



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 keep it for your records. For more policy information, definitions and claiming requirements, refer to Westfund's Overseas Membership Terms & Conditions, available for download at www.westfund.com.au/terms-conditions. Our Privacy Policy and Complaints Resolution Policy, along with details about the Code of Conduct and Commonwealth Ombudsman, are also included in the Overseas Membership Terms & Conditions.

Why it feels good to be a Westfund member.



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



With over 140 years of experience, we are a trusted health fund

This Overseas Cover includes:

- ✓ Visa-compliant health insurance for working visa holders
- ✓ In-hospital treatment for common services (e.g. appendix, broken bones, hernia)
- ✓ Outpatient consultations
- ✓ Unlimited emergency ambulance cover
- ✓ Outpatient pharmaceuticals
- ✓ Medical repatriation benefit of up to \$20,000
- ✓ Option of nil or \$500 excess

Westfund is part of the Members Health Fund Alliance, a group of 29 not-for-profit member owned health insurers. Profits are invested back into the fund for the benefit of members, not shareholders.



Who should love this cover

Westfund's Comprehensive Hospital Cover is designed for overseas workers who want complete confidence in their healthcare - with comprehensive protection for both in-hospital and out-of-hospital services. It includes full access to hospital treatment, higher outpatient limits, emergency room coverage, and generous benefits for pharmaceuticals and repatriation.

This cover goes beyond minimum compliance to deliver premium-level support, convenience, and peace of mind throughout your time in Australia.



Covered for the things that are important to you.

We'll pay benefits under your hospital cover on treatments that are part of an admission into hospital. 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

- ✓ 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
- ✗ Assisted reproductive services
- ✗ Bone marrow and organ transplants

* 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 and \$500 excess options

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

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 agreements with private hospitals across Australia that cover theatre fees and hospital accommodation costs for most procedures. If there is no agreement in place, we pay up to the Government-set default benefit, which will likely result in significant out-of-pocket costs. You can view our contracted private hospitals at <http://www.westfund.com.au/find-a-provider/>. As a private patient in a public hospital, benefits are paid at the Gazetted rates, unless the service is excluded under your cover. To help avoid unexpected expenses, it is best to seek treatment at a private hospital contracted with Westfund.

In Hospital Medical Fees

Medical fees charged by your doctor while you are in hospital are covered, including common and support services such as anaesthetic, pathology and radiology related to your admission, provided a Medicare Benefits Schedule (MBS) item number applies and a Medicare benefit is payable. These services are covered up to 100% of the MBS Fee, except where an exclusion applies.

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

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/.

Pharmaceutical In Hospital

Up to 100% of the fee for PBS Items that are administered according to PBS approved indications during an Admitted Episode of Care.

Waiting Periods

Waiting periods are the time at the start of your cover that you need to wait before you can claim benefits. They vary depending on the service and are explained in the Policy Summary below.

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. 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.

Not covered by this policy

✗ Non PBS Pharmaceuticals in hospital or high-cost drugs	✗ Accommodation and Travel
✗ Non-Emergency Ambulance	

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 above	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.

Excess

Excess is the amount you pay if you're admitted to hospital and can be added to your policy to reduce the cost of your premium. Excess is paid directly to the hospital and is payable once per person, per calendar year.

Repatriation

A benefit for one one-way repatriation, per membership per calendar year, up to a maximum of \$20,000 if you become terminally ill or suffer a life altering injury, including the return of mortal remains. Westfund reserves the right to refer applications to a Medical Advisor and payment of the benefit shall be on a case-by-case basis and at the absolute discretion of Westfund.

Outpatient

Service	Waiting Period	Item Limit	Annual Limit	Additional Information
General Practitioner Consultations	2 months	Up to 100% of the Medicare Benefits Schedule Fee, except for services where an exclusion applies.	Unlimited	Consultation and treatment provided by general practitioners.
Specialist/Surgeon Consultations		Up to 100% of the Medicare Benefits Schedule Fee, except for services where an exclusion applies.	Unlimited	Consultation and treatment provided by specialist doctors.
Specialist Services (including pathology and radiology)		Up to 100% of Medicare Benefits Schedule fee for specialist services including pathology and radiology, except for service where an exclusion applies.	Unlimited	Medical specialists including pathology, radiology and medical imaging.
Pharmaceutical		Benefit of 100% up to \$75 of the receipted cost of the prescription less a co-payment equivalent to the current prescribed PBS co-payment for general patients.	\$600 per member	Selected Pharmaceutical items including discharge medications.
Emergency Room Visits		Where the attendance does not lead to an admission, up to \$150 per visit is payable, with a maximum of \$600 per year. Except for services where an exclusion applies.	\$600	Fees charged by a Private Hospital or Public Hospital emergency department for attending the facility.
	Covered in full where leading to an admission, except for services where an exclusion applies. No benefit shall be payable where an exclusion applies.	Unlimited		

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



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