

Private Health Information Statement - General treatment policy

High Extras

Westfund Limited

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1300 937 838

Monthly Premium

\$77.70 #

(before any rebate or insurer discount)

Covers only one person
Available in Western Australia

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

By using this health insurer's "preferred providers" you will have lower out-of-pocket costs on Dental and have access to more "no gap" services. A list of "preferred providers" is available from the health insurer. See

<https://www.westfund.com.au/find-a-provider/>.

This policy  includes General treatment (Extras) cover for

Note, for items marked with an asterisk *: Our Orthodontic benefit accrues at \$500 per policy year up to a lifetime limit of \$2,500. 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 - \$40.00 Scale & clean - \$85.00 Fluoride treatment - \$24.00 Surgical tooth extraction - \$150.00
Major dental	12	\$1,400 per policy (combined limit for major dental & endodontic)	Full crown veneered - \$1,000.00
Endodontic	12		Filling of one root canal - \$140.00
Orthodontic*	12	\$500 per policy \$2,500 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - \$2,500.00
Optical	2	\$250 per policy	Single vision lenses & frames - \$250.00 Multi-focal lenses & frames - \$250.00
Non PBS pharmaceuticals	2	\$400 per policy (combined limit for non pbs pharmaceuticals, vaccinations & other services)	Per eligible prescription - \$50.00
Physiotherapy	2	\$420 per policy (combined limit for physiotherapy & exercise physiology)	Initial visit - \$42.00 Subsequent visit - \$42.00
Chiropractic	2	\$300 per policy (combined limit for chiropractic & osteopathy)	Initial visit - \$30.00 Subsequent visit - \$30.00
Podiatry	2	\$272 per policy	Initial visit - \$45.00 Subsequent visit - \$45.00
Psychology	2	\$300 per policy (combined limit for psychology & other services)	Initial visit - \$75.00 Subsequent visit - \$75.00
Acupuncture	2	\$250 per policy (combined limit for acupuncture & chinese medicine)	Initial visit - \$25.00 Subsequent visit - \$25.00
Remedial massage	2	\$250 per policy (combined limit for remedial massage & other services)	Initial visit - \$30.00 Subsequent visit - \$30.00
Hearing aids	36	\$1,400 per policy 1 service(s) every 3 years (combined limit for hearing aids & other services)	Hearing aid - \$1,400.00

Blood glucose monitors	12	\$100 per policy	Per monitor - \$100.00
Audiology	2	\$160 per policy (combined limit for audiology & other services)	Initial visit - \$80.00 Subsequent visit - \$80.00
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 - \$25.00 Subsequent visit - \$25.00
Dietetics/dietary advice	2	\$250 per policy (combined limit for dietetics/dietary advice & other services)	Initial visit - \$45.00 Subsequent visit - \$45.00
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - \$30.00 Subsequent visit - \$30.00
Eye therapy (orthoptics)	2	\$250 per policy	Initial visit - \$25.00 Subsequent visit - \$25.00
Health management / Healthy lifestyle	2	\$75 per policy	Health management - 100% of charge
Home nursing	2	\$150 per policy	Initial visit - \$48.00 Subsequent visit - \$48.00
Occupational therapy	2	\$400 per policy	Initial visit - \$50.00 Subsequent visit - \$50.00
Orthotics (podiatric orthoses)	12	\$200 per policy (combined limit for orthotics (podiatric orthoses) & other services)	Orthotics supply & fit - \$200.00
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - \$30.00 Subsequent visit - \$30.00
Speech therapy	2	\$400 per policy	Initial visit - \$48.00 Subsequent visit - \$48.00
Vaccinations	2	Combined limit - see Non PBS pharmaceuticals	Per service - \$50.00

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 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/high-extras.pdf>

Ambulance cover

In Western Australia this policy provides:

Emergency: Unlimited with a waiting period of 1 day.

Non-emergency: transport with a waiting period of 2 months, limited to \$5,000 per person per year.

Call-out fees: will be paid for each attendance, including emergency treatment without transport to hospital.

Other features of this ambulance cover

Cover for the unexpected. Feel assured with Australia-wide ambulance cover for emergency and non-emergency transportation (up to available limits). This product provides coverage for 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

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Ambulance NT, St John Ambulance WA, St John Ambulance Norfolk Island and NSW Government local service providers.

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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.