

## Private Health Information Statement - General treatment policy

### Mid Extras (Disability Dependents)

#### Westfund Limited

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

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

1300 937 838

#### Monthly Premium

**\$172.68<sup>#</sup>**

(before any rebate or insurer discount)

Covers two adults & dependants, including persons with a disability\* (3 or more people, only 2 of whom are adults)

Available in Western Australia

<sup>#</sup> 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.

This policy covers children, students up to and including the age of 30 and non-students up to and including the age of 30, as well as persons with a disability.

\* Participants in the National Disability Insurance Scheme (NDIS) are considered persons with a disability. Insurers may have a broader definition of persons with a disability. Check with the insurer for details.

### General Treatment Cover

This policy must be purchased with a hospital policy.

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                       | \$1,125 per person<br>(combined limit for general dental, major dental & endodontic)            | Periodic oral examination - \$30.00<br>Scale & clean - \$60.00<br>Fluoride treatment - \$22.00<br>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 person<br>\$2,500 lifetime limit  | Braces for upper & lower teeth, including removal plus fitting of retainer - \$2,500.00  |
| Optical                 | 2                       | \$250 per person  | Single vision lenses & frames - \$250.00<br>Multi-focal lenses & frames - \$250.00   |
| Non PBS pharmaceuticals | 2                       | \$400 per person<br>(combined limit for non pbs pharmaceuticals, vaccinations & other services) | Per eligible prescription - \$50.00  |
| Physiotherapy           | 2                       | \$600 per policy<br>(combined limit for physiotherapy & exercise physiology)                    | Initial visit - \$30.00<br>Subsequent visit - \$30.00  |
| Chiropractic            | 2                       | \$600 per policy<br>(combined limit for chiropractic & osteopathy)                              | Initial visit - \$30.00<br>Subsequent visit - \$30.00  |
| Podiatry                | 2                       | \$300 per policy  | Initial visit - \$35.00<br>Subsequent visit - \$35.00  |
| Psychology              | 2                       | \$600 per policy  | Initial visit - \$50.00<br>Subsequent visit - \$50.00  |
| Acupuncture             | 2                       | \$300 per policy<br>(combined limit for acupuncture & chinese medicine)                         | Initial visit - \$25.00<br>Subsequent visit - \$25.00  |

|                                       |    |  |   |
|---------------------------------------|----|--|---|
| Remedial massage                      | 2  | \$300 per policy<br>(combined limit for remedial massage & other services)               | Initial visit - \$25.00<br>Subsequent visit - \$25.00               |
| Blood glucose monitors                | 12 | \$100 per person   | Per monitor - \$100.00  |
| Audiology                             | 2  | \$120 per person<br>(combined limit for audiology & other services)                      | Initial visit - \$80.00<br>Subsequent visit - \$80.00               |
| Ante-natal/Post-natal classes         | 12 | \$120 per policy   | Initial visit - 100% of charge<br>Subsequent visit - 100% of charge |
| Chinese medicine                      | 2  | Combined limit - see Acupuncture   | Initial visit - \$25.00<br>Subsequent visit - \$25.00               |
| Dietetics/dietary advice              | 2  | \$300 per policy<br>(combined limit for dietetics/dietary advice & other services)       | Initial visit - \$30.00<br>Subsequent visit - \$30.00               |
| Exercise physiology                   | 2  | Combined limit - see Physiotherapy   | Initial visit - \$30.00<br>Subsequent visit - \$30.00               |
| Eye therapy (orthoptics)              | 2  | \$300 per policy   | Initial visit - \$25.00<br>Subsequent visit - \$25.00               |
| Health management / Healthy lifestyle | 2  | \$150 per policy   | Health management - 100% of charge                                  |
| Home nursing                          | 2  | \$300 per policy   | Initial visit - \$48.00<br>Subsequent visit - \$48.00               |
| Occupational therapy                  | 2  | \$300 per policy   | Initial visit - \$40.00<br>Subsequent visit - \$40.00               |
| Orthotics (podiatric orthoses)        | 12 | \$200 per person<br>(combined limit for orthotics (podiatric orthoses) & other services) | Orthotics supply & fit - \$200.00                                   |
| Osteopathy                            | 2  | Combined limit - see Chiropractic  | Initial visit - \$30.00<br>Subsequent visit - \$30.00               |
| Speech therapy                        | 2  | \$588 per policy   | Initial visit - \$48.00<br>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

|                       |   |
|-----------------------|---|
| <b>X</b> Hearing aids | <b>X</b> 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/](http://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

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

[PrivateHealth.gov.au](http://PrivateHealth.gov.au)

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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

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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.