

Mid 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* cover option 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

Good Extras health insurance suited to families wanting cover for key services such as optical, dental (including orthodontic), physio and chiro. Offers good value for growing families with benefits to put towards a broad range of Extras including mental health support, massage, vitamins and nutrition.

Only available when packaged with a hospital cover.



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

[#] 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	Set item benefits depending on item number. Benefits for some of the common General Dental Services are: <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>\$25.00</td> </tr> <tr> <td>X-ray 022</td> <td>\$18.00</td> </tr> <tr> <td>Scale & Clean 114</td> <td>\$55.00</td> </tr> <tr> <td>Fluoride Treatment 121</td> <td>\$22.00</td> </tr> <tr> <td>Mouthguard 151</td> <td>\$75.00</td> </tr> <tr> <td>Surgical Tooth Extraction 322</td> <td>\$135.00</td> <td>\$135.00</td> </tr> <tr> <td>Filling 533</td> <td>\$86.00</td> <td>\$86.00</td> </tr> </tbody> </table>	Service & Item Number	Provider of Choice	General Dentist	Periodic Oral Exam 012	Benefits fully cover the cost of these services	\$25.00	X-ray 022	\$18.00	Scale & Clean 114	\$55.00	Fluoride Treatment 121	\$22.00	Mouthguard 151	\$75.00	Surgical Tooth Extraction 322	\$135.00	\$135.00	Filling 533	\$86.00	\$86.00	\$1125 per member combined limit for General and Major Dental	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.
Service & Item Number	Provider of Choice	General Dentist																						
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Major Dental 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 & Item Number</th> <th>Benefit</th> </tr> </thead> <tbody> <tr> <td>Frenectomy 391</td> <td>\$130.00</td> </tr> <tr> <td>Root canal treatment - one canal 417</td> <td>\$135.00</td> </tr> <tr> <td>Full crown - veneered 615</td> <td>\$750.00</td> </tr> <tr> <td>Bridge pontic - per pontic 643</td> <td>\$400.00</td> </tr> <tr> <td>Complete upper & lower dentures 719</td> <td>\$781.50</td> </tr> </tbody> </table>	Service & Item Number	Benefit	Frenectomy 391	\$130.00	Root canal treatment - one canal 417	\$135.00	Full crown - veneered 615	\$750.00	Bridge pontic - per pontic 643	\$400.00	Complete upper & lower dentures 719	\$781.50		Service limits per member per calendar year may apply.								
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Orthodontic 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 & 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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Dental Item Numbers General Dental Major Dental Orthodontic		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)																						

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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					
	Sunglasses		100%	\$50 per member	Higher benefit available at Westfund Eye Care Centres only.	
						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	2 months	Physiotherapy	\$10 per group service or \$30 per individual service	\$300	\$600	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	\$300	\$600	
		Chiropractic X-ray	\$40 per X-ray			
		Osteopathic	\$30 per individual service			
		Remedial Massage & Myotherapy	\$25 per individual service	\$150	\$300	
		Acupuncture & Chinese Herbalism	\$25 per individual service	\$150	\$300	
		Dietetics & Nutrition	\$7 per group service or \$30 per individual service	\$150	\$300	
		Home Nursing (up to 6 hrs/over 6 hrs)	\$12/\$48 per individual service	\$150	\$300	
		Vision (Eye) Therapy	\$25 per individual service	\$150	\$300	
		Occupational Therapy	\$7 per group service or \$40 per individual service	\$150	\$300	
		Podiatry Surgical Treatment	\$25 per individual service 100%	\$150	\$300	
		Clinical Psychology	\$50 per group service or \$50 per individual service	\$300	\$600	
		Psychometric/Learning assessment	\$100 per individual service			
		Speech Therapy (initial/subsequent)	\$36 per group service or \$48/\$36 per individual service	\$300	\$588	

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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	\$120 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%	\$120 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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Service	Waiting Period	Item Limit	Claimable Period per member	Letter of recommendation	Additional Information	
Health Aids and Appliances	12 months	Blood Glucose Monitor	\$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 Meters. Benefits for a maximum of two orthotic models/impressions are combined under the orthotics benefit.
		Blood Pressure Monitor	\$150	Calendar Year	No	
		Cardiac Monitor			Lifetime letter	
		Braces	\$120	Calendar Year	Every Calendar Year	
		Compression Garments/Devices			Lifetime letter	
		Burn Suits	\$800	Calendar Year	Every Calendar Year	
		INR Monitor	\$200	Every two years	Lifetime letter	
		Mammary Protheses and Brassieres	\$225	Calendar Year	Lifetime letter - unless relevant hospitalisation is recorded with Westfund	
		Respiratory Aids	\$110	Calendar Year	Lifetime letter	
		Custom Made Orthopaedic Boot	\$200	Calendar Year	Every Calendar Year	
		Custom Made/Preformed Orthotics	\$200	Calendar Year	Every Calendar Year	
		Wigs	\$150	Calendar Year	Lifetime letter - unless relevant hospitalisation is recorded with Westfund	

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