

VALUE EXTRAS

BENEFITS

HOSPITAL BENEFITS

Effective 1st Apr 2013

Value Extras does not provide any benefits for Hospital Treatment. If you require cover for Hospital Treatment, please consider our Platinum, Gold, Gold 500, Platinum Hospital, Platinum Hospital 500, Silver or Value First products..

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".

GENERAL TREATMENT BENEFITS

General Treatment benefits cover costs associated with dental, optical and other services.

Dental

General dental benefits are paid at set item rebates up to a limit per calendar year of **\$200 for Single policies and \$400 for all other policies.**

Benefits are provided for:

- Examinations (ADA items 011, or 012, or 013): limit of 2 per member per calendar year
- X-rays (ADA items 022, 025, or 031),
- Cleaning (ADA items 111 or 114): limit of 2 per member per calendar year.
- Fluoride Treatments (ADA items 121, 122 or 123)

Benefits for some of the common general dental services are:

Service	Benefit (per service)
Consultation	up to \$30
Removal of plaque	up to \$25
Removal of calculus	up to \$55
X-ray	up to \$18

Westfund Dental Care Practice

Many general dental services provided at Westfund's dental care practice are provided at low or no out of pocket cost, depending on your level of cover.

Optical

A maximum benefit of \$160 per member per calendar year is applicable

Type	Benefit (per service)
Frame Only	\$110
Single Vision (lenses only or complete set)	\$110
OR	
Bifocal (lenses only or complete set)	\$160
Multifocal (lenses only or complete set)	\$160
Contact Lenses	\$160

Westfund Eye Care Practices

Westfund Eye Care Practices provide a full range of quality benefits including eye tests and a large selection of modern lenses and frames for both spectacles and sunglasses at member prices. Bulk billing of eye examinations is also available.

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Prevention and Health Management

Type	Benefit available per person
Mole Scanning	\$30 per calendar year
Quit Smoking (Hypnotherapy & QuitLine Programs)	\$100 Lifetime Limit

MEMBER ADVANTAGES

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

Type	Benefit	Claimable
Westfund Dental Care Practice	No or low out-of-pocket expenses for most general dental services at our dental practices	After 2 months
Shades (benefit only when purchased through Westfund Eye Care Practice)	\$50 per member per calendar year for sunglasses purchased through any Westfund Branch	After 12 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

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

The following waiting periods apply to benefits payable for General Treatment

General Dental, Optical, Prevention and Health Management	2 months
Shades	12 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

- 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:

- 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.
- 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

The documentation should be read carefully and retained.

Benefits and Claiming - Cont

- 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.

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.

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

Any Questions ?

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BRANCH
call into your local Westfund branch