

PLATINUM HOSPITAL

BENEFITS

HOSPITAL BENEFITS

Effective 1st Apr 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 required by the Private Health Insurance Act 2007.

Where no contract exists with a private hospital, benefits are payable at a minimum 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 from any of our branches.

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.

Excess / Co-payments

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 Expenses

Westfund pays benefits to cover 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.

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AMBULANCE

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”.

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
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 EYEWEAR DISCOUNTS

Whilst you are not entitled to an eyewear benefit on this policy you are entitled to a member discount

Optical Practice	Benefits Available
Westfund Eye Care Practices	10% discount off standard retail price on all frames and lenses (including coatings) 10% discount off standard retail 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 Chanel, Bvlgari & Tiffany & Co. Brands) and glasses lenses purchased at retail stores - 21% discount on all lenses and lens add-ons - 10% discount on all contact lenses purchased at retail stores

TERMS AND 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, signs or symptoms of which were considered to have been in existence at any time during the 6 months preceding the day on which the member joined Westfund or upgraded to a higher level of cover.

The following waiting periods apply to benefits payable for General Treatment

Ambulance, Hospital Top Up	1 day
Surgery+, Overnight+	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 higher excess or co - payment)

Benefits and Claiming

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

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

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

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

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

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