

Private Health Information Statement - General treatment policy

Mid Extras

Westfund Limited

<http://www.westfund.com.au>

enquiries@westfund.com.au

1300 937 838

Monthly Premium

\$62.05 #

(before any rebate or insurer discount)

Covers only one person

Available in Tasmania

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 policy must be purchased with a hospital policy.

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 \$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	\$1,125 per policy (combined limit for general dental, major dental & endodontic)	Periodic oral examination - \$30.00 Scale & clean - \$60.00 Fluoride treatment - \$22.00 Surgical tooth extraction - \$135.00
Major dental	12		Full crown veneered - \$750.00
Endodontic	12		Filling of one root canal - \$135.00
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	\$300 per policy (combined limit for physiotherapy & exercise physiology)	Initial visit - \$30.00 Subsequent visit - \$30.00
Chiropractic	2	\$300 per policy (combined limit for chiropractic & osteopathy)	Initial visit - \$30.00 Subsequent visit - \$30.00
Podiatry	2	\$150 per policy	Initial visit - \$35.00 Subsequent visit - \$35.00
Psychology	2	\$300 per policy	Initial visit - \$50.00 Subsequent visit - \$50.00
Acupuncture	2	\$150 per policy (combined limit for acupuncture & chinese medicine)	Initial visit - \$25.00 Subsequent visit - \$25.00
Remedial massage	2	\$150 per policy (combined limit for remedial massage & other services)	Initial visit - \$25.00 Subsequent visit - \$25.00
Blood glucose monitors	12	\$100 per policy	Per monitor - \$100.00
Audiology	2	\$120 per policy (combined limit for audiology & other services)	Initial visit - \$80.00 Subsequent visit - \$80.00

Ante-natal/Post-natal classes	12	\$120 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	\$150 per policy (combined limit for dietetics/dietary advice & other services)	Initial visit - \$30.00 Subsequent visit - \$30.00
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - \$30.00 Subsequent visit - \$30.00
Eye therapy (orthoptics)	2	\$150 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	\$150 per policy	Initial visit - \$40.00 Subsequent visit - \$40.00
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	\$300 per policy	Initial visit - \$48.00 Subsequent visit - \$36.00
Vaccinations	2	Combined limit - see Non PBS pharmaceuticals	Per service - \$50.00

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

X Hearing aids	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. Respiratory Aids & Blood Pressure Monitors) 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/mid-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

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

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.