

# Gold Policy Summary



## Welcome to Feel Good Cover.

### Health insurance that doesn't just do its job, but adds an extra level of care.

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](http://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.

## 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 Cover includes:

- ✓ Access to one of Australia's largest network of contracted private hospitals.
- ✓ No excess for private hospital admissions because of an accident.
- ✓ Kids up to 25 stay covered with no excess for hospital admissions\*.
- ✓ Age-Based Discounts for Adults under 30 to save on their hospital premiums.

This is an eligible Age-Based Discount policy and Retained Age-Based Discount policy.

- ✓ No out-of-pocket costs for selected preventative dental services at any Westfund or Provider of Choice dentist.^
- ✓ No gap glasses and an extra member benefit for prescription glasses and contacts purchased at a Westfund Eye Care Centre.^
- ✓ Cover for our full range of services including dental, optical, physio, chiro and other therapies.
- ✓ Unlimited emergency ambulance cover and \$5000 per member for non-emergency ambulance trips.

## Who should love this cover

Our top Hospital cover with no exclusions or restrictions combined with high-level extras cover. Health insurance suited to people who want peace of mind with our most comprehensive hospital cover, complete access to our Health and Wellbeing Program range and higher level of benefits on fundamental services such as optical, dental cover (including orthodontic), physio, chiro and a range of other therapies.

Product now closed to new members.



\* Dependants stay covered if unmarried or not in a bona fide domestic relationship.

^ Annual limits and waiting periods apply.

# Gold Policy Summary

We'll pay benefits under your hospital cover on treatments that are part of an admitted episode of care. Benefit amounts depend on whether the treatment is covered, restricted or excluded from your policy. We recommend you always check with us prior to going to hospital to ensure you are covered and to check any out-of-pockets or excess that may apply.

## Treatments covered by this policy

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

## Your cover explained

### ✓ Covered

We will pay benefits towards your hospital treatment. This may include hospital accommodation, theatre fees, medical devices and human tissue products, pharmaceuticals and any medical fees related to your admission.

### ✓<sup>R</sup> Restricted Services

We pay to a certain limit towards your hospital treatment. We will not fully cover the cost of a private room in a public hospital or any room in a private hospital. If you are admitted to a private hospital for restricted services, you will need to pay out-of-pocket costs.

### ✗ Excluded

We don't cover any benefits towards your hospital treatment. If you choose to proceed as a private patient, you will have large out-of-pocket costs.

### Hospital Cover

We have contracts with private hospitals throughout Australia to cover theatre fees and hospital accommodation costs for most procedures. When there is no contract, we pay up to a default benefit (set by the Government) and you may have large out-of-pocket costs. You can view our contracted private hospitals at [www.westfund.com.au/find-a-provider/](http://www.westfund.com.au/find-a-provider/) or give us a call on 1300 937 838 for more information.

As a **private patient in a public hospital**, you will be covered for hospital accommodation and your choice of doctor, from doctors with a right to practice at that hospital.

Where a treatment is covered or restricted on your policy, benefits are also payable for;

- Medical Devices and Human Tissue Products: up to the approved benefits outlined in the prescribed list of Medical Devices and Human Tissue Products.

- Pharmaceuticals: for all Pharmaceutical Benefits Scheme (PBS) listed drugs that are administered according to the PBS approved indications.

- Medical fees charged by your doctor while you are in hospital, as well as common and support services such as anaesthetic, pathology and radiology related to your admission. As long as a Medicare Benefits Schedule (MBS) item number applies to those services and a Medicare benefit is payable.

Our **Access Gap Cover Scheme** helps members with hospital cover to eliminate or reduce out-of-pocket expenses for medical gap payments. Your doctors can choose on a case-by-case basis whether to participate in the Access Gap Cover Scheme so it's important to ask your doctor before beginning treatment. Visit [www.westfund.com.au/find-a-provider/](http://www.westfund.com.au/find-a-provider/) or give us a call on 1300 937 838 for more information.

<sup>^</sup> Limited benefits apply for podiatric surgery provided by a registered podiatric surgeon. Westfund will pay a benefit towards your hospital accommodation and up to the approved benefits outlined in the prescribed list of medical devices and human tissue products. No benefit is payable towards theatre fees, pharmaceuticals or medical fees related to your admission.

## Excess options:

- ✓ Excess options (per member per calendar year)
  - Nil\* or \$500\* excess
- ✓ No excess for dependants
- ✓ No excess for accidents when admitted to a private hospital

Your excess explained: Your chosen excess is an amount payable per member per calendar year for admissions into hospital. The excess is paid before a Westfund benefit is payable for hospital treatment.

\*All excess levels are closed to new members

# Gold Policy Summary



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/](http://www.westfund.com.au/find-a-provider/)

## Treatments covered by this policy

Service	Waiting Period	Item Limit	Annual Group Limit (unless otherwise stated)	Additional Information																					
<b>General Dental</b> Treatments include: Diagnostic & Preventive Fillings Extractions	2 months	Set item benefits depending on item number. Benefits for some of the common General Dental Services are: <table border="1"> <thead> <tr> <th>Service &amp; Item Number</th> <th>Provider of Choice</th> <th>General Dentist</th> </tr> </thead> <tbody> <tr> <td>Periodic Oral Exam 012</td> <td rowspan="4">Benefits fully cover the cost of these services</td> <td>\$35.00</td> </tr> <tr> <td>X-ray 022</td> <td>\$25.00</td> </tr> <tr> <td>Scale &amp; Clean 114</td> <td>\$76.00</td> </tr> <tr> <td>Fluoride Treatment 121</td> <td>\$24.00</td> </tr> <tr> <td>Mouthguard 151</td> <td></td> <td>\$103.00</td> </tr> <tr> <td>Surgical Tooth Extraction 322</td> <td>\$150.00</td> <td>\$150.00</td> </tr> <tr> <td>Filling 533</td> <td>\$107.50</td> <td>\$107.50</td> </tr> </tbody> </table>	Service & Item Number	Provider of Choice	General Dentist	Periodic Oral Exam 012	Benefits fully cover the cost of these services	\$35.00	X-ray 022	\$25.00	Scale & Clean 114	\$76.00	Fluoride Treatment 121	\$24.00	Mouthguard 151		\$103.00	Surgical Tooth Extraction 322	\$150.00	\$150.00	Filling 533	\$107.50	\$107.50	No annual limit	Service limits 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.
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<b>Major Dental</b> Treatments include: Periodontics Oral Surgery Endodontics Veneers, Crowns Bridges, Implants Dentures Maxillofacial Prosthetics	12 months	Set item benefits depending on item number. Benefits for some of the common Major Dental Services are: <table border="1"> <thead> <tr> <th>Service &amp; Item Number</th> <th>Benefit</th> </tr> </thead> <tbody> <tr> <td>Frenectomy 391</td> <td>\$217.00</td> </tr> <tr> <td>Root canal treatment – one canal 417</td> <td>\$140.00</td> </tr> <tr> <td>Full crown - veneered 615</td> <td>\$1000.00</td> </tr> <tr> <td>Bridge pontic - per pontic 643</td> <td>\$546.00</td> </tr> <tr> <td>Complete upper &amp; lower dentures 719</td> <td>\$977.00</td> </tr> </tbody> </table>	Service & Item Number	Benefit	Frenectomy 391	\$217.00	Root canal treatment – one canal 417	\$140.00	Full crown - veneered 615	\$1000.00	Bridge pontic - per pontic 643	\$546.00	Complete upper & lower dentures 719	\$977.00	\$1400 per member	Service limits per member per calendar year may apply.									
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<b>Orthodontic</b> Orthodontic Treatment  Dental Retainers	12 months	100%  Set item benefits depending on item number. Benefits for Dental Retainers are: <table border="1"> <thead> <tr> <th>Service &amp; Item Number</th> <th>Benefit</th> </tr> </thead> <tbody> <tr> <td>Passive removable appliance – per arch 811</td> <td>\$283.30</td> </tr> <tr> <td>Active removable appliance – per arch 821</td> <td>\$618.88</td> </tr> <tr> <td>Functional orthopaedic appliance - custom fabrication 823</td> <td>\$912.64</td> </tr> <tr> <td>Functional orthopaedic appliance – prefabricated 824</td> <td>\$493.00</td> </tr> </tbody> </table>	Service & Item Number	Benefit	Passive removable appliance – per arch 811	\$283.30	Active removable appliance – per arch 821	\$618.88	Functional orthopaedic appliance - custom fabrication 823	\$912.64	Functional orthopaedic appliance – prefabricated 824	\$493.00	Accrues at a rate of \$500 per member per policy year; lifetime limit of \$2500  2 services per item number per member	Additional information may be required where benefit is not accrued in full at commencement of orthodontic treatment.											
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<b>Dental Item Numbers</b> General Dental Major Dental Orthodontic Devices for Sleep Apnoea and Diagnosed Snoring (refer to Health Aids and Appliances)		Diagnostic services (items 011-091), Preventive, Prophylactic and Bleaching services (items 111-171), Extractions (items 311-324), Restorative services (items 511-525, 531-535, 541-555, 571-579, 595-598), General services (items 911-972) and Miscellaneous (items 981-982, 985-999)  Periodontics (items 213-251), Oral Surgery (items 331-399), Endodontics (items 411-459) and Prosthodontics: crowns, bridges, veneers, implants, dentures and maxillofacial prosthetics (items 526, 536, 556, 586-588, 611-790)  Dental retainers (items 811-824), Orthodontic (items 825-882)  Miscellaneous (item 984)																							

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## Treatments covered by this policy

Service		Waiting Period	Item Limit	Annual Group Limit		Additional Information
Optical	Frames	2 months	100%	\$250 per member at External Optical Providers		Prescription only. No benefit towards tinting, coating or add-ons. Benefits also apply for Irlen lenses.  Higher benefit available at Westfund Eye Care Centres only.
	Single Vision Lenses					
	Bifocal Lenses					
	Multifocal Lenses					
	Contact Lenses			or \$325 per member at Westfund Eye Care Centres		
	Sunglasses		100%	\$50 per member	Must be purchased through a Westfund Care Centre or selected Provider of Choice providers.	
Service		Waiting Period	Item Limit	Annual Group Limit		Additional Information
				Single	Couple/Family	
Other Therapies	Physiotherapy	2 months	\$10 per group service or \$42 per individual service	\$420	\$840	Benefits are only payable for services rendered by providers that are recognised by Westfund and in private practice (recognised provider).
	Exercise Physiology		\$10 per group service or \$30 per individual service			
	Chiropractic		\$30 per individual service			
	Chiropractic X-ray		\$55 per X-ray	\$300	\$600	
	Osteopathic		\$30 per individual service			
	Remedial Massage & Myotherapy		\$30 per individual service	\$250	\$500	
	Acupuncture & Chinese Herbalism		\$25 per individual service	\$250	\$500	
	Dietetics & Nutrition		\$10 per group service or \$45 per individual service	\$250	\$500	
	Home Nursing (up to 6 hrs/over 6 hrs)		\$12/\$48 per individual service	\$150	\$300	
	Vision (Eye)Therapy		\$25 per individual service	\$250	\$500	
	Occupational Therapy	\$10 per group service or \$50 per individual service	\$400	\$800		
	Podiatry Surgical Treatment	12 months for surgical treatment by a Podiatrist	\$34 per individual service 100%	\$272	\$544	
	Clinical Psychology & Counselling		\$75 per group service or \$75 per individual service	\$300	\$600	
	Psychometric/Learning assessment		\$200 per individual service			
	Speech Therapy		\$36 per group service or \$48 per individual service	\$400	\$800	

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## 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 Aquatic Programs Mental Health Programs Weight Loss Programs Virtual Gastric Banding Diabetes Education Vitamins Omega 3 Probiotics	2 months	100%	Single Policy \$75 or Couple/Family Policy \$150	Fitness, Weight Loss, Virtual Gastric 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 <a href="http://www.westfund.com.au/forms-downloads/">www.westfund.com.au/forms-downloads/</a>	
Preventative Health	Preventative Health Tests	Bone Density Test	100%	\$60 per member	The health test must be recommended by a Medicare Registered Practitioner and cannot be Medicare claimable.	
		Bowel Testing Kit				
		Calcium Score				
		Chronic Disease Health Screen				
		Mammogram				
		Mole Scan				
		Thin Prep Pap Test				
	Ear and Eye Health Checks	Audiology Tests	2 months	\$80	\$160 per member	The health check must be provided by a recognised provider and cannot be Medicare claimable.  Eye Health Tests include but is not limited to Optical Coherence Tomography, Retinal Photography and Corneal Topography.
		Eye Health Tests				
	Antenatal Classes and pre/postnatal consultations		12 months	100%	\$200 per policy	Includes Lactation Consultation and Post-Partum Assessments.
Hypnotherapy		2 months	100%	\$250 per member lifetime limit		
Chronic Disease Association Fees		2 months	100%	\$30 per member	Includes Asthma Foundation, Diabetes Australia, Arthritis Australia, Coeliac Association, Crohn's and Colitis Australia, Parkinson's Australia, Multiple Sclerosis (MS) Australia, Alzheimer's Australia, National Association of people with HIV Australia (NAPWA), Lupus Association of Australia, MedicAlert Foundation, Stoma Associations (Ostomy, Colostomy), Myasthenia Gravis Associations.	

# Gold Policy Summary



## Treatments covered by this policy

Service		Waiting Period	Item Limit	Claimable Period per member	Letter of recommendation	Additional Information
Health Aids and Appliances	Blood Glucose Monitor	12 months	\$100	Calendar Year	No	Benefit available for hire and purchase fees.
	Blood Pressure Monitor		\$150	Calendar Year	No	
	Cardiac Monitor				\$120	Calendar Year
	Braces		\$800	Calendar Year		
	Compression Garments/Devices				\$200	Every two years
	Burn Suits		\$225	Calendar Year		
	INR Monitor				\$110	Calendar Year
	Mammary Protheses and Brassieres		\$200	Calendar Year		
	Respiratory Aids				\$200	Calendar Year
	Custom Made Orthopaedic Boot		\$150	Calendar Year		
	Custom Made/ Preformed Orthotics				\$200	Calendar Year
	Wigs		\$200	Calendar Year		
	Artificial Limbs	\$500			Every three years	Lifetime letter
	Devices for Sleep Apnoea and Diagnosed Snoring		\$100	Calendar Year		No
	Sleep Apnoea Masks/ Accessories and TENS Accessories	\$100			Calendar Year	Lifetime letter
	Low Vision Aids		\$500	Calendar Year		Lifetime letter
	Mobility Aids	\$100			Calendar Year	Every Calendar Year
	Oxygen and Accessories		\$100	Calendar Year		Lifetime letter
	Oximeter	\$150			Every three years	Lifetime letter
	Repairs to Devices		\$1400	Every three years		No
TENS Machine	\$150	Every three years			Lifetime letter	
Hearing Aids and Accessories			\$1400	Every three years	No	
Frequency Modulated Systems	\$1400	Every three years			No	
Service			Waiting Period	Item Limit	Annual Group Limit	Additional Information
Travel	Outpatient Travel Benefit	12 months	Up to \$70 per trip	\$210 per policy	Benefits will be paid on a grouped kilometre basis, in excess of 150 kilometres round trip from the member's home locality to the locality of the consultation. This benefit is limited to one service per member per day	

# Gold Policy Summary



## Accommodation and Travel

Service	Waiting Period	Item Limit	Additional Information
Accommodation Benefit	12 months	Benefits are available per policy per calendar year.	
		Night Accommodation	Benefit
		Night 1-4	\$100 per night
		Nights 5 +	\$40 per night
Inpatient Travel Benefit	12 months	Up to \$100 per admission. Benefits will be paid on a grouped kilometre basis, in excess of 150 kilometres round trip from the member's home locality to the locality of the hospital.	This benefit is limited to one service per member per episode of hospitalisation.

To be eligible for the Accommodation or Inpatient Travel Benefit, you must be admitted as a private patient in a public or private hospital.

## Health and Wellbeing Programs

Chronic Disease Management Programs	Waiting Period	Additional Information
Cancer Support Program	12 months	Personalised digital cancer support program to help maintain physical and mental wellness
Mental Health Programs	2 months	Get the mental health support you need
Weight Management Programs	12 months	Manage your chronic condition or get support to make lifestyle changes
Movement Improvement Programs	12 months	Manage osteoarthritis; remove, reduce or delay the need for surgery, and falls prevention
Hospital-Substitute Treatment	Waiting Period	Additional Information
Rehabilitation at Home	Refer to hospital waiting period table below	Have the option of doing that all-important rehabilitation out of hospital
Hospital Care at Home		Recover sooner in the privacy of your home

Additional eligibility criteria apply for the above programs, please visit [www.westfund.com.au/health-insurance/health-wellbeing-programs/](http://www.westfund.com.au/health-insurance/health-wellbeing-programs/) for more information.

## Hospital waiting periods

Waiting Period	Service
1 day	Accident-related hospitalisation
2 months	Hospital psychiatric services, Palliative care and Rehabilitation
12 months	Pregnancy and birth
12 months	Treatment of a pre-existing condition A pre-existing condition is an illness or condition for which in the opinion of a medical practitioner appointed by Westfund, signs or symptoms existed during the six months before the day you joined Westfund or upgraded to a higher level of cover.
2 months	All other hospitalisations not listed above

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



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