

### AVAILABILITY

Effective 1st Jun 2015

This product is only available to Single and Couple policies. If you require Family cover please consider Platinum, Platinum 500, Gold, Gold 500, Platinum Hospital, Platinum Hospital 500, Sterling Silver, Silver, Max Value or Value First products.

### HOSPITAL BENEFITS

#### Private Hospitals

Westfund has agreements with numerous private hospitals throughout Australia covering theatre fees and hospital accommodation costs for most procedures. Hospital policies do not provide cover for treatment for which Medicare pays no benefit eg. Non-Therapeutic Cosmetic Surgery, or if disallowed by the Private Health Insurance Act 2007.

Where no contract exists with a private hospital, benefits are payable at a default rate determined by the Government. In these cases, out of pocket expenses may be incurred.

We recommend that Members check with us prior to admission to hospital to ensure they are covered. Hospitals which have agreements with Westfund are listed at [www.westfund.com.au](http://www.westfund.com.au) or details can be obtained by calling Member Services on 1300 937 838.

#### Public Hospitals

In a public hospital, you will receive cover for accommodation and your choice of doctor.

#### Surgically Implanted Prostheses

Westfund will pay benefits for surgically implanted prostheses up to the approved benefits in the Government's Prostheses List and in accordance with the requirements of the Act.

#### Excesses / Co-payments

An excess applies to overnight stays in a public or private hospital. Excess for singles - \$400 per calendar year. Excess for couples - \$400 per adult per calendar year. Each adult pays \$400 towards the cost of their first hospital admission for which they stay overnight. Excess does not apply to admission due to an accident or same-day procedure.

**Co-payments do not apply to this policy.**

#### Exclusions / Restrictions

Benefits for hospital treatment and other services in connection with the following procedures are excluded from this policy:

- Gastric Banding, Lipectomy and other obesity surgery
- Hip Replacements
- Knee Replacements
- Cataract and Intraocular Lens Insertion Surgery
- Obstetrics (including Assisted Reproductive Services)
- Cardiac and Cardiac Related Procedures
- Dialysis for Chronic Renal Failure
- Sterilisation
- Non-cosmetic Plastic Surgery
- Spinal Fusion

Benefits for hospital treatment and other services in connection with the following procedures are restricted to public hospital admissions in a shared room only. Significant out of pocket expenses may apply for admissions into a private hospital for:

- Psychiatric Services
- Rehabilitation Services
- Palliative Care

This means you are covered for procedures like:

- Tonsilectomy
- Appendectomy
- Hospital costs for Wisdom Teeth Removal
- Colonoscopy/Gastroscopy

#### Benefit Limitation Periods

Do not apply to this policy



## MEDICAL TREATMENT

### Medical Specialist

Westfund pays benefits for the fees charged by a doctor, surgeon, anaesthetist or other specialist while you are in hospital. Medicare pays 75% of the Commonwealth Medical Benefits Schedule (CMBS) fee and Westfund pays the additional 25% up to the CMBS fee. Where the fees charged exceed the CMBS fee, Westfund will pay an additional benefit to reduce or eliminate out of pocket expenses where the doctor or specialist participates in our Access Gap Scheme. No benefits are paid for non-therapeutic cosmetic surgery. Our Access Gap Scheme allows patients with hospital cover to eliminate or reduce out-of-pocket expenses for medical gap payments for in-patient hospital treatments. Westfund does not pay an amount charged by your doctor above the CMBS fees unless your doctor agrees to participate in the Access Gap Scheme. If a doctor does not use the Access Gap Scheme, patients will be responsible for any additional charges. Doctors are independent of Westfund and each doctor can choose on a case by case basis whether to participate in the Access Gap Scheme.

Please visit our website [www.westfund.com.au](http://www.westfund.com.au) or contact any of our Care Centres for further information on Access Gap Scheme. We encourage Members to contact us before their scheduled appointment to any referred medical specialist.

## AMBULANCE

### Ambulance Transport

Westfund fully covers the cost of medically necessary emergency transport by ambulance in Australia either through covering the cost of State government levies or by covering the account. Non-emergency transport is not claimable from Westfund unless medically justified.

## GENERAL TREATMENT BENEFITS

General Treatment benefits associated with dental, optical, physiotherapy, chiropractic and other services under this policy include:

### Dental

#### General Dental

General dental benefits are paid at set item rebates with a **\$400** overall limit per person per calendar year. Benefits for some of the common general dental services are:

Service	Benefit (per service)
Examination (011)	up to \$30
Simple extraction (311)	up to \$80
Removal of plaque (111)	up to \$25
Removal of calculus (114)	up to \$55
Fillings:	
Small (531)	up to \$57
Medium (533)	up to \$86
Large (535)	up to \$120
X-ray (022)	up to \$18
Mouthguard (151)	up to \$75 per person per calendar year

Benefits are provided for:

- General Dentistry (most ADA items 011 - 171),
- Oral surgery (ADA items 311, 314, 322, 323, 324 only), Endodontic (ADA items 411 - 421 only),
- Restorative (ADA items 511 - 578, 595 - 597), and other services (most ADA items 911 - 986) provided by a general dentist.

#### Specialist and Major Dental

Benefits for the following specialist services are excluded from this policy:

- Periodontics
- Oral Surgery
- Crowns, Bridges, Implants and Veneers
- Dentures and denture repairs
- Orthodontia



## Optical & Therapies

	Type	Benefit per Service
Optical	Frame	\$80
	Single Vision Lenses	\$100
	Contact Lenses	\$180
	Limit per person	\$180 per calendar year
Chiropractic	Consultations	\$25
	X-ray	\$30
Osteopathy	Consultations	\$25
Physiotherapy	Consultations	\$25
Remedial Massage	Initial Consultation	\$25
	Subsequent Consultation	\$15
Acupuncture	Initial Consultation	\$25
	Subsequent Consultation	\$15
Naturopathy	Initial Consultation	\$25
	Subsequent Consultation	\$15
Podiatry	Initial Consultation	\$25
	Subsequent Consultation	\$15
No Group consultation benefits for the above services. No benefit for surgical treatment by a podiatrist		
Fitness Centre	Membership Fees / Classes recommended by a Medicare Registered Practitioner for a specific health condition	\$75
Vitamins	Purchase of Vitamins or Minerals	
Please refer to Important Terms & Conditions for Fitness Centre and Vitamins benefits		
Overall Limit Per person per Calendar Year		\$400

## WAITING PERIODS

Waiting periods may apply before you're eligible to claim for services covered under this policy. Waiting periods are outlined in the Important Terms and Conditions section of this Policy Summary.

## MEMBER ADVANTAGES

Please refer to Important Terms and Conditions regarding claiming conditions of these benefits

Type	Benefit	Claimable
<b>Hospital Top Up</b>	\$100 per night per hospitalisation as the result of an accident (must be hospitalised within 7 days - see Important Terms & Conditions)	After 1 day
<b>Westfund Dental Care Practices</b>	Low out-of-pocket expenses for many general dental services at our dental practices	After 2 months
<b>Shades</b>	\$50 per person per calendar year for sunglasses purchased through any Westfund Care Centre	After 12 months
<b>Premium Pause</b>	Waiver of premiums up to 6 months due to forced retrenchment	After 3 years
<b>Protected Industrial Action</b>	Waiver of premiums up to 6 months due to union strike	After 3 years



# ADDITIONAL INFORMATION

## Finding Hospital Agreements

We recommend that you contact us before going to hospital to check if we have an agreement in place with your chosen private hospital. You can search the list of hospitals we have agreements with online at [www.westfund.com.au/health-services/find-a-hospital](http://www.westfund.com.au/health-services/find-a-hospital)

## Finding a no gap or Known Gap Doctor

We provide a search facility on our website to help you find a doctor who has previously participated or have indicated their intention to participate in the Access Gap Cover scheme, as well as those who have agreed to alternative no gap arrangements. We have listed some key questions that you can ask your doctor prior to progressing with treatment. Please read the general information provided on our website about this search facility. You can search for Doctors who have previously participated at [www.westfund.com.au/health-services/find-a-doctor](http://www.westfund.com.au/health-services/find-a-doctor)

## How to find a registered extras (ancillary) provider

We provide a search facility at the Members Online Area of our website to help you find registered providers. Just go to [www.westfund.com.au](http://www.westfund.com.au), log in and go to provider search.

Alternatively you can find a registered provider at [www.ahpra.gov.au](http://www.ahpra.gov.au). Benefits payable are dependent upon policy.

## Where to find Westfund's privacy policy

Westfund's privacy statement is available online at [www.westfund.com.au/privacy](http://www.westfund.com.au/privacy)

## Resolving any complaints

If you have any complaints about your health cover, please contact us so we can resolve your issue:

- Email us at [complaints@westfund.com.au](mailto:complaints@westfund.com.au)
- Call in to one of our Care Centres. You'll find our Care Centres at:  
[www.westfund.com.au/why-westfund/branch-locations](http://www.westfund.com.au/why-westfund/branch-locations)
- Telephone us on our Member Services number **1300 937 838**

If you feel that your problem has not been adequately addressed, free independent advice is available from The Private Health Insurance Ombudsman:

- Call **1800 640 695**
- Visit [www.phio.org.au](http://www.phio.org.au)
- Email [info@phio.org.au](mailto:info@phio.org.au)

## What is a pre-existing condition?

A pre-existing condition is an illness or condition for which, in the opinion of a medical practitioner appointed by Westfund, signs or symptoms existed during the 6 months before the date you joined Westfund or upgraded to a higher level of cover. A 12 month waiting period applies to all new Members for hospital costs relating to the treatment of pre-existing conditions.

## 30 Day Cooling Off Period

The cooling off period is in place if you decide you no longer want this cover or want to change to a different level of cover. Westfund provides new Members with a 30 day review period from the date your policy starts. This cooling off period does not apply if a claim has been paid during the 30 days.

## Private Health Insurance Code of Conduct

Westfund Health is a signatory to the Private Health Insurance Code of Conduct. The code is designed to help you by providing clear information and transparency in your relationship with health funds. You can get a copy of the code at [www.privatehealthcareaustralia.org.au/codeofconduct](http://www.privatehealthcareaustralia.org.au/codeofconduct)



# IMPORTANT TERMS & CONDITIONS

Please refer to Westfund's registered Fund Rules, available at Westfund's website, [www.westfund.com.au](http://www.westfund.com.au), for full Terms & Conditions. Important Terms & Conditions apply to those benefits relevant to this policy.

## Waiting Periods

Benefits are not payable in respect of services provided during a waiting period.

The following waiting periods apply to benefits payable for Hospital Treatment:

Accident-related	1 day
Psychiatric, Rehabilitation & Palliative Care	2 months
Obstetric-related services	12 months
Treatment of a Pre-existing Condition *	12 months
All other services	2 months

\* Pre-Existing Condition

A pre-existing condition is an illness or condition for which, in the opinion of a medical practitioner appointed by Westfund, signs or symptoms existed during the 6 months before the date you joined Westfund or upgraded to a higher level of cover. A 12 month waiting period applies to all new Members for hospital costs relating to the treatment of pre-existing conditions.

The following waiting periods apply to benefits payable for General Treatment:

Ambulance, Hospital Top Up	1 day
General Dental, Optical, Chiropractic, Osteopathic, Physiotherapy, Exercise Physiology, Complementary Therapies, Prescriptions/Vaccinations, Prevention and Health Management (excluding antenatal classes)	2 months
Specialist Dental, Major Dental, Orthodontia, Antenatal Classes, Medically Recommended Aids, Travel Expenses (Dental), Shades, Surgical Treatment by Podiatrists	12 months
Overnight+, Surgery+	24 months
Premium Pause, Protected Industrial Action	36 months
Ears+	60 months

## Waiting Periods on transfer

A person transferring from another fund may be subject to a waiting period for Westfund benefits for:

- any benefits under the Westfund policy that were not provided under the previous cover
- any difference between the benefits that would have been provided under the previous cover and those payable under the new Westfund policy where benefits under the Westfund policy are higher
- the unexpired portions of any waiting periods not fully served under the previous cover
- the difference between any excess or co-payment payable under the previous policy and the new policy (where the previous policy carried a higher excess or co - payment)

## Benefits & Claiming

- Recognised Provider** means a provider recognised by Westfund for the purpose of paying **Benefits**. To become a **Recognised Provider**, the provider must be in Australia and among other things, satisfy the standards in the Private Health Insurance (Accreditation) Rules. Recognised Providers include **Hospitals**, medical practitioners providing a **Professional Service** and providers of **General Treatment** that meet Westfund's **Recognition Criteria**

**Recognition Criteria** in relation to **Recognised Providers of General Treatment** are:

- the provider is professionally qualified or belongs to a professional body recognised by Westfund;
- the provider is in independent private practice;
- the provider is registered, or holds a licence under State or Territory legislation within Australia;
- other recognition criteria determined by Westfund.
- Benefits are only payable for services rendered by providers who are recognised by Westfund and in private practice (Recognised Provider).

- Benefits shall not be payable for services which occurred earlier than 24 months before the lodgement of a valid claim.
- Benefits must not exceed 100% of the documented cost to the Member of any service or item for which benefits are payable.
- Benefits are not payable in respect of services or treatment rendered by a Recognised Provider to a Member where premiums in respect of that Member have been tendered by that Recognised Provider.
- General Treatment (Extras) Benefits are not payable for services of treatment rendered by a recognised provider to the provider's business partner, or to the spouse, de facto partner or dependants of the provider or the provider's business partner.
- Benefits are not payable in respect of dependants of dependants registered on a Policy.
- Unless Westfund considers there are justifiable circumstances; a Member may only receive benefits for one service or appliance per day per recognised provider. Exception to this rule is chiropractic where a Member may receive benefits for two services per day per recognised provider.
- Benefits are not payable where claimable from another source e.g. Medicare, Third Party, Workers Compensation etc.
- Benefits are only payable for treatments, health care goods and services provided in Australia.

## Consultations

- Benefits for all services are only payable for one on one consultations. No benefits are payable for group or telephone consultations. Exception to this rule is antenatal classes, group exercise physiology, hydrotherapy, group pilates conducted by a physiotherapist (item 560) and yoga. Exception does not apply to all covers. See Policy Summary.
- Benefits for laser quit smoking also paid under consultations

## Dental Benefits (Orthodontia)

- No benefits for orthodontia are payable until a service has been provided. Where a Member pays in advance of the service, benefits will be paid progressively against certification of work completed by the orthodontist. Benefits will be paid up to the full value of work completed and invoiced within the benefit entitlement.

## Optical Benefits

- Optical Benefits (other than Shades benefits) are only payable for sight correction. This includes Irlen lenses specially tinted for dyslexia.
- No Shades Benefit is payable for sunglasses by external (non Westfund) providers. This benefit is available only for non-prescription "off the shelf" sunglasses.

## Non PBS Pharmaceuticals/Vaccinations

- A Benefit is only payable on items costing over the standard Pharmaceutical Benefit Scheme (PBS) charge. Westfund pays a benefit on the amount over the PBS. The PBS amount is the responsibility of the Member. The PBS charge is re-set each year as from 1 January.
- Benefits for prescriptions/vaccinations are not payable for:
  - (1) PBS Items supplied under the PBS scheme
  - (2) medicinal preparations available without prescription
  - (3) experimental and clinical trial pharmaceuticals
  - (4) contraceptives or anabolic steroids unless prescribed specifically for the treatment of an illness
  - (5) items which have not been approved for sale in Australia by the authorities that regulate the sale of pharmaceuticals.



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Please refer to Westfund's registered Fund Rules, available at Westfund's website, [www.westfund.com.au](http://www.westfund.com.au), for full Terms & Conditions. Important Terms & Conditions apply to those benefits relevant to this policy.

## Medically Recommended Aids

- Medically recommended aids require a letter of recommendation by a Medicare registered practitioner (exceptions to rule are Mammary Prosthesis/ Brassieres, Blood Glucose Monitors, Blood Pressure Monitors, Nebulisers, Peak Flow Meters & Compression Garments)
- Benefits for Orthopaedic Boots are only payable for boots individually hand made for the Member to correct abnormality.

## Prevention and Health Management

- Benefits for fitness centre, pilates, yoga or swimming lessons are only payable where:
  - the service is required to enable the Member to undertake a health management program for the treatment of a specific health condition or conditions; and
  - the health management program has been recommended to the Member by a Medicare Registered Practitioner for the specific health condition or conditions; and
  - all documentation required by Westfund has been provided to Westfund, this includes either a letter of recommendation or signed claim form from the Medicare Registered Practitioner recommending this treatment.
- For the purpose of the fitness/pilates centre benefit, the Recognised Provider must be a Westfund accredited fitness/pilates centre.
- Vitamin Benefits are payable for Vitamins/Minerals listed with Westfund and TGA approved. Vitamins must contain any vitamins A-Z or Minerals must contain iron, potassium, calcium, magnesium or zinc.
- Benefit for Weight Loss Programs are payable only for joining or Membership fees.

## Travel Expenses (Dental)

- Only one Westfund Lithgow Dental Care Practice Travel Expenses claim per Membership for each journey is permitted
- Journey must be over 100km return from the Member's home locality to the locality of Westfund's Lithgow Dental Care Practice. This is shown through Westfund's travel benefit calculator.

## Custom Made / Preformed Orthotics

- To be eligible for an Orthotics Benefit, orthotic items must be specifically made or moulded for the patient by a podiatrist or a physiotherapist or be accompanied by a letter of recommendation by a Medicare Registered Practitioner and be for the support, alignment, prevention or correction of deformities of the feet.

## Premium Pause / Protected Industrial Action

- To be eligible for Premium Pause or Protected Industrial Action Member's spouse must earn less than the Australian Bureau of Statistics (ABS) Minimum wage + 30%.
- Benefit only applicable to involuntary redundancy (forced retrenchment).

***The documentation should be read carefully and retained.***

## Hospital Top Up

- A benefit is payable where the Member is admitted into hospital as the result of an accident
- The Member must be hospitalised within 7 days of the accident
- The benefit payable is per night of continuous hospitalisation
- The benefit is not payable for rehabilitation
- The benefit is limited to a maximum of 12 months

## Overnight +

- A benefit is payable for costs incurred as the result of boarding at a hospital or nearby motel/hotel for the patient or one Member covered by the same Westfund policy
- Benefits are paid for the night before admission, for the nights during hospitalisation and the night of discharge
- Benefits are not claimable for the patient while admitted

## Surgery +

- Benefit is only payable where the patient undergoes a procedure classified as Advanced Surgery by the CMBS (Commonwealth Medical Benefits Schedule)
- Treatment must be due to heart disease, stroke or cancer
- A benefit is not payable when the patient is transferred from hospital to a rehabilitation centre

## Claiming

- Claim forms must be completed in full including declaration by Member in relation to third party and workers compensation claims
- Westfund will not accept any account, receipt, prescription or any other document which has been altered in any way by any person so as to misrepresent any of the original detail contained on the document.
- Accounts or receipts issued by providers must contain the following information to permit payment of a benefit.
  - The name and provider number of the issuing provider
  - The date of issue of the account
  - The name of the patient/ID
  - The date of service and type of service
  - In the case of a dental account, the dental item numbers and tooth ID
  - The cost of service or services should be shown as individual amounts (except in dental as these may be bulked as a total amount)
  - Any amount paid to the provider and the date paid including any discounts given
  - Any amounts outstanding
  - Any notations such as "Quote" or "Duplicate" where necessary
- Benefits are not payable if an application or claim form contains false or misleading information
- All documents submitted in connection with a claim become the property of Westfund, unless otherwise agreed
- Original documents should be retained for 24 months after claiming

## Any Questions ?

**Phone**  
**1300 937 838**

**Email**  
**[enquiries@westfund.com.au](mailto:enquiries@westfund.com.au)**

**Health Care Centre**  
**call into your local**  
**Westfund Care Centre**

Westfund Limited ABN 55 002 080 864.  
A registered private health insurer, under the Private Health Insurance Act.  
A not for profit health fund.

