

Private Health Information Statement - Combined policy

Gold 500

Westfund Limited

<http://www.westfund.com.au>
enquiries@westfund.com.au
1300 937 838

Monthly Premium

\$511.45

(before any rebate, loading or discount) #

Covers one adult & dependant(s)
(2 or more people, only one of
whom is an adult)

Available in Western Australia
Closed to new members

You may be entitled to an Australian Government rebate on the above premium. Your premium may also include a Lifetime Health Cover loading or an insurer discount. Check with your insurer for details.

Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy provides benefits for travel or accommodation (outside of hospital) - check with your insurer for details.

This policy does not provide accident cover.

✓ Covered

For information on what is covered under each category, see <https://privatehealth.gov.au/categories>

R Restricted

Restricted categories partially cover your hospital costs as a private patient in a public hospital. You may incur significant expenses in a private room or private hospital.

✗ Not Covered

These categories are not covered by this policy.

This policy ✓ includes cover for

✓ Assisted reproductive services	✓ Eye (not cataracts)	✓ Miscarriage and termination of pregnancy
✓ Back, neck and spine	✓ Gastrointestinal endoscopy	✓ Pain management
✓ Blood	✓ Gynaecology	✓ Pain management with device
✓ Bone, joint and muscle	✓ Heart and vascular system	✓ Palliative care
✓ Brain and nervous system	✓ Hernia and appendix	✓ Plastic and reconstructive surgery (medically necessary)
✓ Breast surgery (medically necessary)	✓ Hospital psychiatric services	✓ Podiatric surgery (provided by a registered podiatric surgeon - limited benefits)
✓ Cataracts	✓ Implantation of hearing devices	✓ Pregnancy and birth
✓ Chemotherapy, radiotherapy and immunotherapy for cancer	✓ Insulin pumps	✓ Rehabilitation
✓ Dental surgery	✓ Joint reconstructions	✓ Skin
✓ Diabetes management (excluding insulin pumps)	✓ Joint replacements	✓ Sleep studies
✓ Dialysis for chronic kidney failure	✓ Kidney and bladder	✓ Tonsils, adenoids and grommets
✓ Digestive system	✓ Lung and chest	✓ Weight loss surgery
✓ Ear, nose and throat	✓ Male reproductive system	

The benefits paid for hospital treatment will depend on the type of cover you purchase and whether your fund has an agreement in place with the hospital in which you are treated. See 'Agreement Hospitals' on privatehealth.gov.au for which hospitals have arrangements with your insurer - <https://privatehealth.gov.au/dynamic/agreementhospitals>.

[PrivateHealth.gov.au](https://privatehealth.gov.au)

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Under this policy, you may have to pay out-of-pocket costs above what you get from Medicare or your private health insurer. Before you go to hospital, you should ask your doctors, hospital and health insurer about any out-of-pocket costs that may apply to you.

The following payments may also apply for hospital admissions

Excess: You will have to pay an excess of \$500 per admission. This is limited to a maximum of \$500 per person and \$500 per policy per year.

Excess payments do not apply to hospital admissions for accidents, dependants or day surgery.

Co-payments: No co-payment

The following waiting periods for hospital admissions apply to new or upgrading members

Waiting periods:

- 2 months for palliative care, rehabilitation and hospital psychiatric treatments, even if pre-existing
- 12 months for other pre-existing conditions
- 12 months for pregnancy and birth
- 2 months for all other treatments

Other features of this hospital cover

Other benefits available on this policy: Accident Benefit, Travel and Accommodation Benefit and Advanced Surgery Benefit.

General Treatment Cover

By using this health insurer's "preferred providers" you will have lower out-of-pocket costs on Dental and have access to more "no gap" services. A list of "preferred providers" is available from the health insurer. See <https://www.westfund.com.au/health-services/provider-of-choice/>.

This policy ✓ includes General treatment (Extras) cover for

Note, for items marked with an asterisk *: Orthodontia accrues at \$500 per membership year up to a lifetime limit of \$2,500 (registered orthodontist) or \$400 per membership year up to a lifetime limit of \$2,000 (general dentist completing orthodontia).

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental	2	No annual limit (no limit on preventative dental) (combined limit for general dental & endodontic - Sub-limits apply)	Periodic oral examination - \$31.50 Scale & clean - \$69.00 Fluoride treatment - \$22.00 Surgical tooth extraction - \$125.00
Major dental	12	\$1,275 per person	Full crown veneered - \$850.00
Endodontic	2	Combined limit - see General dental	Filling of one root canal - \$122.00
Orthodontic*	12	\$500 per person \$2,500 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - \$2,500.00
Optical	2	\$250 per person	Single vision lenses & frames - \$250.00 Multi-focal lenses & frames - \$250.00
Non PBS pharmaceuticals	2	\$400 per person (combined limit for non pbs pharmaceuticals, vaccinations & other services)	Per eligible prescription - \$50.00
Physiotherapy	2	\$840 per policy (combined limit for physiotherapy & exercise physiology)	Initial visit - \$42.00 Subsequent visit - \$42.00
Chiropractic	2	\$600 per policy (combined limit for chiropractic & osteopathy)	Initial visit - \$30.00 Subsequent visit - \$30.00
Podiatry	2	\$1,000 per policy (combined limit for podiatry, psychology, acupuncture, remedial massage, chinese medicine, dietetics/dietary advice, eye therapy (orthoptics),	Initial visit - \$34.00 Subsequent visit - \$34.00
Psychology	2		Initial visit - \$75.00 Subsequent visit - \$75.00

Acupuncture	2	home nursing, occupational therapy, speech therapy & other services - Sub-limits apply)	Initial visit - \$25.00 Subsequent visit - \$25.00
Remedial massage	2		Initial visit - \$25.00 Subsequent visit - \$25.00
Hearing aids	36	\$1,400 per person 1 service(s) every 3 years	Per hearing aid - \$1,400.00
Blood glucose monitors	12	\$100 per person	Per monitor - \$100.00
Audiology	2	\$160 per person (combined limit for audiology & other services)	Initial visit - \$80.00 Subsequent visit - \$80.00
Ante-natal/Post-natal classes	12	\$120 per policy \$120 lifetime limit	Initial visit - 100% of charge Subsequent visit - 100% of charge
Chinese medicine	2	Combined limit - see Podiatry	Initial visit - \$25.00 Subsequent visit - \$25.00
Dietetics/dietary advice	2	Combined limit - see Podiatry	Initial visit - \$45.00 Subsequent visit - \$45.00
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - \$30.00 Subsequent visit - \$30.00
Eye therapy (orthoptics)	2	Combined limit - see Podiatry	Initial visit - \$25.00 Subsequent visit - \$25.00
Health management / Healthy lifestyle	2	\$150 per policy	Health management - 100% of charge
Home nursing	2	Combined limit - see Podiatry	Initial visit - \$12.00 Subsequent visit - \$12.00
Occupational therapy	2	Combined limit - see Podiatry	Initial visit - \$50.00 Subsequent visit - \$50.00
Orthotics (podiatric orthoses)	12	\$200 per person (combined limit for orthotics (podiatric orthoses) & other services)	Orthotics supply & fit - \$200.00
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - \$30.00 Subsequent visit - \$30.00
Speech therapy	2	Combined limit - see Podiatry	Initial visit - \$48.00 Subsequent visit - \$36.00
Vaccinations	2	Combined limit - see Non PBS pharmaceuticals	Per service - \$50.00

This policy **X** does not include General treatment (Extras) cover for

X Other treatments - check with your insurer

Other features of this general treatment cover

Additional benefits included in this policy are Non-Surgically Implanted Prostheses, Preventative Health Programs, Sunglasses from Westfund Care Centres and no annual limit on Dentures. Please contact Westfund for details

Ambulance cover

In Western Australia this policy provides:

Emergency: Unlimited with a waiting period of 1 day.

Non-emergency: transport with a waiting period of 2 months, limited to \$5,000 per person per year.

Call-out fees: will be paid for each attendance, including emergency treatment without transport to hospital.

Other features of this ambulance cover

Westfund fully covers the cost of emergency ambulance transport including on the spot emergency treatment, by a Westfund recognised Ambulance service provider in Australia either by covering the cost of state government levies or by covering the emergency ambulance account. Westfund fully covers the cost up to \$5,000 per member per calendar

year for non-emergency patient transport by a Westfund recognised Ambulance service provider in Australia either by covering the cost of state government levies or by covering the non-emergency patient transport account. This may include services such as: *Call out fees *Inter Hospital transfers *Routine transport from home

For further information about this policy see

<https://www.westfund.com.au/health-insurance-cover/ambulance-cover/>

Disclaimer

The information contained in this Private Health Information Statement was provided by the insurer and is intended as general information. It may not take into account your particular circumstances. For information please contact the insurer.