

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.



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 <u>www.westfund.com.au/find-a-provider/</u>

Treatments covered by this policy

	Service	Waiting Period	Item I	Limit		Annual Group Limit (unless otherwise stated)	Additional Information	
General Dental	Treatments include: Diagnostic & Preventive Fillings Extractions	2 months	Set item benefits depending for some of the common Gen Service & Item Number Periodic Oral Exam 012 X-ray 022 Scale & Clean 114 Fluoride Treatment 121 Mouthguard 151 Surgical Tooth Extraction 322 Filling 533			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.	
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: 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.	
	Orthodontic Treatment		100%			Accrues at a rate of \$650 per member per policy year; lifetime limit of \$3250		
Orthodontic	12 months Dental Retainers	Set item benefits depending for Dental Re Service & Item Number Passive removable appliance - Active removable appliance - Functional orthopaedic applian fabrication 823 Functional orthopaedic applian prefabricated 824	tainers are: - per arch 811 per arch 821 nce - custom	Benefit \$283.30 \$618.88 \$912.64 \$493.00	2 services per item number per member	Additional information may be required where benefit is not accrued in full at commencement of orthodontic treatment.		
Dental Top Up	Treatments include: General Dental and Major Dental items	12 months	100% c	100% of gap Couple/Family Policy \$600			Can be used towards any General Dental items (excluding 119, 141, 944, 949, 990 and 999) and Major Dental items	
S	General Dental		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)					
Dental Item Numbers	Major Dental		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)					
D Item	Orthodontic Devices for Sleep Apnoea and Diagnosed Snoring (refer to Health Aids and Appliances)		Dental retainers (items 811-824), Orthodontic (items 825-882) Miscellaneous (item 984)					

Ultimate Extras. Benefits effective as at 1 March 2024. Westfund Limited. ABN 55 002 080 864.

Treatments covered by this policy



	Service	Waiting Period	Item Limit	Annual G	roup Limit	Additional Information
Optical	Frames Single Vision Lenses Bifocal Lenses Multifocal Lenses	2 months	100%	\$350 per member at External Optical Providers or \$450 per member at Westfund Eye Care		Prescription only. No benefit towards tinting, coating or add-ons. Benefits also apply for Irlen lenses. Higher benefit available at
	Sunglasses	-	100%	Centres \$75 per member		Westfund Eye Care Centres only. Must be purchased through a Westfund Care Centre or selected Provider of Choice providers.
				Annual Group Limit		Additional Information
Service		Waiting Period	Item Limit	Single	Couple/ Family	
	Physiotherapy	2 months	\$10 per group service or \$52 per individual service	\$520	\$1040	
	Exercise Physiology		\$10 per group service or \$40 per individual service	ψ 0 20		
	Chiropractic		\$40 per individual service		\$800	Two chiropractic x-rays per member per calendar year
	Chiropractic X-ray		\$70 per X-ray	\$400		
	Osteopathic		\$40 per individual service			
	Remedial Massage & Myotherapy		\$40 per individual service	\$350	\$700	
es	Acupuncture & Chinese Herbalism		\$35 per individual service	\$350	\$700	
Jerapi	Dietetics & Nutrition		\$10 per group service or \$55 per individual service	ΨΖΖΟ ΨΗΟΟ		Benefits are only payable for services
Other Therapies	Home Nursing (up to 6 hrs/over 6 hrs)		\$18/\$72 per individual service			
õ	Vision (Eye) Therapy	12 months for surgical treatment by a Podiatrist	\$35 per individual service	\$350	providers tri	
	Occupational Therapy		\$10 per group service or \$70 per individual service	\$500 \$1000		recognised by Westfund and in private practice (recognised provider).
	Podiatry Surgical Treatment		\$42 per individual service \$336 \$		\$672	
	Clinical Psychology & Counselling		\$100 per group service or \$100 per individual service	\$420	\$840	
	Psychometric/Learning assessment		\$200 per individual service	_ቅ 4∠∪ ֆ84U		_
	Speech Therapy		\$42 per group service or \$60 per individual service	\$500 \$1000		

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		5 100%	Single Policy \$150 or Couple/Family Policy \$300		
		Aquatic Programs	-			Fitness, Weight Loss, Virtual Gastric Banding, Mental Health and Aquatic Programs require a Medicare Registered Practitioner to complete a Health Management Declaration	
	ient	Mental Health Programs					
	gen	Weight Loss Programs					
	lana	Virtual Gastric Banding	2 months				
-	£ ∑	Diabetes Education				Claim Form to confirm the program is medically necessary. Forms are available for download at www.	
	Health Management	Vitamins	-			westfund.com.au/forms-downloads/	
	_	Omega 3					
		Probiotics					
	ú	Bone Density Test		100%	\$60 per member	The health test must be recommended by a Medicare Registered Practitioner and cannot be Medicare claimable.	
	Test	Bowel Testing Kit	2 months				
	ealth	Calcium Score					
	Preventative Health Tests	Chronic Disease Health Screen					
		Mammogram					
	reve	Mole Scan					
	<u>م</u>	Thin Prep Pap Test					
ive Health	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.	
Preventati		Eye Health Tests				Eye Health Tests include but is not limited to Optical Coherence Tomography, Retinal Photography and Corneal Topography.	
	Antenatal Classes and pre/postnatal consultations		12 months	100%	\$200 per policy	Includes Lactation Consultation and Post-Partum Assessments.	
	Hypno	Hypnotherapy		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.	

Treatments covered by this policy



				Claimable	Letter of	Additional	
	Service	Waiting Period	Item Limit	Period per member	recommendation	Information	
	Blood Glucose Monitor		\$100	Calendar Year	No	Benefit available for hire and purchase fees.	
	Blood Pressure Monitor		4 150		No	Letter of recommendation	
	Cardiac Monitor		\$150	Calendar Year	Lifetime letter	or Health Management Declaration Claim Form	
	Braces		\$200		Every Calendar Year	not required if Health Aids & Appliances	
	Compression Garments/Devices		\$200	Calendar Year	Lifetime letter	are purchased from a Medicare Registered Practitioner.	
	Burn Suits		\$800	Calendar Year	Every Calendar Year	Health Management	
	INR Monitor		\$200	Every two years	Lifetime letter	Declaration Claim Form available to download	
	Mammary Prostheses and Brassieres		\$400	Calendar Year	Lifetime letter - unless relevant hospitalisation is recorded with Westfund	at <u>www.westfund.com.au/</u> forms-downloads/ Respiratory Aids include	
	Respiratory Aids		\$200	Calendar Year	Lifetime letter	Spacer Devices, Mucus Clearing Devices,	
lces	Custom Made Orthopaedic Boot		\$400	Calendar Year	Every Calendar Year	Nebuliser & Peak Flow Meters.	
opliar	Custom Made/ Preformed Orthotics		\$300	Calendar Year	Every Calendar Year	Benefits for a maximum of two orthotic models/ impressions are combined under the orthotics benefit. Devices for Sleep Apnoea and Diagnosed Snoring include CPAP Machine,EPAP Treatment, Oral Appliance for Diagnosed Snoring, APAP Machine & BiPAP Machine.	
Health Aids and Appliances	Wigs	12 months	\$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		\$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	Repairs to devices are only available to appliances listed in this	
	TENS Machine		\$200	Every three years	Lifetime letter	table.	
	Hearing Aids and Accessories	36 months	\$2000	Every three years	No	Must be purchased from a recognised	
	Frequency Modulated Systems					provider.	
	Service	Waiting Period	ltem 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.		



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: - Inter-hospital transfers between public hospitals - Member requested ambulance transport e.g. to be closer to home/family.

