be purchased with with hospital products J52 - J57 and J61
Moiety per day: n/a
Excess: n/a
Comprehensive/Non-Comprehensive cover: Moderate

Start date: 1st January 2019

Product name: Essential Pro Extras
Product code: I14
Description: Ancillary cover only
Exclusions: n/a
Restrictions: n/a
Important Notes: Can be purchased as a stand-alone product or with hospital products J52 - J57 and J61
Moiety per day: n/a
Excess: n/a
Comprehensive/Non-Comprehensive cover: Non-Comprehensive

Start date: 1st January 2019

Product name: Starter Extras
Product code: I15
Description: Ancillary cover only
Exclusions: n/a
Restrictions: n/a
Important Notes: Can be purchased as a stand-alone product or with hospital products J52 - J57 and J61
Moiety per day: n/a
Excess: n/a
Comprehensive/Non-Comprehensive cover: Non-Comprehensive

Start date: 1st January 2019

Product name: High Extras Over 50s
Product code: I16
Description: Ancillary cover only
Exclusions: n/a
Restrictions: n/a
Important Notes: Can be purchased as a stand-alone product or with hospital products J52 - J57 and J61
Moiety per day: n/a
Excess: n/a
Comprehensive/Non-Comprehensive cover: Moderate

Start date: 1st January 2019

Product name: Athlete Core Extras
Product code: I18
Description: Ancillary cover only
Exclusions: n/a
Restrictions: n/a
Important Notes: Can be purchased as a stand-alone product or with hospital products J58 - J60
Moiety per day: n/a
Excess: n/a
Comprehensive/Non-Comprehensive cover:

Start date: 1st January 2019

Product name: Athlete Defend Extras
Product code: I19
Description: Ancillary cover only
Exclusions: n/a
Restrictions: n/a
Important Notes: Can be purchased as a stand-alone product or with hospital products J58 - J60
Moiety per day: n/a
Excess: n/a
Comprehensive/Non-Comprehensive cover:

Start date: 1st January 2019

Product name: Athlete Guard Extras
Product code: I20
Description: Ancillary cover only
Exclusions: n/a
Restrictions: n/a
Important Notes: Can be purchased as a stand-alone product or with hospital products J58 - J60
Moiety per day: n/a
Excess: n/a
Comprehensive/Non-Comprehensive cover:

Start date: 1st January 2019

Product name: Athlete Protect Extras
Product code: I22
Description: Ancillary cover only
Exclusions: n/a
Restrictions: n/a
Important Notes: Can be purchased as a stand-alone product or with hospital products J58 - J60
Moiety per day: n/a
Excess: n/a
Comprehensive/Non-Comprehensive cover:

Start date: 1st January 2019

Product name: Athlete Shield Extras
Product code: I23
Description: Ancillary cover only
Exclusions: n/a
Restrictions: n/a
Important Notes: Can be purchased as a stand-alone product or with hospital products J58 - J60
Moiety per day: n/a
Excess: n/a
Comprehensive/Non-Comprehensive cover:

Start date: 1st January 2019

Product name: Athlete Vital Extras
Product code: I25
Description: Ancillary cover only
Exclusions: n/a
Restrictions: n/a
Important Notes: Can be purchased as a stand-alone product or with hospital products J58 - J60
Moiety per day: n/a
Excess: n/a
Comprehensive/Non-Comprehensive cover: