Fund Name:	WESTFUND
Address:	59 Read Avenue Lithgow NSW 2790
Telephone:	1300937838
Facsimile:	02 63523933
Email:	hospital@westfund.com.au
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: Description: Excess	Gold – NZ Hospital and Extras cover Nil
Product: Description: Excess	Gold 500 – ENZ Hospital and Extras cover 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: Description: Excess	Gold Classic - SP Hospital and Extras cover Nil
Product: Description: Excess	Gold Classic 500 - ESP Hospital and Extras cover 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: Product code: Description: Exclusions: Restrictions: Important Notes: Moiety per day: Excess: Comprehensive/Non- Comprehensive cover:	Gold Hospital J52A Hospital cover only - - No benefits are paid for non-therapeutic cosmetic surgery.Can only be purchased with ancillary products I11,I16,I12,I13,I15. - Nil Comprehensive
Start date:	1st January 2019
Product name: Product code: Description: Exclusions: Restrictions: Important Notes: Moiety per day: Excess:	Gold 500 Hospital J52C Hospital cover only - - No benefits are paid for non-therapeutic cosmetic surgery.Can only be purchased with ancillary products I11,I16,I12,I13,I15. - 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: Product code: Description:	Gold Complete 500 Hospital J61C Hospital cover only

Exclusions: Restrictions:	
Important Notes: Moiety per day:	No benefits are paid for non-therapeutic cosmetic surgery. Can only be purchased with ancillary products 111,116,112,113,115, 126
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
Comprehensive cover: Start date:	1st June 2021
Product name:	Gold Complete 750 Hospital
Product code:	J61D
Description: Exclusions:	Hospital cover only
Restrictions:	-
Important Notes:	No benefits are paid for non-therapeutic cosmetic surgery. Can only be purchased with ancillary products 111,116,112,113,115, 126
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: Description:	J62C Hospital cover only
Exclusions:	
Restrictions: Important Notes: Moiety per day: Excess:	No benefits are paid for non-therapeutic cosmetic surgery. Can only be purchased with ancillary products I11,I16,I12,I13,I15, I26
	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: Description:	J62D Hospital cover only
Exclusions:	-
Restrictions:	- No benefits are paid for non-therapeutic cosmetic surgery.Can only be purchased with ancillary products II1,I16,I12,I13,I15, I26
Important Notes: 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 Hospital course only
Description: Exclusions:	Hospital cover only 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:	- Nil
Excess: Comprehensive/Non- Comprehensive cover:	Non-Comprehensive cover
Start date:	1st January 2019
Product name:	Silver Plus Assure 250 Hospital
Product code:	J53B
Description: Exclusions:	Hospital cover only Pregnancy and birth
LACIUSIOIIS.	Assisted reproductive services

	Weight loss surgery
Restrictions: Important Notes:	Hospital psychiatric services
	No benefits are paid for non-therapeutic cosmetic surgery
Moiety per day:	- An Ensens of \$250 and its for a duringing to a Dublic on Drivets Hamital The Ensens is \$250 non-adult are calendar your. Each
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-	Non-Comprehensive cover
Comprehensive cover:	
Start date:	1st January 2019
Suittuite	
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 Man	Non Comprehensive cover
Comprehensive/Non- Comprehensive cover:	Non-Comprehensive cover
Comprehensive cover.	
Start date:	1st January 2019
Product name:	Silver Plus Assure 750 Hospital
Product code:	J53D
Description: Exclusions:	Hospital cover only Pregnancy and birth
Exclusions:	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.
	an accident. The Excess does not apply to admissions of a dependant to a rubine of r fivate flospital.
Comprehensive/Non-	Non-Comprehensive cover
Comprehensive cover:	
Start date:	1st April 2019
~	
Product name:	Silver Plus Nurture Hospital
Product code:	J54A
Description:	Hospital cover only Cataracts
Exclusions:	
	Joint replacements
Restrictions:	Joint replacements Weight loss surgery
Restrictions: Important Notes:	Joint replacements
	Joint replacements Weight loss surgery Hospital psychiatric services
Important Notes: Moiety per day: Excess:	Joint replacements Weight loss surgery Hospital psychiatric services No benefits are paid for non-therapeutic cosmetic surgery - Nil
Important Notes: Moiety per day: Excess: Comprehensive/Non-	Joint replacements Weight loss surgery Hospital psychiatric services No benefits are paid for non-therapeutic cosmetic surgery
Important Notes: Moiety per day: Excess:	Joint replacements Weight loss surgery Hospital psychiatric services No benefits are paid for non-therapeutic cosmetic surgery - Nil
Important Notes: Moiety per day: Excess: Comprehensive/Non- Comprehensive cover:	Joint replacements Weight loss surgery Hospital psychiatric services No benefits are paid for non-therapeutic cosmetic surgery - Nil Non-Comprehensive cover
Important Notes: Moiety per day: Excess: Comprehensive/Non-	Joint replacements Weight loss surgery Hospital psychiatric services No benefits are paid for non-therapeutic cosmetic surgery - Nil
Important Notes: Moiety per day: Excess: Comprehensive/Non- Comprehensive cover: Start date: Product name:	Joint replacements Weight loss surgery Hospital psychiatric services No benefits are paid for non-therapeutic cosmetic surgery - Nil Non-Comprehensive cover 1st January 2019 Silver Plus Nurture 250 Hospital
Important Notes: Moiety per day: Excess: Comprehensive/Non- Comprehensive cover: Start date: Product name: Product code:	Joint replacements Weight loss surgery Hospital psychiatric services No benefits are paid for non-therapeutic cosmetic surgery - Nil Non-Comprehensive cover 1st January 2019 Silver Plus Nurture 250 Hospital J54B
Important Notes: Moiety per day: Excess: Comprehensive/Non- Comprehensive cover: Start date: Product name: Product code: Description:	Joint replacements Weight loss surgery Hospital psychiatric services No benefits are paid for non-therapeutic cosmetic surgery - Nil Non-Comprehensive cover Ist January 2019 Silver Plus Nurture 250 Hospital J54B Hospital cover only
Important Notes: Moiety per day: Excess: Comprehensive/Non- Comprehensive cover: Start date: Product name: Product code:	Joint replacements Weight loss surgery Hospital psychiatric services No benefits are paid for non-therapeutic cosmetic surgery - Nil Non-Comprehensive cover Ist January 2019 Silver Plus Nurture 250 Hospital J54B Hospital cover only Cataracts
Important Notes: Moiety per day: Excess: Comprehensive/Non- Comprehensive cover: Start date: Product name: Product code: Description:	Joint replacements Weight loss surgery Hospital psychiatric services No benefits are paid for non-therapeutic cosmetic surgery - Nil Non-Comprehensive cover Ist January 2019 Silver Plus Nurture 250 Hospital J54B Hospital cover only Cataracts Joint replacements
Important Notes: Moiety per day: Excess: Comprehensive/Non- Comprehensive cover: Start date: Product name: Product code: Description: Exclusions:	Joint replacements Weight loss surgery Hospital psychiatric services No benefits are paid for non-therapeutic cosmetic surgery - Nil Non-Comprehensive cover Ist January 2019 Silver Plus Nurture 250 Hospital J54B Hospital cover only Cataracts Joint replacements Weight loss surgery
Important Notes: Moiety per day: Excess: Comprehensive/Non- Comprehensive cover: Start date: Product name: Product code: Description: Exclusions:	Joint replacements Weight loss surgery Hospital psychiatric services No benefits are paid for non-therapeutic cosmetic surgery - Nil Non-Comprehensive cover 1st January 2019 Silver Plus Nurture 250 Hospital J54B Hospital cover only Cataracts Joint replacements Weight loss surgery Hospital psychiatric services
Important Notes: Moiety per day: Excess: Comprehensive/Non- Comprehensive cover: Start date: Product name: Product code: Description: Exclusions:	Joint replacements Weight loss surgery Hospital psychiatric services No benefits are paid for non-therapeutic cosmetic surgery - Nil Non-Comprehensive cover Ist January 2019 Silver Plus Nurture 250 Hospital J54B Hospital cover only Cataracts Joint replacements Weight loss surgery
Important Notes: Moiety per day: Excess: Comprehensive/Non- Comprehensive cover: Start date: Product name: Product code: Description: Exclusions: Restrictions: Important Notes:	Joint replacements Weight loss surgery Hospital psychiatric services No benefits are paid for non-therapeutic cosmetic surgery - Nil Non-Comprehensive cover 1st January 2019 Silver Plus Nurture 250 Hospital J54B Hospital cover only Cataracts Joint replacements Weight loss surgery Hospital psychiatric services
Important Notes: Moiety per day: Excess: Comprehensive/Non- Comprehensive cover: Start date: Product name: Product code: Description: Exclusions: Restrictions: Important Notes: Moiety per day:	Joint replacements Weight loss surgery Hospital psychiatric services No benefits are paid for non-therapeutic cosmetic surgery - Nil Non-Comprehensive cover Ist January 2019 Silver Plus Nurture 250 Hospital J54B Hospital cover only Cataracts Joint replacements Weight loss surgery Hospital psychiatric services No benefits are paid for non-therapeutic cosmetic surgery - 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
Important Notes: Moiety per day: Excess: Comprehensive/Non- Comprehensive cover: Start date: Product name: Product code: Description: Exclusions: Restrictions: Important Notes: Moiety per day:	Joint replacements Weight loss surgery Hospital psychiatric services No benefits are paid for non-therapeutic cosmetic surgery - Nil Non-Comprehensive cover Ist January 2019 Silver Plus Nurture 250 Hospital J54B Hospital cover only Cataracts Joint replacements Weight loss surgery Hospital psychiatric services No benefits are paid for non-therapeutic cosmetic surgery - An Excess of \$250 applies for admissions to a Public or Private Hospital. The Excess is \$250 per adult per calendar year. Each

Comprehensive/Non- Comprehensive cover:	Non-Comprehensive cover
Start date:	1st January 2019
Product name: Product code: Description: Exclusions: Restrictions:	Silver Plus Nurture 500 Hospital J54C Hospital cover only Cataracts Joint replacements Weight loss surgery Hospital psychiatric services
Important Notes: Moiety per day: Excess:	No benefits are paid for non-therapeutic cosmetic surgery 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: Product code: Description: Exclusions:	Silver Plus Nurture 750 Hospital J54D Hospital cover only Cataracts Joint replacements Weight loss surgery
Restrictions: Important Notes:	Hospital psychiatric services 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: Product code: Description: Exclusions:	Silver Hospital J55A Hospital cover only 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: Important Notes:	Hospital psychiatric services 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: Product code:	Silver 250 Hospital J55B
Description: Exclusions:	Hospital cover only Cataracts
Exclusions:	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: Important Notes: Moiety per day:	Hospital psychiatric services No benefits are paid for non-therapeutic cosmetic surgery -

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: Product code:	Silver 500 Hospital 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: Moiety per day:	No benefits are paid for non-therapeutic cosmetic surgery
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: Description:	J55D 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
Restrictions:	Sleep studies 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
EACCSS.	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 Hospital cover only
Description: 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-	Non-Comprehensive cover
Comprehensive cover:	
Start date:	1st January 2019
Product name:	Bronze Plus 250 Hospital
Product code:	J56B
Description: Exclusions:	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
Important Notes:	Palliative care 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-	Non-Comprehensive cover
Comprehensive cover:	
Start date:	1st January 2019
Product name:	Bronze Plus 500 Hospital
Product code: Description:	J56C 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-	Non-Comprehensive cover
Comprehensive cover:	
	1
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
	······································

	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
C	maximum of \$1500 per policy per calendar year.
Comprehensive/Non-	Non-Comprehensive cover
Comprehensive cover:	
Start date:	1st June 2024
Start date.	
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-	Non-Comprehensive cover
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-	Non-Comprehensive cover
Comprehensive cover:	
Comprenensive 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
Restrictions:	Weight loss surgery 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 Excase of \$750 applies for admissions to a Public Haspital. The Excase is \$750 per member per calender year to a maximum of
LACESS:	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-	Non-Comprehensive cover
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
Important Natar	Hospital psychiatric services
Important Notes:	No benefits are paid for non-therapeutic cosmetic surgery

Mojety per devi	
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: Product code:	Athlete Silver Hospital J60B
Description: Exclusions:	Hospital cover only Cataracts
	Joint replacements Dialysis for chronic kidney failure Pregnancy and birth Assisted reproductive services
Restrictions:	Weight loss surgery 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 Hospital and Extras cover
Description: Exclusions:	-
Restrictions:	-
Important Notes:	No benefits are paid for non-therapeutic cosmetic surgery
Moiety per day: Excess:	- Nil
Comprehensive/Non-	Comprehensive
Comprehensive cover:	A
Start date:	1st May 2012
Product name:	Overseas Top Hospital with Extras
Product code:	NZO
Description: Exclusions:	Hospital and Extras cover
Restrictions:	- Hospital Psychiatric Services
Important Notes:	No benefits are paid for non-therapeutic cosmetic surgery
Moiety per day:	- N'1
Excess: Comprehensive/Non-	Nil Comprehensive
Comprehensive cover:	
Start date:	1st May 2012
Product name:	Overseas Hospital
Product code:	OSC
Description: Exclusions:	Hospital cover only
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 Nen Comprehensive sever
Comprehensive/Non- Comprehensive cover:	Non-Comprehensive cover
Start date:	1st May 2012
Product name:	Ultimate Pro Extras
Product code:	110
Description: Evaluations:	Ancillary cover only
Exclusions: Restrictions:	n/a 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
Comprehensive cover:	
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:	II2
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-	Moderate
Comprehensive cover:	
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
comprehensive cover.	
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:	115
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 Nan Commehanaine
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: Excess:	n/a n/a
Comprehensive/Non- Comprehensive cover:	1/4
Start date:	1st January 2019
Product name:	Athlete Defend Extras
Product code:	I19
Description:	Ancillary cover only
Exclusions:	n/a
Restrictions:	n/a Can be purchased as a stand-alone product or with hospital products J58 - J60
Important Notes: 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: Mojety per day:	Can be purchased as a stand-alone product or with hospital products J58 - J60
Moiety per day: Excess:	n/a n/a
Excess: Comprehensive/Non- Comprehensive cover:	10 a
Start date:	1st January 2019

Product name:	Athlete Shield Extras
Product code:	123
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
Start date.	1st sundary 2017
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:	