

Overseas Top Plus Hospital with Extras 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 Overseas 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 Overseas 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 Overseas Cover includes:

- ✓ Access to one of Australia's largest network of contracted private hospitals.
- ✓ Kids up to 25 stay covered*.
- ✓ Unlimited emergency ambulance cover and \$5000 per member for non-emergency ambulance trips.
- ✓ Cover for our full range of services including dental, optical, physio, chiro and other therapies.
- ✓ Generous benefits for extras that help you manage your health, like gym memberships, vitamins, health aids and preventative health checks.
- ✓ Access to our nationwide Provider of Choice network to help you reduce costs.

Who should love this cover

Overseas health insurance for Australian working visa holders and their families. A premium level of hospital cover that includes no excess, exclusions or restrictions and cover for inpatient and outpatient medical services.

Includes top extras health insurance with generous limits on a range of benefits such as optical, dental, physiotherapy, chiropractic and a range of other therapies. Plus, benefits for extras to help you manage your health, like gym memberships, vitamins, pharmaceuticals, preventative health checks and health aids such as hearing aids, devices for sleep apnoea, foot orthotics and blood glucose monitors.

Also includes a dental top up bonus that allows you to claim back your general dental or major dental out-of-pocket expenses, up to annual limits.



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

Overseas Top Plus Hospital with Extras 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. By law, some visas are required to maintain adequate health insurance for the length of the visa. For more information please refer to the Department of Home Affairs - www.homeaffairs.gov.au/

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)*
- ✓ 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.

✓^R 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.

X 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/ 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.

Our **Access Gap 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 Scheme so it's important to ask your doctor before beginning treatment.

Visit www.westfund.com.au/find-a-provider/ or give us a call on 1300 937 838 for more information.

Outpatient Medical Cover

When you are not admitted to hospital, we will pay a benefit towards medical fees charged by your General Practitioner or Specialist (including pathology and radiology). As long as a Medicare Benefit Schedule (MBS) item number applies to those services. We do not pay towards services not covered by Medicare.

* 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.

This policy has nil excess

Overseas Top Plus Hospital with Extras 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/

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="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 & 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. |
| 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 | | | | | | | | | | | | | | | | | | | | | | | |
| 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>\$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 | \$1500 per member | Service limits per member per calendar year may apply. | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 \$650 per member per policy year; lifetime limit of \$3250 2 services per item number per member | Additional information may be required where benefit is not accrued in full at commencement of orthodontic treatment. | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | |
| Dental Top Up Treatments include: General Dental and Major Dental items | 12 months | 100% of gap | Single Policy \$300 or Couple/Family Policy \$600 | Can be used towards any General Dental items (excluding 119, 141, 944, 949, 990 and 999) and Major Dental items | | | | | | | | | | | | | | | | | | | | | |
| Dental Item Numbers 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) | | | | | | | | | | | | | | | | | | | | | | | |

Overseas Top Plus Hospital with Extras Policy Summary



Treatments covered by this policy

| Service | | Waiting Period | Item Limit | Annual Group Limit | | Additional Information |
|-----------------|---------------------------------------|---|---|--|---------------|---|
| Optical | Frames | 2 months | 100% | \$350 per member at External Optical Providers | | Prescription only. No benefit towards tinting, coating or add-ons. Benefits also apply for Irlen lenses. |
| | Single Vision Lenses | | | or | | |
| | Bifocal Lenses | | | \$450 per member at Westfund Eye Care Centres | | |
| | Multifocal Lenses | | | | | |
| | Contact Lenses | | | | | |
| | Sunglasses | | 100% | \$75 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 \$52 per individual service | \$520 | \$1040 | Two chiropractic x-rays per member per calendar year |
| | Exercise Physiology | | \$10 per group service or \$40 per individual service | | | |
| | Chiropractic | | \$40 per individual service | \$400 | \$800 | |
| | Chiropractic X-ray | | \$70 per X-ray | | | |
| | Osteopathic | | \$40 per individual service | | | |
| | Remedial Massage & Myotherapy | | \$40 per individual service | \$350 | \$700 | |
| | Acupuncture & Chinese Herbalism | | \$35 per individual service | \$350 | \$700 | |
| | Dietetics & Nutrition | | \$10 per group service or \$55 per individual service | \$350 | \$700 | |
| | Home Nursing (up to 6 hrs/over 6 hrs) | | \$18/\$72 per individual service | \$225 | \$450 | |
| | Vision (Eye)Therapy | | \$35 per individual service | \$350 | \$700 | |
| | Occupational Therapy | \$10 per group service or \$70 per individual service | \$500 | \$1000 | | |
| | Podiatry Surgical Treatment | 12 months for surgical treatment by a Podiatrist | \$42 per individual service 100% | \$336 | \$672 | Benefits are only payable for services rendered by providers that are recognised by Westfund and in private practice (recognised provider). |
| | Clinical Psychology & Counselling | | \$100 per group service or \$100 per individual service | \$420 | \$840 | |
| | Psychometric/Learning assessment | | \$200 per individual service | | | |
| | Speech Therapy | | \$42 per group service or \$60 per individual service | \$500 | \$1000 | |

Overseas Top Plus Hospital with Extras Policy Summary



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 | \$75 per prescription for the amount that exceeds the PBS co-payment | \$600 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 \$150 or Couple/Family Policy \$300 | 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. | |

Overseas Top Plus Hospital with Extras 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 | | | | \$200 | Calendar Year |
| | Braces | | Every Calendar Year | | | |
| | Compression Garments/Devices | | Lifetime letter | | | |
| | Burn Suits | | 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 Protheses and Brassieres | | \$400 | 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 | | \$200 | Calendar Year | Lifetime letter | |
| | Custom Made Orthopaedic Boot | | \$400 | Calendar Year | Every Calendar Year | Benefits for a maximum of two orthotic models/ impressions are combined under the orthotics benefit. |
| | Custom Made/ Preformed Orthotics | | \$300 | Calendar Year | Every Calendar Year | |
| | Wigs | | \$300 | Calendar Year | Lifetime letter - unless relevant hospitalisation is recorded with Westfund | |
| | Artificial Limbs | | \$200 | Calendar Year | Lifetime letter | Devices for Sleep Apnoea and Diagnosed Snoring include CPAP Machine, EPAP Treatment, Oral Appliance for Diagnosed Snoring, APAP Machine & BiPAP Machine. |
| | Devices for Sleep Apnoea and Diagnosed Snoring | | \$750 | Every three years | Lifetime letter | |
| | 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 | | \$750 | 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 | |
| TENS Machine | \$200 | Every three years | Lifetime letter | | | |
| Hearing Aids and Accessories | 36 months | \$2000 | 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 | \$315 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. | |

Overseas Top Plus Hospital with Extras 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 \$70 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/ 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 |
| 2 months | Outpatient Medical Cover |

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