GLOSSARY OF TERMS

Access Gap Scheme means the approved scheme conducted by the Australian Health Services Alliance providing above Commonwealth Medicare Benefits Schedule (CMBS) benefit payments where medical practitioners charge within agreed fee schedules and provide informed financial consent to patients.

Accident means accidental bodily injury caused solely and directly by external means.

ADA Schedule means the Schedule of Dental Services published by the Australian Dental Association Incorporated.

Admitted Patient means an admitted patient as defined in the National Health Data Dictionary (version 4.0)

Advanced Surgical Patient means a patient classification of a Hospital patient for which certain benefits are determined pursuant to the Private Health Insurance (Benefit Requirements) Rules 2007.

Benefit/s means an amount of money payable or the provision of appliances under a Policy.

Benefit Limitation Period means a period:

(a) starting at the time the person becomes insured under the Policy; and

(b) ending at the time specified in the Policy, during which the amount of Benefit in relation to any period is less than the amount for which the person would be eligible during any other period

Calendar Year means the twelve month period from 1 January to 31 December in a year

Child means:

- a natural child;
- an adopted child;
- a foster child;
- a stepchild (that is, a natural, adopted or foster child of the person's partner)
- who does not have a partner

CMBS (Commonwealth Medicare Benefits Schedule) is a schedule of fees for Professional Services which attract Medicare Benefits maintained by the Department of Health and Ageing.

Complying Health Insurance Policy is an Insurance Policy that meets:

(a) the community rating requirements in *Division 66 of the Private Health Insurance Act 2007;* and

(b) the coverage requirements in *Division 69 of the Private Health Insurance Act 2007;* and

(c) if the Policy covers hospital treatment - the benefit requirements in *Division 72 of the Private Health Insurance Act 2007;* and

(d) the waiting period requirements in *Division 75 of the Private Health Insurance Act 2007;* and

(e) the portability requirements in *Division 78 of the Private Health Insurance Act 2007;* and

(f) the quality assurance requirements in *Division 81 of the Private Health Insurance Act 2007;* and

(g) any requirements set out in the *Private Health Insurance (Complying Product) Rules* for the purposes of this paragraph

Complying Health Insurance Product is a product made up of Complying Health Insurance Policies. A product is all policies that cover the same treatments, and that provide benefits that are worked out in the same way, and whose other terms and conditions are the same as each other.

Contract has the same meaning as Purchaser-Provider Agreement.

Co-Payment means an amount payable by a Member for each day of Hospital Treatment or Hospital-Substitute Treatment. The Co-Payment is either paid by the Member or subtracted from any benefit which would otherwise be payable.

GLOSSARY OF TERMS

Day Hospital Facility means a hospital as defined in the *Private Health Insurance Act 2007* to which a person is usually admitted for Hospital treatment and discharged prior to midnight on the day of admission.

Default Benefit means, in the relation to Hospital Treatment, the minimum Benefit payable from a Hospital Policy as prescribed by the Minister from time to time.

Dental Expert means a registered dental practitioner appointed by Westfund to determine disputes concerning the payment of dental Benefits.

Dependant Child means a person:
(a) who is:
    (i) aged under 21; or
    (ii) a dependant child; and
(b) who is not aged 25 or over; and
(c) who does not have a partner

Emergency Transport: is ambulance transportation of an unplanned and non-routine nature for the purpose of providing immediate medical attention to a person, this can include;
- Transport to hospital requiring treatment at an emergency department
- Transport to hospital requiring admission

Excess means an amount payable by a Member for Hospital Treatment or Hospital- Substitute Treatment in a policy year where the payment would normally attract the benefit in accordance with the policy. The Excess is either paid by the Member or subtracted from any Benefit which would otherwise be payable.

Exclusion means the Policy does not cover treatment for that condition.

Fund means the health benefits fund operated by Westfund as a private health insurer under the *Private Health Insurance Act 2007*.

General Treatment means treatment (including the provision of goods and services) that:
(a) is intended to manage or prevent a disease, injury or condition; and
(b) is not hospital treatment

Hospital means a private hospital, a public hospital or a day hospital facility declared by the Minister pursuant to s121-5(6) of the *Private Health Insurance Act 2007*.

Hospital Policy means a Policy provided to cover the cost of Hospital Treatment and associated Professional Services.

Hospital-Substitute Treatment means General Treatment that:
(a) substitutes for an episode of Hospital Treatment; and
(b) is any of, or any combination of, nursing, medical, surgical, podiatric surgical, diagnostic, therapeutic, prosthetic, pharmacological, pathology or other services or goods intended to manage a disease, injury or condition; and
(c) is not specified in the *Private Health Insurance (Complying Product)* Rules as a treatment that is excluded from this definition.

Hospital Treatment means treatment (including the provision of goods and services) that:
(a) is intended to manage a disease, injury or condition; and
(b) is provided to a person:

(i) by a person who is authorised by a Hospital to provide the treatment; or
(ii) under the management or control of such a person; and
(c) either:
(i) is provided at a Hospital; or
(ii) is provided, or arranged, with the direct involvement of a Hospital

Informed Financial Consent is the consent to treatment obtained by a doctor from a patient - prior to treatment whenever possible, after the doctor has sufficiently explained his or her fees to the patient to enable the patient to make a fully informed decision about costs.

Insured Group means, for the purpose of paragraph 63 -5(2A)(b) of the *Private Health Insurance Act 2007,* the following groups specified by reference to the number and kind of people in the group:
(a) only one person;
(b) 2 adults (and no-one else);
(c) 2 or more people, none of whom is an adult;
(d) 2 or more people, only one of whom is an adult;
(e) 3 or more people, only 2 of whom are adults;
(f) 3 or more people, at least 3 of whom are adults

Known Gap Cover means that benefits which provide cover for Professional Services where the Member has been provided with Informed Financial Consent up to a specified percentage above the CMBS fee, or the cost of the service if less.

Major Dental means crowns, bridges, veneers, implants, dentures, and orthodontia.

Medical Adviser means a qualified medical practitioner appointed by Westfund to give technical advice on professional matters, in particular in relation to Pre-Existing Condition rulings.

Medical Gap is the difference, if any, between the cost of a Professional Service and the combined Medicare Benefit and Westfund Benefit.

Medically Necessary/Justified: where the treatment doctor requests ambulance transport because the medical condition requires that level of support.

Medically Recommended Aids means mammary prostheses and/or special brassieres (cancer patients), wigs (cancer patients and other medical conditions), burn suits, orthopaedic boots (boots individually hand made to correct abnormality), coaguchek device, compression garments (ie anti-embolism compression stocking/hosiery), peak flow meter, sleep machine, oral appliance for diagnosed snoring, nebuliser, blood glucose monitor, blood pressure monitor, tens machine.

Medicare Benefit means a Medicare Benefit under *Part II of the Health Insurance Act 1973*. The Medicare Benefit is 75% of the CMBS fee for in-hospital Professional Services.

Member means an insured person under a Policy.

MIMS means the Monthly Index of Medical Specialties, a subscription providing medical practitioners and healthcare professionals with drug information.

Nursing Home Type Patient has the same meaning as in subsection 3(1) of the *Health Insurance Act 1973*.

Obstetrics means all treatment specified in the Medicare Benefits Schedule (MBS) as "Obstetrics", including antenatal and post-natal care and management of labour and delivery.

GLOSSARY OF TERMS

Partner means a person who:
(a) is married to the relevant person; or
(b) lives with the relevant person in a relationship on a bonafide domestic basis

PBS means the Commonwealth Government's Pharmaceutical Benefits Scheme.

PBS Item means any drug listed in the Pharmaceutical Benefits Schedule.

Pharmaceutical Benefits Schedule means the Schedule of Pharmaceutical Benefits kept by the Commonwealth Department of Health and Ageing.

Policy means a Hospital Policy or General Treatment Policy or a combined Hospital and General Treatment Policy that provides entitlement to Benefits payable in respect of approved expenses incurred by the Members of that Policy.

Policy Year means a year from the date of commencement of a Policy or from the anniversary date of the commencement of a Policy.

Pre-Existing Condition means an ailment, illness or condition that, in the opinion of a medical practitioner appointed by the insurer that issued the Policy, the signs or symptoms of that ailment, illness or condition existed at any time in the period of 6 months ending on the day on which the person became insured under the Policy. In forming the opinion, the medical practitioner must have regard to any information in relation to the ailment, illness or condition that the medical practitioner who treated the ailment, illness or condition gives him or her.

Premium means an amount of money a Member is required to pay for a specified period for a Policy.

Prescribed 35 Day Period means that the patient has been in a Hospital (or Hospitals) for 35 days without a break of 7 days or more during the last 12 months from the date of the first admission.

Primary Member means a person in whose name the Policy is registered with Westfund and who is a Policy holder as defined in the *Private Health Insurance Act 2007*.

Professional Service means a service provided by a medical practitioner to, or in respect of, an inpatient of a Hospital for which a Medicare Benefit is payable.

Purchase-Provider Agreement means a Hospital Purchaser-Provider Agreement or a Medical Purchaser-Provider Agreement or a Practitioner Agreement which is an agreement between Westfund and a provider in respect of the provision of services to Members.

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:
(a) the provider is professionally qualified or belongs to a professional body recognised by Westfund;
(b) the provider is in an independent private practice;
(c) the provider is registered, or holds a licence under State or Territory legislation within Australia;
(d) other recognition criteria determined by Westfund.

GLOSSARY OF TERMS

Respite Care refers to the accommodation of a patient in a Hospital where the primary reason for the admission is to provide temporary relief from the home care of the patient to the person who is administering the home care, rather than to provide care for the patient. No benefit is payable for Respite Care.

Restricted Benefit means a benefit which is covered under a Policy but which is only covered to a limited extent (meaning out of pocket costs to the Member).

Standard Information Statement for a Complying Health Insurance Product is a statement about the product that contains the information, and is in the form, set out in the *Private Health Insurance (Complying Product) Rules*.

Usual Customary and Reasonable Charge means in relation to a service, the usual customary fee charged for that service by other similarly qualified practitioners or a reasonable charge for that service as determined by Westfund having regard to the usual or customary charges for a similar service and/or advice from the practitioner's professional association or body.

Vaccinations are a preventative measure; usually in the form of an injection or tablet, taken to prevent a disease.

Waiting Period means the period that applies to a person for a Benefit under an insurance Policy being the period:

(a) starting at the time the person becomes insured under the Policy; and
(b) ending at the time specified in the Policy;
(c) during which the person is not entitled to the Benefit.