

Private Health Information Statement - Combined policy

Silver Plus Family 500 Hospital (Dependants under 25)

Westfund Limited

<http://www.westfund.com.au>
enquiries@westfund.com.au
 1300 937 838

Monthly Premium

\$670.15[#]

(before any rebate, loading or discount)

Covers two adults & dependants (3 or more people, only 2 of whom are adults)

Available in Tasmania

[#] You may be entitled to an Australian Government rebate on the above premium. Your premium may also include a Lifetime Health Cover loading, an age-based discount or an insurer discount. Check with your insurer for details.

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.

Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy provides accident cover and benefits for travel or accommodation (outside of hospital) - check with your insurer for details.

✓ Covered

For information on what is covered under each category, see <https://privatehealth.gov.au/categories>

R Restricted

Restricted categories partially cover your hospital costs as a private patient in a public hospital. You may incur significant expenses in a private room or private hospital.

✗ Not Covered

These categories are not covered by this policy.

This policy ✓ includes cover for

✓ Assisted reproductive services	✓ Eye (not cataracts)	✓ Pain management
✓ Back, neck and spine	✓ Gastrointestinal endoscopy	✓ Palliative care
✓ Blood	✓ Gynaecology	✓ Plastic and reconstructive surgery (medically necessary)
✓ Bone, joint and muscle	✓ Heart and vascular system	✓ Podiatric surgery (provided by a registered podiatric surgeon - limited benefits)
✓ Brain and nervous system	✓ Hernia and appendix	✓ Pregnancy and birth
✓ Breast surgery (medically necessary)	✓ Implantation of hearing devices	✓ Rehabilitation
✓ Chemotherapy, radiotherapy and immunotherapy for cancer	✓ Joint reconstructions	✓ Skin
✓ Dental surgery	✓ Kidney and bladder	✓ Sleep studies
✓ Diabetes management (excluding insulin pumps)	✓ Lung and chest	✓ Tonsils, adenoids and grommets
✓ Digestive system	✓ Male reproductive system	R Hospital psychiatric services
✓ Ear, nose and throat	✓ Miscarriage and termination of pregnancy	

This policy ✗ does not include cover for

✗ Cataracts	✗ Insulin pumps	✗ Pain management with device
✗ Dialysis for chronic kidney failure	✗ Joint replacements	✗ Weight loss surgery

The benefits paid for hospital treatment will depend on the type of cover you purchase and whether your fund has an agreement in place with the hospital in which you are treated. See 'Agreement Hospitals' on privatehealth.gov.au for which hospitals have arrangements with your insurer – <https://privatehealth.gov.au/dynamic/agreementhospitals>.

Under this policy, you may have to pay out-of-pocket costs above what you get from Medicare or your private health insurer. Before you go to hospital, you should ask your doctors, hospital and health insurer about any out-of-pocket costs that may apply to you.

[The following payments may also apply for hospital admissions](#)

Excess: You will have to pay an excess of \$500 per admission. This is limited to a maximum of \$500 per person and \$1000 per policy per year.

Excess payments do not apply to hospital admissions for accidents or dependants.

Co-payments: No co-payments

[The following waiting periods for hospital admissions apply to new or upgrading members](#)

Waiting periods:

- 2 months for palliative care, rehabilitation and hospital psychiatric treatments, even if pre-existing
- 12 months for other pre-existing conditions
- 12 months for pregnancy and birth (obstetrics)
- 2 months for all other treatments

[Gap Cover](#)

This provider offers '[known gap](#)' or '[no gap](#)' cover for medical bills for this product.

The [Medical Costs Finder](#) lets you find out more about the cost of specialist medical services.

[Other features of this hospital cover](#)

Travel & Accommodation benefits for inpatient hospitalisations. Access to health and wellbeing programs to provide rehabilitation and hospital care from home as well as management of chronic conditions (mental health, cancer support, weight management).

General Treatment Cover

This health insurer does not operate a preferred provider scheme.

This policy  includes General treatment (Extras) cover for

<i>Note, for items marked with an asterisk *: 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</i>			
Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental*	2	\$800 per person up to \$1,600 per policy (combined limit for general dental, major dental & endodontic)	Periodic oral examination - 60% of charge Scale & clean - 60% of charge Fluoride treatment - 60% of charge Surgical tooth extraction - 60% of charge
Major dental	12		Full crown veneered - 60% of charge
Endodontic	1		Filling of one root canal - 60% of charge
Optical	2	\$200 per person	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Non PBS pharmaceuticals	2	\$500 per person up to \$1,000 per policy (combined limit for non pbs pharmaceuticals, physiotherapy, chiropractic, podiatry, psychology, acupuncture, remedial massage, audiology, ante-natal/post-natal classes, chinese medicine, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), health management / healthy lifestyle, home nursing, occupational therapy, osteopathy, speech therapy, vaccinations & other services)	Per eligible prescription - \$50.00
Physiotherapy	2		Initial visit - 60% of charge Subsequent visit - 60% of charge
Chiropractic	2		Initial visit - 60% of charge Subsequent visit - 60% of charge
Podiatry	2		Initial visit - 60% of charge Subsequent visit - 60% of charge

Psychology	2	Initial visit - 60% of charge Subsequent visit - 60% of charge
Acupuncture	2	Initial visit - 60% of charge Subsequent visit - 60% of charge
Remedial massage	2	Initial visit - 60% of charge Subsequent visit - 60% of charge
Audiology	2	Initial visit - 60% of charge Subsequent visit - 60% of charge
Ante-natal/Post-natal classes	12	Initial visit - 60% of charge Subsequent visit - 60% of charge
Chinese medicine	0	Initial visit - 60% of charge Subsequent visit - 60% of charge
Dietetics/dietary advice	2	Initial visit - 60% of charge Subsequent visit - 60% of charge
Exercise physiology	2	Initial visit - 60% of charge Subsequent visit - 60% of charge
Eye therapy (orthoptics)	2	Initial visit - 60% of charge Subsequent visit - 60% of charge
Health management / Healthy lifestyle	2	Health management - 60% of charge
Home nursing	2	Initial visit - 60% of charge Subsequent visit - 60% of charge
Occupational therapy	2	Initial visit - 60% of charge Subsequent visit - 60% of charge
Osteopathy	2	Initial visit - 60% of charge Subsequent visit - 60% of charge
Speech therapy	2	Initial visit - 60% of charge Subsequent visit - 60% of charge
Vaccinations	2	Per service - 60% of charge

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

X Blood glucose monitors	X Orthodontic
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, 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.

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.

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.