

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 Services 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

Platinum Hospital does not provide cover for General Treatment. If you require cover for General Treatment please consider our Platinum, Platinum 500, Platinum Saver, Gold, Gold 500, Sterling Silver, MAX Value or Value First products.

WAITING PERIODS

Waiting periods may apply before you're eligible to claim for services covered under this policy. See Page 4

MEMBER ADVANTAGES

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

Type	Benefit	Claimable
Hospital Top Up	\$200 per night per hospitalisation as the result of an accident	After 1 day
Westfund Dental Care Practices	Available to members	After 2 months
Overnight +	\$150 per night up to \$600 per calendar year for accommodation expenses	After 24 months
Surgery +	\$400 per night up to \$4800 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



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 Member Advantages:

Ambulance, Hospital Top Up	1 day
Overnight+, Surgery+	24 months
Premium Pause	36 months
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

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**
- 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
- Benefits are not payable in respect of dependants of dependants registered on a Policy.

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

Benefits & Claiming (continued)

- Benefits are not payable where claimable from another source e.g. Medicare, Third Party, Workers Compensation etc.
- 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.

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 individual 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