GOLD

POLICY DOCUMENT

HOSPITAL BENEFITS

Effective 1st Sept 2013

Private Hospitals

Westfund has agreements with numerous private hospitals throughout Australia covering theatre fees and hospital accommodation costs for most procedures. Hospital policies do not provide cover for treatment for which Medicare pays no benefit eg. Non-Therapeutic Cosmetic Surgery, or if disallowed by the Private Health Insurance Act 2007.

Where no contract exists with a private hospital, benefits are payable at a default rate determined by the Government. In these cases, out of pocket expenses may be incurred.

We recommend that members check with us prior to admission to hospital to ensure they are covered. Hospitals which have agreements with Westfund are listed at **www.westfund.com.au** or details can be obtained by calling Member Service on 1300 552 132.

Public Hospitals

In a public hospital, you will receive cover for accommodation and your choice of doctor.

Surgically Implanted Prostheses

Westfund will pay benefits for surgically implanted prostheses up to the approved benefits in the Government's Prostheses List and in accordance with the requirements of the Act.

Excesses / Copayments

Do not apply to this policy

Exclusions / Restrictions

Do not apply to this policy

Benefit Limitation Periods

Do not apply to this policy

MEDICAL TREATMENT

Medical Specialist

Westfund pays benefits for the fees charged by a doctor, surgeon, anaesthetist or other specialist while you are in hospital. Medicare pays 75% of the Commonwealth Medical Benefits Schedule (CMBS) fee and Westfund pays the additional 25% up to the CMBS fee. Where the fees charged exceed the CMBS fee, Westfund will pay an additional benefit to reduce or eliminate out of pocket expenses where the doctor or specialist has participated in our Access Gap Scheme. No benefits are paid for non-therapeutic cosmetic surgery.
Our Access Gap Scheme allows patients with hospital cover to eliminate or reduce out-of-pocket expenses for medical gap payments for in-patient hospital treatments. Westfund does not pay an amount charged by your doctor above the CMBS fees unless your doctor agrees to participate in the Access Gap Scheme. If a doctor does not use the Access Gap Scheme, patients will be responsible for any additional charges. Doctors are independent of Westfund and each doctor can choose on a case by case basis whether to participate in the Access Gap Scheme.
Please visit our website **www.westfund.com.au** or contact any of our branches for further information on Access Gap. We encourage members to contact us before their scheduled appointment to any referred medical specialist.

AMBULANCE

Ambulance Transport

Westfund fully covers the cost of medically necessary emergency transport by ambulance in Australia either through covering the cost of State government levies or by covering the account. Non-emergency transport is not claimable from Westfund unless medically justified.

GENERAL TREATMENT BENEFITS

General Treatment benefits associated with dental, optical, physiotherapy, chiropractic and other services under this policy include:

Dental

General Dental

General dental benefits are paid at set item rebates with no annual or lifetime limit.
Benefits for some of the common general dental services are:

Service	Benefit (per service)
Consultation	up to $30
Simple extraction	up to $80
Removal of plaque	up to $25
Removal of calculus	up to $55
Fillings: Small Medium Large	 up to $57 up to $86 up to $120
X-ray	up to $18
Mouthguard	up to $75 per member per calendar year

Major Dental

Crowns, bridges, implants and veneers are paid at set item rebates subject to a rolling limit which accrues at a rate of $650 per member per policy year to a maximum of $2,600 per member.
No annual or lifetime limit applies for:
- Dentures and denture repairs paid at set item rebates
- Oral Surgeons, Endodontists, Periodontists or Prosthodontists paid at set item rebates.

Orthodontia

Registered Orthodontist providing Orthodontia

Services provided by a Registered Orthodontist are paid progressively as treatment is completed, subject to a lifetime limit of $2,500 per member which accrues at a rate of $500 per member per policy year.
Initial consultations and x-rays completed by a Registered Orthodontist are paid at 85% of the charge and are not included within the orthodontic limit.

General Dentist providing Orthodontia

Services provided by a General Dentist are paid progressively as treatment is completed, subject to a lifetime limit of $1,200 per member which accrues at a rate of $240 per member per policy year.
Initial consultations and x-rays completed by a General Dentist are paid as per item number and are not included within the Orthodontic limit.

Application of Orthodontia benefit.

Orthodontia with a General Dentist only, is capped at a lifetime limit of $1,200 per member. Orthodontia with a registered orthodontist only, is capped at a lifetime limit of $2,500. A combination of Orthodontia by a General Dentist and Registered Orthodontist is capped at $2,500 lifetime limit with the General Dentist sub-limit applying.

Optical

A maximum benefit of $250 per member per calendar year is applicable

Type	Benefit Limits
Frame Only	$150
Single Vision (lenses only or complete set)	$150
OR	
Bifocal (lenses only or complete set)	$250
Multifocal (lenses only or complete set)	$250
Contact Lenses	$250

Chiropractic / Osteopathic

Type (Limits per policy)	Benefit per Service	Single Policy	Family Policy
Chiropractic	$30	$300 per calendar year	$600 per calendar year
Chiropractic x-ray	$35		
Osteopathic	$30		

Physiotherapy / Exercise Physiology

Type (Limits per policy)	Benefit per Service	Single Policy	Family Policy
Physiotherapy	$30	$300 per calendar year	$600 per calendar year
Group Pilates by Physiotherapist	$10		
Exercise Physiology	$30		

Complementary Therapies

Type (Limits per policy)	Benefit per Service	Single Policy (per calendar year)	Family Policy (per calendar year)
Massage Therapies - (Remedial Massage / Therapy, Bowen Therapy, Aromatherapy & Myotherapy)	$25	$150	$300
Acupuncture & Chinese Herbal Medicine	$25	$150	$300
Dietician	$25	$150	$300
Home Nursing (up to 6hrs / over 6 hrs)	$12 / $48	$150	$300
Naturopath & Homeopath	$25	$150	$300
Occupational Therapy	$25	$150	$300
Orthoptics	$25	$150	$300
Podiatry	$25	$150	$300
Clinical Psychology	$50	$150	$300
Speech Therapy (Initial / Subsequent)	$48 / $36	$300	$588
Overall Limit for Complementary Therapies listed above		**$500**	**$1,000**

Prescriptions (Non-PBS, Private, Non-NHS)

Per prescription	Benefit per member per calendar year	
$50	$400	Doctors letter required in some instances (see terms and conditions)

Ears+

The benefit for hearing aids is as follows:		
Membership Years	**Benefits**	
5-9 yrs	$800	One claim per member every 5 years
10-14 yrs	$1,300	
Over 15 yrs	$1,800	

Prevention & Health Management

Type	**Benefit available per policy**	
	Single Policy	**Family Policy**
Fitness Centre Membership Yoga Vitamins Weight Loss Programs Pilates Centre Swimming Lessons/Training for Children under 18 (Doctor's letter required. See Terms & Conditions)	$75 per calendar year	$150 per calendar year
Antenatal Classes including pre/postnatal consultations with a registered midwife	$120 Lifetime Limit	
Type	**Benefit available per member**	
Mole Scanning Bone Density Tests Bowel Testing Kits Mammograms	$30 per calendar year	
Quit Smoking (Hypnotherapy & Quitline Programs)	$250 Lifetime Limit	
Audiology Tests	$40 per calendar year	
Chronic Disease Association Fees (Asthma Foundation, Diabetes Australia & Arthritis Australia)	$30 per calendar year $60 overall limit family policies	

Medically Recommended Aids

Type	**Benefit**	**Claimable Period**	**Requirements**
Blood Glucose Monitor	$100	Calendar Year	Letter of recommendation required from a Medicare registered practitioner in some instances for these services (see terms and conditions)
Blood Pressure Monitor	$150	Calendar Year	
Burn Suits	$800	Calendar Year	
CPAP (sleep apnoea) Machine or Oral Appliance for diagnosed snoring	$500	3 Years	
Mammary Prosthesis/Brassieres	$225	Calendar Year	
Nebuliser	$110	Calendar Year	
Custom Made Orthopaedic Boots	$200	Calendar Year	
Custom Made Orthotics	$200	Calendar Year	
Peak Flow Meter	$35	Calendar Year	
Surgical Stockings	$120	Calendar Year	
Tens Machine	$150	3 Years	
Wigs (Chemotherapy/medical)	$150	Calendar Year	

WAITING PERIODS

Waiting periods may apply before you're eligible to claim for services covered under this policy. See Page 7

MEMBER ADVANTAGES

Please refer to terms and conditions regarding claiming conditions of these benefits

Type	Benefit	Claimable
Hospital Top Up	$100 per night per hospitalisation as the result of an accident	After 1 day
Westfund Dental Care Practices	No or low out-of-pocket expenses for most general dental services at our dental practices	After 2 months
Shades (benefits only when purchased through Westfund Eye Care Practice)	$50 per member per calendar year for sunglasses purchased through any Westfund Branch	After 12 months
Travel Expenses (outpatient specialist medical appointments)	12c per km. Capped at $150 per trip (where journey is in excess of 200kms) to a maximum of $300 per person per year	After 12 months
Overnight +	$100 per night up to $400 per calendar year for accommodation expenses	After 24 months
Bonus Benefits - Alexander Technique - CPAP Masks - Braces for knee, neck & back (letter of recommendation required) - Surgical Treatments by a podiatrist - $20 for ISC Compression Calf Garments - $20 for Diabetic Retinal Photography	**Benefits accrued:** $50 per policy per calendar year up to $150 (single) $100 per policy per calendar year to a maximum of $300 (family) (Bonus Benefits are an amount that is credited to this policy which can be used as a benefit towards general treatment services which are not otherwise covered by Westfund Health)	After 12 months Accruing additional benefits each year (rolling limits)
Surgery +	$200 per night up to $2400 per hospitalisation for advanced surgery admissions	After 24 months
Premium Pause	Waiver of premiums up to 6 Months due to forced retrenchment	After 3 Years
Premium Discounts	Special premium discounts available from time to time	After 5 Years

MEMBER EYE CARE DISCOUNTS

Optical Practices	Benefits Available
Westfund Eye Care Practices	25% discount off standard non-member price on all frames 10 discount off lenses & lens coatings 10% discount off standard non-member price on all contact lenses 10% discount off recommended retail price on all sunglasses
Specsavers	25% discount for one pair of complete glasses (frames and lenses) from the $149 range or above, purchased at retail stores (no discount applies on two pair deals or complete glasses with less than $149 value) 20% discount on optical extras (extras include suntint and UV filter, polaroid lenses, transition lenses, driving tints, drivewear lenses, thin and light lenses)
Luxottica Group (OPSM, OPSM Direct, Vision Plus, Budget Eyewear and Laubman & Pank)	21% discount on all glasses frames (excluding luxury brands in Luxottica's sole discretion from time to time) purchased at retail stores 21% discount on all lenses and lens add-ons 15% discount on all contact lenses purchased at retail stores 5% discount off the on-line price, plus free delivery within Australia, for contact lenses purchased from OPSM On-Line (opsmdirect.com.au) 15% discount off the normal retail price for all non-prescription sunglasses purchased at retail stores

ADDITIONAL INFORMATION

Finding Hospital Agreements

We recommend that you contact us before going to hospital to check if we have an agreement in place with your chosen private hospital. You can search the list of hospitals we have agreements with online at **www.westfund.com.au/find-a-hospital**

Finding a no gap or known gap doctor

We provide a search facility on our website to help you find a doctor who has previously participated or have indicated their intention to participate in the Access Gap Cover scheme, as well as those who have agreed to alternative no gap arrangements. We have listed some key questions that you can ask your doctor prior to progressing with treatment. Please read the general information provided on our website about this search facility. You can search for participating doctors at **www.westfund.com.au/find-a-doctor**

How to find a registered extras (ancillary) provider

We provide a search facility at the Members Online Area of our website to help you find registered providers. Just go to **www.westfund.com.au**, log in and go to provider search. Alternatively you can find a registered provider at **www.ahpra.gov.au**

Where to find Westfund's privacy policy

Westfund's privacy statement is available online at **www.westfund.com.au/privacy**

Resolving any complaints

If you have any complaints about your health cover, please contact us so we can resolve your issue:

- Email us at **complaints@westfund.com.au**
- Call in to one of our branches. You'll find our branches at: **www.westfund.com.au/contact-us/office-locations**
- Telephone us on our member services number **1300 552 132**

If you feel that your problem has not been adequately addressed, free independent advice is available from The Private Health Insurance Ombudsman:

- Call **1800 640 695**
- Visit **www.phio.org.au**
- Email **info@phio.org.au**

What is 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 6 months before the date you joined Westfund or upgraded to a higher level of cover. A 12 month waiting period applies to all new members for hospital costs relating to the treatment of pre-existing conditions.

30 Day Cooling Off Period

The cooling off period is in place if you decide you no longer want this cover or want to change to a different level of cover. Westfund provides new members with a 30 day review period from the date your policy starts. This cooling off period does not apply if you make a claim during the 30 days. You'll find more information on this in Westfund Health's Membership Terms and Conditions.

Private Health Insurance Code of Conduct

Westfund Health is a signatory to the Private Health Insurance Code of Conduct. The code is designed to help you by providing clear information and transparency in your relationship with health funds. You can get a copy of the code at **www.privatehealth.com.au/codeofconduct**

Private Health Insurance Code of Conduct

WESTFUND® HEALTH

TERMS & CONDITIONS

Waiting Periods

Benefits are not payable in respect of services provided during a waiting period.

The following waiting periods apply to benefits payable for Hospital Treatment:

Accident-related	**1 day**
Psychiatric, Rehabilitation & Palliative Care	**2 months**
Obstetric-related services	**12 months**
Treatment of a Pre-existing Condition*	**12 months**
All other services	**2 months**

* 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 6 months before the date you joined Westfund or upgraded to a higher level of cover. A 12 month waiting period applies to all new members for hospital costs relating to the treatment of pre-existing conditions.

The following waiting periods apply to benefits payable for General Treatment:

Ambulance, Hospital Top Up	**1 day**
General Dental, Optical, Chiropractic, Osteopathic, Physiotherapy, Exercise Physiology, Complementary Therapies, Prescriptions, Prevention and Health Management (excluding antenatal classes)	**2 months**
Specialist Dental, Major Dental, Orthodontia, Antenatal Classes, Medically Recommended Aids, Bonus Benefits, Travel Expenses, Shades	**12 months**
Overnight+, Surgery+	**24 months**
Premium Pause	**36 months**
Ears+, Premium Discounts	**60 months**

Waiting Periods on transfer

A person transferring from another fund may be subject to a waiting period for Westfund benefits for:

- any benefits under the Westfund policy that were not provided under the previous cover
- any difference between the benefits that would have been provided under the previous cover and those payable under the new Westfund policy where benefits under the Westfund policy are higher
- the unexpired portions of any waiting periods not fully served under the previous cover
- the difference between any excess or co-payment payable under the previous policy and the new policy (where the previous policy carried a higher excess or co - payment)

Benefits & Claiming

- **Recognised Provider** means a provider recognised by Westfund for the purpose of paying **Benefits**. To become a **Recognised Provider**, the provider must be in Australia and among other things, satisfy the standards in the Private Health Insurance (Accreditation) Rules. Recognised Providers include **Hospitals**, medical practitioners providing a **Professional Service** and providers of **General Treatment** that meet Westfund's **Recognition Criteria**

Recognition Criteria in relation to **Recognised Providers** of **General Treatment** are:

  - o the provider is professionally qualified or belongs to a professional body recognised by Westfund;
  - o the provider is in independent private practice;
  - o the provider is registered, or holds a licence under State or Territory legislation within Australia;
  - o other recognition criteria determined by Westfund.

- Benefits are only payable for services rendered by providers who are recognised by Westfund and in private practice (Recognised Provider).

Benefits & Claiming (continued)

- Benefits shall not be payable for services which occurred earlier than 24 months before the lodgement of a valid claim.
- Benefits must not exceed 100% of the documented cost to the Member of any service or item for which benefits are payable.
- Benefits are not payable in respect of services or treatment rendered by a Recognised Provider to a Member where premiums in respect of that Member have been tendered by that Recognised Provider
- General Treatment (Extras) Benefits are not payable for services of treatment rendered by a recognised provider to the provider's business partner, or to the spouse, de facto partner or dependants of the provider or the provider's business partner.
- Benefits are not payable in respect of dependants of dependants registered on a Policy.
- Unless Westfund considers there are justifiable circumstances; a member may only receive benefits for one service or appliance per day per recognised provider. Exception to this rule is chiropractic where a member may receive benefits for two services per day per recognised provider.
- Benefits are not payable where claimable from another source e.g. Medicare, Third Party, Workers Compensation etc.

Consultations

- Benefits for all services are only payable for one on one consultations. No benefits are payable for group or telephone consultations. Exception of this rule is antenatal classes and group pilates completed by a physiotherapist.

Dental Benefits (Orthodontia)

- No benefits for orthodontia are payable until a service has been provided. Where a member pays in advance of the service, benefits will be paid progressively against certification of work completed by the orthodontist. Benefits will be paid up to the full value of work completed and invoiced within the benefit entitlement.

Optical Benefits

- Optical Benefits (other than Shades benefits) are only payable for sight correction. This includes Irlen lenses specially tinted for dyslexia.
- No Shades Benefit is payable for sunglasses by external (non Westfund) providers. This benefit is available only for non-prescription "off the shelf" sunglasses.

Non PBS Pharmaceuticals

- A Benefit is only payable on items costing over the standard Pharmaceutical Benefit Scheme (PBS) charge. Westfund pays a benefit on the amount over the PBS. The PBS amount is the responsibility of the member.
  The PBS charge is re-set each year as from 1 January.
- Benefits for prescriptions are not payable for:
  (1) PBS Items supplied under the PBS scheme
  (2) medicinal preparations available without prescription
  (3) experimental and clinical trial pharmaceuticals
  (4) contraceptives or anabolic steroids unless prescribed specifically for the treatment of an illness
  (5) items which have not been approved for sale in Australia by the authorities that regulate the sale of pharmaceuticals.

Custom Made Orthotics

- To be eligible for an Orthotics Benefit, orthotic items must be specifically made or moulded for the patient by a podiatrist or a physiotherapist or be accompanied by a letter of recommendation by a Medicare registered practitioner and be for the support, alignment, prevention or correction of deformities of the feet.

TERMS & CONDITIONS

Medically Recommended Aids

- Medically recommended aids require a letter of recommendation by a Medicare registered practitioner (exception to rule are Mammary Prosthesis/ Brassieres)
- Benefits for Orthopaedic Boots are only payable for boots individually hand made for the Member to correct abnormality.
- Benefits for Surgical Stockings are payable for anti-embolism compression stocking/hosiery.

Prevention and Health Management (Fitness Centre, Yoga, Vitamins, Weight Loss Programs, Pilates Centre & Swimming lessons/training for children under 18)

- Benefits for membership with a fitness centre, pilates or swimming lessons are only payable where:
  - the membership is required to enable the member to undertake a health management program for the treatment of a specific health condition or conditions; and
  - the health management program has been recommended to the Member by a medical practitioner or other Recognised Provider who is treating the Member for the specific health condition or conditions; and
  - all documentation required by Westfund has been provided to Westfund.
- For the purpose of the fitness/pilates centre benefit, the Recognised Provider must be a Westfund accredited fitness/pilates centre.
- Swimming Lessons/training for children under 18 require a letter of recommendation by a Medicare Registered practitioner.
- Vitamin Benefits are payable for Vitamins/Minerals listed with Westfund and TGA approved. Vitamins must contain any vitamins A-Z or Minerals must contain iron, potassium, calcium, magnesium or zinc.
- Benefit for Weight Loss Programs are payable only for joining or membership fees.

Travel Expenses (Medical)

- Travel Expenses benefit is for the patient only for medical services not available in the member's residential area and must be referred by a Medicare Registered Practitioner.
- Travel Expenses benefit will only be paid for a referred specialist consultation, essential follow up medical or out-patient hospital treatment where the sole reason of travel was for these services.
- A Travel Expenses benefit will only be paid for a Oral/Maxillary surgeon if the account has a Medicare item number on it. In these cases the original account needs to be attached.
- A Travel Expenses benefit will only be paid if a Medicare item number applies for the service.
- Journey must be over 200km return from the member's home locality to the locality of the treatment. As shown through Westfund's travel benefit calculator.
- A copy of the account or receipt must be submitted together with the travel form. This may be the original account, Medicare statement, Medicare carbon copy of the bulk billed slip. If no account is available, the doctor's signature and surgery stamp must be obtained.
- Limit of one claim per membership per journey

Hospital Top Up

- A benefit is payable where the member is admitted into hospital as the result of an accident
- The member must be hospitalised within 7 days of the accident
- The benefit payable is per night of continuous hospitalisation
- The benefit is not payable for rehabilitation
- The benefit is limited to a maximum of 12 months

Overnight +

- A benefit is payable for costs incurred as the result of boarding at a hospital or nearby motel/hotel for the patient or one member covered by the same Westfund policy
- Benefits are paid for the night before admission, for the nights during hospitalisation and the night of discharge
- Benefits are not claimable for the patient while admitted

Surgery +

- Benefit is only payable where the patient undergoes a procedure classified as Advanced Surgery by the CMBS (Commonwealth Medical Benefits Schedule)
- Treatment must be due to heart disease, stroke or cancer
- A benefit is not payable when the patient is transferred from hospital to a rehabilitation centre

Claiming

- Claim forms need to be completed in full including declaration by Member in relation to third party and workers compensation claims
- Westfund will not accept a photocopy or faxed copy of any account, receipt or prescription
- Westfund will not accept any account, receipt, prescription or any other document which has been altered in anyway by any person so as to misrepresent any of the original detail contained on the document.
- Accounts or receipts issued by providers must contain the following information to permit payment of a benefit.
  - The name and provider number of the issuing provider
  - The date of issue of the account
  - The name of the patient/ID
  - The date of service and type of service
  - In the case of a dental account, the dental item numbers and tooth ID
  - The cost of service or services should be shown as indivdual amounts (except in dental as these may be bulked as a total amount)
  - Any amount paid to the provider and the date paid including any discounts given
  - Any amounts outstanding
  - Any notations such as "Quote" or "Duplicate" where necessary
- Benefits are not payable if an application or claim form contains false or misleading information
- All documents submitted in connection with a claim become the property of Westfund, unless otherwise agreed

The documentation should be read carefully and retained.

Any Questions ?

PHONE
1300 552 132

EMAIL
enquiries@westfund.com.au

BRANCH
call into your local Westfund branch

Westfund Limited ABN 55 002 080 864.
A registered private health insurer, under the Private Health Insurance Act.
A not for profit health fund.