Private Health Information Statement - General treatment policy

| Westfund Limited http://www.westfund.com.au enquiries@westfund.com.au 1300 937 838 | Monthly Premium \$85.11 [#] (before any rebate or insurer discount) | Covers one adult & dependants or more people, only one of who is an adul Available in Tasman Closed to new membe |
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This policy covers children and other dependants up to and including the age of 24, as well as persons with a disability who qualify as a child or other dependant in this age range.

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 Provider of Choice Network is a group of dental and physiotherapy providers who are committed to providing exceptional treatment to our members while lowering or eliminating out-of-pocket costs for Extras services on selected preventative dental and physiotherapy treatments.

| Treatment | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated) | Examples of maximum benefits |
|-------------------------------|----------------------------|--|--|
| General dental* | 2 | \$800 per policy (combined limit for general dental & endodontic) | Periodic oral examination - \$28.00 Scale & clean - \$61.00 Fluoride treatment - \$24.00 Surgical tooth extraction - \$128.00 |
| Endodontic | 12 | | Filling of one root canal - \$130.00 |
| Optical | 2 | \$250 per person | Single vision lenses & frames - \$250.00 Multi-focal lenses & frames - \$250.00 |
| Non PBS pharmaceuticals | 2 | \$400 per person (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 - \$25.00 Subsequent visit - \$25.00 |
| Chiropractic | 2 | \$300 per policy (combined limit for chiropractic & osteopathy) | Initial visit - \$25.00 Subsequent visit - \$25.00 |
| Podiatry | 2 | \$300 per policy | Initial visit - \$25.00 Subsequent visit - \$25.00 |
| Psychology | 2 | \$300 per policy | Initial visit - \$25.00 Subsequent visit - \$25.00 |
| Acupuncture | 2 | \$300 per policy (combined limit for acupuncture & chinese medicine) | Initial visit - \$25.00 Subsequent visit - \$25.00 |
| Remedial massage | 2 | \$300 per policy (combined limit for remedial massage & other services) | Initial visit - \$25.00 Subsequent visit - \$25.00 |
| Blood glucose monitors | 12 | \$100 per person | Per monitor - \$100.00 |
| Audiology | 2 | \$100 per person (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 |

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| Chinese medicine | 2 | Combined limit - see Acupuncture | Initial visit - \$25.00 Subsequent visit - \$25.00 |
|--|----|---|---|
| Dietetics/dietary advice | 2 | \$300 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 - \$25.00 Subsequent visit - \$25.00 |
| Eye therapy (orthoptics) | 2 | \$300 per policy | Initial visit - \$25.00 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 Subsequent visit - \$48.00 |
| Occupational therapy | 2 | \$300 per policy | Initial visit - \$40.00 Subsequent visit - \$40.00 |
| Orthotics (podiatric orthoses) | 12 | \$200 per person (combined limit for orthotics (podiatric orthoses) & other services) | Orthotics supply & fit - \$200.00 |
| Osteopathy | 2 | Combined limit - see Chiropractic | Initial visit - \$25.00 Subsequent visit - \$25.00 |
| Speech therapy | 2 | \$588 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

| K Hearing aids | X Orthodontic | |
|----------------|--|---|
| X Major dental | X Other treatments - check with your insurer |] |

Other features of this general treatment cover

Additional benefits included in this policy are 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/essential-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 - <u>https://www.health.tas.gov.au/ambulance/fees_and_accounts</u>.

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/essential-pro-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.