

Starter 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

Extras health insurance best suited to fit and healthy singles and couples. Value for money Extras cover with grouped benefits meaning you choose where to spend your limits across services like optical, physio, chiro, vitamins, massage, acupuncture, mental health support and more (sub-limits apply).



* 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.

Starter Extras Policy Summary



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 | Additional Information | | | | | | | | | | | | | | | | | | | | |
|---|---|---|-----------------------|------------------------|--------------------------------------|------------------------|---|---------|-----------|---------|-------------------|---------|------------------------|---------|----------------|---------|-------------------------------|----------|----------|-------------|---------|---------|--|--|
| General Dental | 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="6">Benefits fully cover the cost of these services</td> <td>\$28.00</td> </tr> <tr> <td>X-ray 022</td> <td>\$20.00</td> </tr> <tr> <td>Scale & Clean 114</td> <td>\$61.00</td> </tr> <tr> <td>Fluoride Treatment 121</td> <td>\$24.00</td> </tr> <tr> <td>Mouthguard 151</td> <td>\$83.00</td> </tr> <tr> <td>Surgical Tooth Extraction 322</td> <td>\$125.00</td> <td>\$125.00</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 | \$28.00 | X-ray 022 | \$20.00 | Scale & Clean 114 | \$61.00 | Fluoride Treatment 121 | \$24.00 | Mouthguard 151 | \$83.00 | Surgical Tooth Extraction 322 | \$125.00 | \$125.00 | Filling 533 | \$86.00 | \$86.00 | <p>Single Policy \$400 combined limit for General and Major Dental</p> <p>or</p> <p>Couple/Family Policy \$800 combined limit for General and Major Dental</p> | <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> |
| | | Service & Item Number | Provider of Choice | General Dentist | | | | | | | | | | | | | | | | | | | | |
| Periodic Oral Exam 012 | Benefits fully cover the cost of these services | \$28.00 | | | | | | | | | | | | | | | | | | | | | | |
| X-ray 022 | | \$20.00 | | | | | | | | | | | | | | | | | | | | | | |
| Scale & Clean 114 | | \$61.00 | | | | | | | | | | | | | | | | | | | | | | |
| Fluoride Treatment 121 | | \$24.00 | | | | | | | | | | | | | | | | | | | | | | |
| Mouthguard 151 | | \$83.00 | | | | | | | | | | | | | | | | | | | | | | |
| Surgical Tooth Extraction 322 | | \$125.00 | \$125.00 | | | | | | | | | | | | | | | | | | | | | |
| Filling 533 | \$86.00 | \$86.00 | | | | | | | | | | | | | | | | | | | | | | |
| <p>Treatments include: Diagnostic & Preventive Fillings Extractions</p> | <p>Major Dental</p> <p>Treatments include: Periodontics Endodontics</p> | <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>Root canal treatment – one canal 417</td> <td>\$122.00</td> </tr> </tbody> </table> | Service & Item Number | Benefit | Root canal treatment – one canal 417 | \$122.00 | <p>Service limits per member per calendar year may apply.</p> | | | | | | | | | | | | | | | | | |
| Service & Item Number | | | Benefit | | | | | | | | | | | | | | | | | | | | | |
| Root canal treatment – one canal 417 | \$122.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Dental Item Numbers | <p>General Dental</p> <p>Major Dental</p> | <p>Diagnostic services, Preventive, Prophylactic and Bleaching services (items 011-014, 018-171), Extractions (items 311-324), Restorative services (items 511-525, 531-535, 541-555, 571-579, 595-598), General services and Miscellaneous (items 911-945, 961-982, 986)</p> <p>Periodontics (items 223-239, 242-247) and Endodontics (items 411-421)</p> | | | | | | | | | | | | | | | | | | | | | | |

Starter Extras Policy Summary



Treatments covered by this policy

| Service | | Waiting Period | Item Limit (per service) | | Annual Group Limit | Additional Information | | |
|---------------------|---|--|---|-----------|---|---|-------------------------------|--|
| Other Therapies | Physiotherapy | 2 months | \$5 per group service or \$25 per individual service | | \$400 per member | Two chiropractic X-rays per member per calendar year | | |
| | Exercise Physiology | | \$5 per group service or \$25 per individual service | | | | | |
| | Chiropractic | | \$25 per individual service | | | | | |
| | Chiropractic X-ray | | \$35 per X-ray | | | | | |
| | Osteopathic | | \$25 per individual service | | | | | |
| | Remedial Massage & Myotherapy (Initial /Subsequent) | 12 months for surgical treatment by a Podiatrist | \$25/\$15 per individual service | | | | | |
| | Acupuncture & Chinese Herbalism (Initial /Subsequent) | | \$25/\$15 per individual service | | | | | |
| | Dietetics & Nutrition | | \$5 per group service or \$20 per individual service | | | | | |
| | Podiatry (Initial /Subsequent) Surgical Treatment | | \$25/\$15 per individual service 100% | | | | | |
| | Clinical Psychology | | \$20 per group service or \$20 per individual service | | | | | |
| Service | | Waiting Period | Item Limit | Sub-limit | | | | |
| Optical | Frames | | 100% | | \$180 per member at External Optical Providers or \$195 per member at Westfund Eye Care Centres | 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 | | | | | | | |
| Health Management | Fitness Centre | 2 months | 100% | \$75 | | 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/ | | |
| | Aquatic Programs | | | | | | | |
| | Mental Health Programs | | | | | | | |
| | Weight Loss Programs | | | | | | | |
| | Virtual Gastric Banding | | | | | | | |
| | Diabetes Education | | | | | | | |
| | Vitamins | | | | | | | |
| | Omega 3 | | | | | | | |
| | Probiotics | | | | | | | |
| Preventative Health | Preventative Health Tests | 2 months | 100% | | | The preventative health test must be recommended by a Medicare Registered Practitioner and cannot be Medicare claimable | | |
| | | | | | | | Bone Density Test | |
| | | | | | | | Bowel Testing Kit | |
| | | | | | | | Calcium Score | |
| | | | | | | | Chronic Disease Health Screen | |
| | | | | | | | Mammogram | |
| | | | | | | | Mole Scan | |
| | Thin Prep Pap Test | | | | | | | |
| | Ear and Eye Health Checks | | Audiology Tests | | 100% | | | 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. |
| | | | | | | | | |
| Hypnotherapy | | 100% | \$100 lifetime limit | | | | | |

Starter Extras Policy Summary



Treatments covered by this policy

| Service | Waiting Period | Item Limit | Annual Group Limit | Additional Information |
|------------|----------------|------------|--------------------|--|
| Sunglasses | 2 months | 100% | \$50 per member | Must be purchased through a Westfund Care Centre or selected Provider of Choice providers. |

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: <ul style="list-style-type: none"> - 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