

# Ultimate 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

The ultimate Extras health insurance designed for people committed to maintaining a proactive and healthy lifestyle. Provides our highest level of cover with no annual limit on general dental to our best benefits across all Extras categories like orthodontics, physio, massage, mental health support, health management and more. Plus, 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 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](http://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/](http://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																					
<b>General Dental</b> 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 &amp; 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 &amp; 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.
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<b>Major Dental</b> 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 &amp; 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 &amp; 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.									
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<b>Orthodontic</b> 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 &amp; 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.											
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<b>Dental Top Up</b> 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.																					
<b>Dental Item Numbers</b> 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).																							

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Service		Waiting Period	Item Limit	Annual Group Limit		Additional Information
Optical	Frames	2 months	100%	\$350 per member at External Optical Providers or \$450 per member at Westfund Eye Care Centres		Prescription only.
	Single Vision Lenses					No benefit towards tinting, coating or add-ons. Benefits also apply for Irlen lenses or repairs.
	Bifocal Lenses					
	Multifocal Lenses					
	Contact Lenses					Higher benefit available at Westfund Eye Care Centres only.
Sunglasses		100%	\$75 per member		Must be purchased through a Westfund Care Centre, Westfund Eye Care or through Westfund's online sunglasses store, The Collection.	
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	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 \$40 per individual service			
	Chiropractic		\$40 per individual service	\$400	\$800	
	Chiropractic X-ray		\$70 per X-ray			
	Osteopathic		\$40 per individual service	\$350	\$700	
	Remedial Massage & Myotherapy		\$40 per individual service			
	Acupuncture & Chinese Herbalism		\$35 per individual service	\$350	\$700	
	Dietetics & Nutrition		\$10 per group service or \$55 per individual service			
	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	
	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	

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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	\$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 <a href="http://www.westfund.com.au/forms-downloads/">www.westfund.com.au/forms-downloads/</a>	
Preventative Health	Preventative Health Checks	2 months	100%	\$60 per member	The health check must not be Medicare claimable. Preventative Health Checks include but are not limited to cancer, cardiac, musculoskeletal or chronic disease screening checks.	
	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				Eye Health Tests include but are not limited to Optical Coherence Tomography, Retinal Photography and Corneal Topography.
		Optical Digital Centration				Only claimable at Westfund Eye Care Centres.
	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	
	Braces		\$200	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 <a href="http://www.westfund.com.au/forms-downloads/">www.westfund.com.au/forms-downloads/</a>
	INR Monitor		\$200	Every two years	Lifetime letter	
	Mammary Prostheses 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	Repairs to devices are only available to appliances listed in this table.
	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.	

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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: <ul style="list-style-type: none"> <li>- Inter-hospital transfers between public hospitals</li> <li>- Member requested ambulance transport e.g. to be closer to home/family.</li> </ul>

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