

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

<b>Excess:</b>	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.
<b>Comprehensive/Non-Comprehensive cover:</b>	Non-Comprehensive cover
<b>Start date:</b>	1st January 2019
<b>Product name:</b>	Silver Plus Assure 500 Hospital
<b>Product code:</b>	J53C
<b>Description:</b>	Hospital cover only
<b>Exclusions:</b>	Pregnancy and birth Assisted reproductive services Weight loss surgery
<b>Restrictions:</b>	Hospital psychiatric services
<b>Important Notes:</b>	No benefits are paid for non-therapeutic cosmetic surgery
<b>Moiety per day:</b>	-
<b>Excess:</b>	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.
<b>Comprehensive/Non-Comprehensive cover:</b>	Non-Comprehensive cover
<b>Start date:</b>	1st January 2019
<b>Product name:</b>	Silver Plus Assure 750 Hospital
<b>Product code:</b>	J53D
<b>Description:</b>	Hospital cover only
<b>Exclusions:</b>	Pregnancy and birth Assisted reproductive services Weight loss surgery
<b>Restrictions:</b>	Hospital psychiatric services
<b>Important Notes:</b>	No benefits are paid for non-therapeutic cosmetic surgery
<b>Moiety per day:</b>	-
<b>Excess:</b>	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.
<b>Comprehensive/Non-Comprehensive cover:</b>	Non-Comprehensive cover
<b>Start date:</b>	1st April 2019
<b>Product name:</b>	Silver Plus Nurture Hospital
<b>Product code:</b>	J54A
<b>Description:</b>	Hospital cover only
<b>Exclusions:</b>	Cataracts Joint replacements Weight loss surgery
<b>Restrictions:</b>	Hospital psychiatric services
<b>Important Notes:</b>	No benefits are paid for non-therapeutic cosmetic surgery
<b>Moiety per day:</b>	-
<b>Excess:</b>	Nil
<b>Comprehensive/Non-Comprehensive cover:</b>	Non-Comprehensive cover
<b>Start date:</b>	1st January 2019
<b>Product name:</b>	Silver Plus Nurture 250 Hospital
<b>Product code:</b>	J54B
<b>Description:</b>	Hospital cover only
<b>Exclusions:</b>	Cataracts Joint replacements Weight loss surgery
<b>Restrictions:</b>	Hospital psychiatric services
<b>Important Notes:</b>	No benefits are paid for non-therapeutic cosmetic surgery
<b>Moiety per day:</b>	-
<b>Excess:</b>	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.
<b>Comprehensive/Non-Comprehensive cover:</b>	Non-Comprehensive cover
<b>Start date:</b>	1st January 2019
<b>Product name:</b>	Silver Plus Nurture 500 Hospital
<b>Product code:</b>	J54C
<b>Description:</b>	Hospital cover only

<b>Exclusions:</b>	Cataracts Joint replacements Weight loss surgery
<b>Restrictions:</b>	Hospital psychiatric services
<b>Important Notes:</b>	No benefits are paid for non-therapeutic cosmetic surgery
<b>Moiety per day:</b>	-
<b>Excess:</b>	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.
<b>Comprehensive/Non-Comprehensive cover:</b>	Non-Comprehensive cover
<b>Start date:</b>	1st January 2019
<b>Product name:</b>	Silver Plus Nurture 750 Hospital
<b>Product code:</b>	J54D
<b>Description:</b>	Hospital cover only
<b>Exclusions:</b>	Cataracts Joint replacements Weight loss surgery
<b>Restrictions:</b>	Hospital psychiatric services
<b>Important Notes:</b>	No benefits are paid for non-therapeutic cosmetic surgery
<b>Moiety per day:</b>	-
<b>Excess:</b>	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.
<b>Comprehensive/Non-Comprehensive cover:</b>	Non-Comprehensive cover
<b>Start date:</b>	1st April 2019
<b>Product name:</b>	Silver Hospital
<b>Product code:</b>	J55A
<b>Description:</b>	Hospital cover only
<b>Exclusions:</b>	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
<b>Restrictions:</b>	Hospital psychiatric services
<b>Important Notes:</b>	No benefits are paid for non-therapeutic cosmetic surgery
<b>Moiety per day:</b>	-
<b>Excess:</b>	Nil
<b>Comprehensive/Non-Comprehensive cover:</b>	Non-Comprehensive cover
<b>Start date:</b>	1st January 2019
<b>Product name:</b>	Silver 250 Hospital
<b>Product code:</b>	J55B
<b>Description:</b>	Hospital cover only
<b>Exclusions:</b>	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
<b>Restrictions:</b>	Hospital psychiatric services
<b>Important Notes:</b>	No benefits are paid for non-therapeutic cosmetic surgery
<b>Moiety per day:</b>	-
<b>Excess:</b>	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.
<b>Comprehensive/Non-Comprehensive cover:</b>	Non-Comprehensive cover
<b>Start date:</b>	1st January 2019
<b>Product name:</b>	Silver 500 Hospital
<b>Product code:</b>	J55C
<b>Description:</b>	Hospital cover only

<b>Exclusions:</b>	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
<b>Restrictions:</b>	Hospital psychiatric services
<b>Important Notes:</b>	No benefits are paid for non-therapeutic cosmetic surgery
<b>Moiety per day:</b>	-
<b>Excess:</b>	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.
<b>Comprehensive/Non-Comprehensive cover:</b>	Non-Comprehensive cover
<b>Start date:</b>	1st January 2019
<b>Product name:</b>	Silver 750 Hospital
<b>Product code:</b>	J55D
<b>Description:</b>	Hospital cover only
<b>Exclusions:</b>	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
<b>Restrictions:</b>	Hospital psychiatric services
<b>Important Notes:</b>	No benefits are paid for non-therapeutic cosmetic surgery
<b>Moiety per day:</b>	-
<b>Excess:</b>	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.
<b>Comprehensive/Non-Comprehensive cover:</b>	Non-Comprehensive cover
<b>Start date:</b>	1st April 2019
<b>Product name:</b>	Bronze Plus Hospital
<b>Product code:</b>	J56A
<b>Description:</b>	Hospital cover only
<b>Exclusions:</b>	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
<b>Restrictions:</b>	Rehabilitation Hospital psychiatric services Palliative care
<b>Important Notes:</b>	No benefits are paid for non-therapeutic cosmetic surgery
<b>Moiety per day:</b>	-
<b>Excess:</b>	Nil
<b>Comprehensive/Non-Comprehensive cover:</b>	Non-Comprehensive cover
<b>Start date:</b>	1st January 2019
<b>Product name:</b>	Bronze Plus 250 Hospital
<b>Product code:</b>	J56B
<b>Description:</b>	Hospital cover only
<b>Exclusions:</b>	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
<b>Restrictions:</b>	Rehabilitation Hospital psychiatric services Palliative care
<b>Important Notes:</b>	No benefits are paid for non-therapeutic cosmetic surgery
<b>Moiety per day:</b>	-
<b>Excess:</b>	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.
<b>Comprehensive/Non-Comprehensive cover:</b>	Non-Comprehensive cover
<b>Start date:</b>	1st January 2019
<b>Product name:</b>	Bronze Plus 500 Hospital
<b>Product code:</b>	J56C
<b>Description:</b>	Hospital cover only
<b>Exclusions:</b>	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
<b>Restrictions:</b>	Rehabilitation Hospital psychiatric services Palliative care
<b>Important Notes:</b>	No benefits are paid for non-therapeutic cosmetic surgery
<b>Moiety per day:</b>	-
<b>Excess:</b>	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.
<b>Comprehensive/Non-Comprehensive cover:</b>	Non-Comprehensive cover
<b>Start date:</b>	1st January 2019
<b>Product name:</b>	Bronze Plus 750 Hospital
<b>Product code:</b>	J56D
<b>Description:</b>	Hospital cover only
<b>Exclusions:</b>	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
<b>Restrictions:</b>	Rehabilitation Hospital psychiatric services Palliative care
<b>Important Notes:</b>	No benefits are paid for non-therapeutic cosmetic surgery
<b>Moiety per day:</b>	-
<b>Excess:</b>	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.
<b>Comprehensive/Non-Comprehensive cover:</b>	Non-Comprehensive cover
<b>Start date:</b>	1st January 2019
<b>Product name:</b>	Basic 750 Hospital
<b>Product code:</b>	J57D

<b>Description:</b>	Public Hospital Cover with Extras - Cover for Public Hospital stays only in a shared room
<b>Exclusions:</b>	Dialysis for chronic kidney failure Weight loss surgery
<b>Restrictions:</b>	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
<b>Important Notes:</b>	No benefits are paid for non-therapeutic cosmetic surgery
<b>Moiety per day:</b>	-
<b>Excess:</b>	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.
<b>Comprehensive/Non-Comprehensive cover:</b>	Non-Comprehensive cover
<b>Start date:</b>	1st April 2019
<b>Product name:</b>	Athlete Gold Hospital
<b>Product code:</b>	J58B
<b>Description:</b>	Hospital cover only
<b>Exclusions:</b>	-
<b>Restrictions:</b>	-
<b>Important Notes:</b>	No benefits are paid for non-therapeutic cosmetic surgery
<b>Moiety per day:</b>	-
<b>Excess:</b>	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.
<b>Comprehensive/Non-Comprehensive cover:</b>	Comprehensive cover
<b>Start date:</b>	1st January 2019
<b>Product name:</b>	Athlete Silver Plus Hospital
<b>Product code:</b>	J59C
<b>Description:</b>	Hospital cover only
<b>Exclusions:</b>	Cataracts Joint replacements Dialysis for chronic kidney failure Weight loss surgery
<b>Restrictions:</b>	Rehabilitation Hospital psychiatric services
<b>Important Notes:</b>	No benefits are paid for non-therapeutic cosmetic surgery
<b>Moiety per day:</b>	-
<b>Excess:</b>	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.
<b>Comprehensive/Non-Comprehensive cover:</b>	Non-Comprehensive cover

<b>Start date:</b>	1st January 2019
<b>Product name:</b>	Athlete Silver Hospital
<b>Product code:</b>	J60B
<b>Description:</b>	Hospital cover only
<b>Exclusions:</b>	Cataracts Joint replacements Dialysis for chronic kidney failure Pregnancy and birth Assisted reproductive services Weight loss surgery
<b>Restrictions:</b>	Rehabilitation Hospital psychiatric services
<b>Important Notes:</b>	No benefits are paid for non-therapeutic cosmetic surgery
<b>Moiety per day:</b>	-
<b>Excess:</b>	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.
<b>Comprehensive/Non-Comprehensive cover:</b>	Non-Comprehensive cover
<b>Start date:</b>	1st January 2019
<b>Product name:</b>	Overseas Top Plus Hospital with Extras
<b>Product code:</b>	FCO
<b>Description:</b>	Hospital and Extras cover
<b>Exclusions:</b>	-
<b>Restrictions:</b>	-
<b>Important Notes:</b>	No benefits are paid for non-therapeutic cosmetic surgery
<b>Moiety per day:</b>	-
<b>Excess:</b>	Nil
<b>Comprehensive/Non-Comprehensive cover:</b>	Comprehensive
<b>Start date:</b>	1st May 2012
<b>Product name:</b>	Overseas Top Hospital with Extras
<b>Product code:</b>	NZO
<b>Description:</b>	Hospital and Extras cover
<b>Exclusions:</b>	-
<b>Restrictions:</b>	Hospital Psychiatric Services
<b>Important Notes:</b>	No benefits are paid for non-therapeutic cosmetic surgery
<b>Moiety per day:</b>	-
<b>Excess:</b>	Nil
<b>Comprehensive/Non-Comprehensive cover:</b>	Comprehensive
<b>Start date:</b>	1st May 2012
<b>Product name:</b>	Overseas Hospital
<b>Product code:</b>	OSC
<b>Description:</b>	Hospital cover only
<b>Exclusions:</b>	-
<b>Restrictions:</b>	Hospital psychiatric services Palliative care Pregnancy and birth Assisted reproductive services
<b>Important Notes:</b>	No benefits are paid for non-therapeutic cosmetic surgery
<b>Moiety per day:</b>	-
<b>Excess:</b>	Nil
<b>Comprehensive/Non-Comprehensive cover:</b>	Non-Comprehensive cover
<b>Start date:</b>	1st May 2012
<b>Product name:</b>	Ultimate Pro Extras
<b>Product code:</b>	I10
<b>Description:</b>	Ancillary cover only
<b>Exclusions:</b>	n/a
<b>Restrictions:</b>	n/a
<b>Important Notes:</b>	Can be purchased as a stand-alone product or with hospital products J52 - J57 and J61
<b>Moiety per day:</b>	n/a
<b>Excess:</b>	n/a
<b>Comprehensive/Non-Comprehensive cover:</b>	Comprehensive
<b>Start date:</b>	1st January 2019
<b>Product name:</b>	Ultimate Extras
<b>Product code:</b>	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

<b>Moiety per day:</b>	n/a
<b>Excess:</b>	n/a
<b>Comprehensive/Non-Comprehensive cover:</b>	Moderate
<b>Start date:</b>	1st January 2019

  

<b>Product name:</b>	Athlete Core Extras
<b>Product code:</b>	I18
<b>Description:</b>	Ancillary cover only
<b>Exclusions:</b>	n/a
<b>Restrictions:</b>	n/a
<b>Important Notes:</b>	Can be purchased as a stand-alone product or with hospital products J58 - J60
<b>Moiety per day:</b>	n/a
<b>Excess:</b>	n/a
<b>Comprehensive/Non-Comprehensive cover:</b>	
<b>Start date:</b>	1st January 2019

  

<b>Product name:</b>	Athlete Defend Extras
<b>Product code:</b>	I19
<b>Description:</b>	Ancillary cover only
<b>Exclusions:</b>	n/a
<b>Restrictions:</b>	n/a
<b>Important Notes:</b>	Can be purchased as a stand-alone product or with hospital products J58 - J60
<b>Moiety per day:</b>	n/a
<b>Excess:</b>	n/a
<b>Comprehensive/Non-Comprehensive cover:</b>	
<b>Start date:</b>	1st January 2019

  

<b>Product name:</b>	Athlete Guard Extras
<b>Product code:</b>	I20
<b>Description:</b>	Ancillary cover only
<b>Exclusions:</b>	n/a
<b>Restrictions:</b>	n/a
<b>Important Notes:</b>	Can be purchased as a stand-alone product or with hospital products J58 - J60
<b>Moiety per day:</b>	n/a
<b>Excess:</b>	n/a
<b>Comprehensive/Non-Comprehensive cover:</b>	
<b>Start date:</b>	1st January 2019

  

<b>Product name:</b>	Athlete Protect Extras
<b>Product code:</b>	I22
<b>Description:</b>	Ancillary cover only
<b>Exclusions:</b>	n/a
<b>Restrictions:</b>	n/a
<b>Important Notes:</b>	Can be purchased as a stand-alone product or with hospital products J58 - J60
<b>Moiety per day:</b>	n/a
<b>Excess:</b>	n/a
<b>Comprehensive/Non-Comprehensive cover:</b>	
<b>Start date:</b>	1st January 2019

  

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

<b>Start date:</b>	1st January 2019
<b>Product name:</b>	Athlete Vital Extras
<b>Product code:</b>	I25
<b>Description:</b>	Ancillary cover only
<b>Exclusions:</b>	n/a
<b>Restrictions:</b>	n/a
<b>Important Notes:</b>	Can be purchased as a stand-alone product or with hospital products J58 - J60
<b>Moiety per day:</b>	n/a
<b>Excess:</b>	n/a
<b>Comprehensive/Non-Comprehensive cover:</b>	