

Welcome to Feel Good Cover. Health insurance that doesn't just do its job, but adds an extra level of care.

Why Westfund?



We help people make sense of health care



We provide quality products with a proven track record



We're a not-for-profit that helps you get the most from your cover



We're proudly Australian owned and operated

This Extras Cover includes:

- No out-of-pocket costs for selected preventative dental services at any Westfund or Provider of Choice dentist.*
- ✓ Kids up to 25 stay covered[^].
- No gap glasses and an extra member benefit for prescription glasses and contacts purchased at a Westfund Eye Care Centre.*
- Unlimited emergency ambulance cover and \$5,000 per member for non-emergency ambulance trips.
- Cover for our full range of services including dental, optical, physio, chiro and other therapies.
- Benefits for extras that help you manage your health, like gym memberships, vitamins and preventative health checks.

Who should love this cover

Mid-level extras health insurance suited to people wanting key services such as optical, general dental, physiotherapy and chiropractic. Plus, benefits for extras to help you manage your health like gym memberships, vitamins, preventative health checks and a limited range of health aids.

Product closed to new members.



- *Annual limits and waiting periods apply.
- ^Dependants stay covered if unmarried or not in a bona fide domestic relationship.



Please read this policy summary carefully and retain. For more policy information, definitions and claiming requirements please refer to Westfund's Membership Terms & Conditions which can be downloaded at www.westfund.com.au/terms-conditions or by calling Westfund on 1300 937 838. Our Privacy Policy and Complaints Resolution Policy as well as information about the Code of Conduct and Commonwealth Ombudsman are also included in our Membership Terms & Conditions.

Find a registered provider from our Provider of Choice Network or use your own provider after reviewing our provider recognition criteria at www.westfund.com.au/find-a-provider/

Treatments covered by this policy

	Service	Waiting Period	Item Limit			Annual Group Limit	Additional Information	
	Treatments include:		Set item benefits deper Benefits for some of tl Dental Sen	ne common Ge		Service limits		
			Service & Item Number	Provider of Choice	General Dentist		per member per calendar year may apply. Some common limits include: 151- 1 service; 012- 2 services; 114, 121- 4 services; 022- 4 services per day, up to 8 services.	
= □			Periodic Oral Exam 012		\$28.00	Single Policy \$400 combined limit for General and Major Dental or		
3eneral Dental	Diagnostic & Preventive	2 months	X-ray 022	Benefits fully cover the cost of these services	\$20.00			
<u></u> В Д	Fillings		Scale & Clean 114		\$61.00			
	Extractions		Fluoride Treatment 121		\$24.00			
			Mouthguard 151		\$83.00			
			Surgical Tooth Extraction 322	\$128.00	\$128.00			
			Filling 533	\$86.00	\$86.00			
Major Dental	Treatments include: Periodontics Endodontics	12 months	Set item benefits depending on item number. Benefits for some of the common Major Dental Services are: Service & Item Number Benefit Root canal treatment – one canal 417 \$130.00			Couple/Family Policy \$800 combined limit for General and Major Dental	Service limits per member per calendar year may apply.	
Dental Item Numbers	General Dental		Diagnostic services, Preventive, Prophylactic and Bleaching services (items 011-014, 016-171), Extractions (items 311-324), Restorative services (items 511-525, 531-535, 541-555, 571-579, 595-598 General services and Miscellaneous (items 911-945, 961-982, 986)					
Dentc	Major Dental		Periodontics (items 223-239, 242-247) and Endodontics (items 411-421)					



Treatments covered by this policy

	Service	Waiting Period	Item Limit	Annual G	roup Limit	Additional Information	
	Frames Single Vision Lenses Bifocal Lenses		100%	\$250 per member at External Optical Providers or		Prescription only. No benefit towards tinting, coating or addons. Benefits also apply for Irlen lenses.	
Optical	Multifocal Lenses Contact Lenses	2 months		\$295 per member at Westfund Eye Care Centres		Higher benefit available at Westfund Eye Care Centres only.	
	Sunglasses		100%	\$50 per member		Must be purchased through a Westfund Care Centre or selected Provider of Choice providers.	
		***		Annual Group Limit			
	Service	Waiting Period	Item Limit	Single	Couple/ Family	Additional Information	
	Physiotherapy	2 months 12 months for surgical treatment	\$7 per group service or \$25 per individual service	\$150	\$300	Two chiropractic x-rays per member per calendar year	
	Exercise Physiology		\$7 per group service or \$25 per individual service	\$150			
	Chiropractic		\$25 per individual service		\$300		
	Chiropractic X-ray		\$40 per x-ray	\$150			
	Osteopathic		\$25 per individual service				
	Remedial Massage & Myotherapy		\$25 per individual service	\$150	\$300		
Ø	Acupuncture & Chinese Herbalism		\$25 per individual service	\$150	\$300		
rapie	Dietetics & Nutrition		\$7 per group service or \$30 per individual service	\$150	\$300		
Other Therapies	Home Nursing (up to 6 hrs/over 6 hrs)		\$12/\$48 per individual service	\$150	\$300		
Oth	Vision (Eye) Therapy		\$25 per individual service			Benefits are payable for services rendered	
	Occupational Therapy		\$7 per group service or \$40 per individual service	\$150	\$300	by providers that are recognised by	
	Podiatry Surgical Treatment		\$25 per individual service 100%	\$150 \$300 private		Westfund and in private practice (recognised provider).	
	Clinical Psychology		\$25 per group service or \$25 per individual service	A 155	4000	, coognition provider,	
	Psychometric/Learning assessment	by a Podiatrist	\$100 per individual service	\$150 \$300			
	Speech Therapy (initial/subsequent)		\$36 per group service or \$48/\$36 per individual service	\$300	\$588		



Treatments covered by this policy

Service		Waiting Period	Item Limit	Annual Group Limit (unless otherwise stated)	Additional Information	
Prescriptions, Injections, Vaccinations		For Private, Non-PBS and Non-NHS prescriptions	2 months	\$50 per prescription for the amount that exceeds the PBS co-payment	\$400 per member	Doctor letter required in some instances (see Membership Terms and Conditions)
		Fitness Centre		100%	Single Policy \$75 or Couple/ Family Policy \$150	
		Aquatic Programs				
	hent	Mental Health Programs				Fitness, Weight Loss, Virtual Gastric
	Health Management	Weight Loss Programs	2 months			Banding, Mental Health and Aquatic Programs require a Medicare Registered Practitioner to complete a Health Management Declaration Claim Form to confirm the program is medically necessary. Forms are available for download at www.westfund.com.au/forms-downloads/
	Jano	Virtual Gastric Banding				
	<u>두</u>	Diabetes Education				
	P H	Vitamins				
		Omega 3				
		Probiotics				
	S	Bone Density Test	2 months	100%	\$60 per member	The health test must be recommended by a Medicare Registered Practitioner and cannot be Medicare claimable.
	Test	Bowel Testing Kit				
	Preventative Health Tests	Calcium Score				
		Chronic Disease Health Screen				
£		Mammogram				
Hea	reve	Mole Scan				
tive	ъ.	Thin Prep Pap Test				
Preventative Health	Ear and Eye Health Checks	Audiology Tests	2 months	\$80	\$100 per member	The health check must be provided by a recognised provider and cannot be Medicare claimable.
		Eye Health Tests				Eye Health Tests include but is not limited to Optical Coherence Tomography, Retinal Photography and Corneal Topography.
	Antenatal Classes and pre/postnatal consultations		12 months	100%	\$120 per policy	Includes Lactation Consultation and Post-Partum Assessments.
	Hypnotherapy		2 months	100%	\$250 per member lifetime limit	



Treatments covered by this policy

	Service	Waiting Period	Item Limit	Claimable Period per member	Letter of recommendation	Additional Information
	Blood Glucose Monitor	12 months	\$100	Calendar Year	No	Benefit available for hire and purchase fees. Letter of recommendation or Health Management Declaration Claim Form not required if Health Aids & Appliances are purchased from a Medicare Registered Practitioner. Health Management Declaration Claim Form available to download at www.westfund.com.au/forms-downloads/ Respiratory Aids include Spacer Devices, Mucus Clearing Devices, Nebuliser & Peak Flow
	Blood Pressure Monitor		\$150	Calendar Year	No	
	Cardiac Monitor				Lifetime letter	
	Braces		\$120	Calendar Year	Every Calendar Year	
S	Compression Garments/Devices				Lifetime letter	
anc	Burn Suits		\$800	Calendar Year	Every Calendar Year	
ildq	INR Monitor		\$200	Every two years	Lifetime letter	
Health Aids and Appliances	Mammary Prostheses and Brassieres		\$225	Calendar Year	Lifetime letter - unless relevant hospitalisation is recorded with Westfund	
Health	Respiratory Aids		\$110	Calendar Year	Lifetime letter	
	Custom Made Orthopaedic Boot		\$200	Calendar Year	Every Calendar Year	Meters.
	Custom Made/ Preformed Orthotics		\$200	Calendar Year	Every Calendar Year	Benefits for a maximum of two orthotic models/ impressions are combined
	Wigs		\$150	Calendar Year	Lifetime letter - unless relevant hospitalisation is recorded with Westfund	under the orthotics benefit.

Ambulance

Service	Waiting Period	Item Limit	Annual Group Limit	Additional Information
Emergency Ambulance Transport	1 day	100%	No annual limit	Benefit eligible for Westfund recognised ambulance service providers in Australia. Westfund covers the cost of transport by either covering the cost of state government levies or covering the ambulance account.
Non-Emergency Patient Transport	2 months	100%	\$5,000 per member	Ambulance services not available under this policy: - Inter-hospital transfers between public hospitals - Member requested ambulance transport e.g. to be closer to home/family

Need to get in touch? We're only a click or call away.



Call us 1300 937 838 Monday – Friday 8am – 5pm (AEST)



Connect online enquiries@westfund.com.au westfund.com.au



Visit a Care Centre Our Care Centres are located across regional NSW and QLD