

Private Health Information Statement - General treatment policy

Ultimate Pro Extras

Westfund Limited

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Monthly Premium

\$222.95 #

(before any rebate or insurer discount)

Covers only one person
 Available in Tasmania
 Closed to new members

You may be entitled to an Australian Government rebate on the above premium. Your premium may also include an insurer discount. Check with your insurer for details.

General Treatment Cover

This health insurer does not operate a preferred provider scheme.

This policy  includes General treatment (Extras) cover for

Note, for items marked with an asterisk *: Our Orthodontic benefit accrues at \$650 per policy year up to a lifetime limit of \$3,250. Plus, access our Provider of Choice network – dental providers nationwide who work with us to help lower or eliminate out-of-pocket costs on selected preventative treatments

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental*	2	No annual limit (no limit on preventative dental)	Periodic oral examination - \$45.00 Scale & clean - \$98.00 Fluoride treatment - \$29.00 Surgical tooth extraction - \$150.00
Major dental	12	\$1,800 per policy (combined limit for major dental & endodontic)	Full crown veneered - \$1,200.00
Endodontic	12		Filling of one root canal - \$146.50
Orthodontic*	12	\$650 per policy \$3,250 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - \$3,250.00
Optical	2	\$400 per policy	Single vision lenses & frames - \$400.00 Multi-focal lenses & frames - \$400.00
Non PBS pharmaceuticals	2	\$800 per policy (combined limit for non pbs pharmaceuticals, vaccinations & other services)	Per eligible prescription - \$100.00
Physiotherapy	2	\$1,100 per policy (combined limit for physiotherapy & exercise physiology)	Initial visit - \$60.00 Subsequent visit - \$60.00
Chiropractic	2	\$1,100 per policy (combined limit for chiropractic & osteopathy)	Initial visit - \$55.00 Subsequent visit - \$55.00
Podiatry	2	\$600 per policy	Initial visit - \$60.00 Subsequent visit - \$60.00
Psychology	2	\$720 per policy (combined limit for psychology & other services)	Initial visit - \$125.00 Subsequent visit - \$125.00
Acupuncture	2	\$500 per policy (combined limit for acupuncture & chinese medicine)	Initial visit - \$50.00 Subsequent visit - \$50.00
Remedial massage	2	\$500 per policy (combined limit for remedial massage & other services)	Initial visit - \$50.00 Subsequent visit - \$50.00
Hearing aids	36	\$2,000 per policy 1 service(s) every 3 years (combined limit for hearing aids & other services)	Hearing aid - \$2,000.00
Blood glucose monitors	12	\$100 per policy	Per monitor - \$100.00

Audiology	2	\$200 per policy (combined limit for audiology & other services)	Initial visit - \$100.00 Subsequent visit - \$100.00
Ante-natal/Post-natal classes	12	\$200 per policy	Initial visit - 100% of charge Subsequent visit - 100% of charge
Chinese medicine	2	Combined limit - see Acupuncture	Initial visit - \$50.00 Subsequent visit - \$50.00
Dietetics/dietary advice	2	\$500 per policy (combined limit for dietetics/dietary advice & other services)	Initial visit - \$65.00 Subsequent visit - \$65.00
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - \$55.00 Subsequent visit - \$55.00
Eye therapy (orthoptics)	2	\$500 per policy	Initial visit - \$50.00 Subsequent visit - \$50.00
Health management / Healthy lifestyle	2	\$300 per policy	Health management - 100% of charge
Home nursing	2	\$500 per policy	Initial visit - \$90.00 Subsequent visit - \$90.00
Occupational therapy	2	\$600 per policy	Initial visit - \$85.00 Subsequent visit - \$85.00
Orthotics (podiatric orthoses)	12	\$300 per policy (combined limit for orthotics (podiatric orthoses) & other services)	Orthotics supply & fit - \$300.00
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - \$55.00 Subsequent visit - \$55.00
Speech therapy	2	\$600 per policy	Initial visit - \$80.00 Subsequent visit - \$80.00
Vaccinations	2	Combined limit - see Non PBS pharmaceuticals	Per service - \$100.00

This policy **X** does not include General treatment (Extras) cover for

X Other treatments - check with your insurer

Other features of this general treatment cover

Additional benefits included in this policy are Dental Top Up benefit on General Dental and Major Dental items, \$2000 lifetime limit for Laser Eye Surgery per member, Counselling, Health Aids & Appliances (e.g. Devices for Sleep Apnoea and Diagnosed Snoring, Respiratory Aids, Blood Pressure Monitors), Outpatient Travel, and Sunglasses purchased through a Westfund Care Centre or through Westfund's online sunglasses store, The Collection. Please contact Westfund for details or visit www.westfund.com.au/help/ for additional claiming information.

For further information about this policy see

<https://www.westfund.com.au/dl/summaries/ultimate-pro-extras.pdf>

Ambulance cover

Ambulance cover is provided by the State government for residents of Tasmania. This may include cover whilst interstate, except for South Australia and Queensland where no cover applies. In other states please check with Ambulance Tasmania - https://www.health.tas.gov.au/ambulance/fees_and_accounts.

Other features of this ambulance cover

Permanent Tasmania residents are covered for emergency pre-hospital ambulance treatment and transport in Tasmania, residents must purchase cover for non-emergency ambulance transport or emergency transport in another state. This product provides coverage for emergency and non-emergency transport by a Westfund recognised Ambulance service provider in Australia either by covering the cost of state government levies or by covering the ambulance account. Recognised Ambulance service providers include: NSW Ambulance, Ambulance Victoria, Queensland Ambulance Service, ACT Ambulance Service, SA Ambulance Service, Ambulance Tasmania, St John Ambulance NT, St John Ambulance WA, St John Ambulance Norfolk Island and NSW Government local service providers.

For further information about this policy see

PrivateHealth.gov.au

PolicyID: WFD/110/TDCA10

Date statement issued: 01 April 2026

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Disclaimer

The information contained in this Private Health Information Statement was provided by the insurer and is intended as general information. It may not take into account your particular circumstances. For information please contact the insurer.