

High Extras Policy Summary



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.#
- ✓ Extended* and Disability Dependant^ cover options available.
- ✓ 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

High-level Extras health insurance best suited to health-loving families. Provides a higher level of benefits on the most popular services such as optical, dental, physio and chiro. Includes no annual limit for general dental, a generous lifetime limit for orthodontics and great benefits for all the kinds of support families need including mental health support, speech pathology, vitamins, nutrition and a broad range of health aids.



* Dependants up to 31 stay covered if unmarried or not in a bona fide domestic relationship.

^ A dependant with a disability is a person who is over the age of 31 and participates in the National Disability Insurance Scheme (NDIS) and holds an active NDIS plan.

Annual limits and waiting periods apply.

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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 (unless otherwise stated)	Additional Information																				
General Dental	Treatments include: Diagnostic & Preventive Fillings Extractions	2 months	<p>Set item benefits depending on item number. Benefits for some of the common General Dental Services are:</p> <table border="1"> <thead> <tr> <th>Service & Item Number</th> <th>Provider of Choice</th> <th>General Dentist</th> </tr> </thead> <tbody> <tr> <td>Periodic Oral Exam 012</td> <td rowspan="5">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 & 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>\$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	<p>Service limits per member per calendar year may apply.</p> <p>Some common limits include: 151- 1 service; 012- 2 services; 114, 121- 4 services; 022- 4 services per day, up to 8 services.</p>
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Major Dental	Treatments include: Periodontics Oral Surgery Endodontics Veneers, Crowns Bridges, Implants Dentures Maxillofacial Prosthetics	12 months	<p>Set item benefits depending on item number. Benefits for some of the common Major Dental Services are:</p> <table border="1"> <thead> <tr> <th>Service & 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 & 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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Orthodontic	Orthodontic Treatment		100%	Accrues at a rate of \$500 per member per policy year; lifetime limit of \$2500	Additional information may be required where benefit is not accrued in full at commencement of orthodontic treatment.																				
	Dental Retainers	12 months	<p>Set item benefits depending on item number. Benefits for Dental Retainers are:</p> <table border="1"> <thead> <tr> <th>Service & 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	2 services per item number per member										
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Dental Item Numbers	General Dental		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)																						
	Major Dental		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)																						
	Orthodontic		Dental retainers (items 811-824), Orthodontic (items 825-882)																						
	Devices for Sleep Apnoea and Diagnosed Snoring (refer to Health Aids and Appliances)		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	or	Prescription only. No benefit towards tinting, coating or add-ons. Benefits also apply for Irlen lenses.
	Single Vision Lenses					
	Bifocal Lenses					
	Multifocal Lenses					
	Contact Lenses		\$325 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.			
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	Two chiropractic x-rays per member per calendar year
	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 www.westfund.com.au/forms-downloads/	
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 (NAPWHA), Lupus Association of Australia, MedicAlert Foundation, Stoma Associations (Ostomy, Colostomy), Myasthenia Gravis Associations.	

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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				Lifetime letter	Letter of recommendation or Health Management Declaration Claim Form not required if Health Aids & Appliances are purchased from a Medicare Registered Practitioner.
	Braces		\$120	Calendar Year	Every Calendar Year	
	Compression Garments/Devices				Lifetime letter	
	Burn Suits		\$800	Calendar Year	Every Calendar Year	Health Management Declaration Claim Form available to download at www.westfund.com.au/forms-downloads/
	INR Monitor		\$200	Every two years	Lifetime letter	
	Mammary Prostheses and Brassieres		\$225	Calendar Year	Lifetime letter - unless relevant hospitalisation is recorded with Westfund	Respiratory Aids include Spacer Devices, Mucus Clearing Devices, Nebuliser & Peak Flow Meters.
	Respiratory Aids		\$110	Calendar Year	Lifetime letter	
	Custom Made Orthopaedic Boot		\$200	Calendar Year	Every Calendar Year	Benefits for a maximum of two orthotic models/ impressions are combined under the orthotics benefit.
	Custom Made/ Preformed Orthotics		\$200	Calendar Year	Every Calendar Year	
	Wigs		\$150	Calendar Year	Lifetime letter - unless relevant hospitalisation is recorded with Westfund	Devices for Sleep Apnoea and Diagnosed Snoring include CPAP Machine, EPAP Treatment, Oral Appliance for Diagnosed Snoring, APAP Machine & BiPAP Machine.
	Artificial Limbs		\$200	Calendar Year	Lifetime letter	
	Devices for Sleep Apnoea and Diagnosed Snoring		\$500	Every three years	Lifetime letter	Repairs to devices are only available to appliances listed in this table.
	Sleep Apnoea Masks/ Accessories and TENS Accessories		\$100	Calendar Year	No	
	Low Vision Aids		\$100	Calendar Year	Lifetime letter	
	Mobility Aids				Every Calendar Year	
	Oxygen and Accessories		\$500	Calendar Year	Lifetime letter	
	Oximeter				Lifetime letter	
	Repairs to Devices	\$100	Calendar Year	Lifetime letter - unless initial purchase of the device is recorded with Westfund	Repairs to devices are only available to appliances listed in this table.	
TENS Machine	\$150	Every three years	Lifetime letter			
Hearing Aids and Accessories	36 months	\$1400	Every three years	No	Must be purchased from a recognised provider.	
Frequency Modulated Systems						
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	

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Treatments covered by this policy

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