



OVERSEAS TOP HOSPITAL WITH EXTRAS



HEALTH INSURANCE FOR AUSTRALIAN WORKING VISA HOLDERS. A HIGH LEVEL OF HEALTH INSURANCE OFFERING COVER FOR INPATIENT HOSPITAL AND MEDICAL TREATMENT WITH NO EXCLUSIONS AND MINIMAL RESTRICTIONS, COVER FOR OUTPATIENT MEDICAL SERVICES AND HIGH BENEFITS ON A COMPREHENSIVE RANGE OF EXTRAS.

Please read this Policy Summary carefully and retain it for future reference.

For further policy information, definitions and claiming requirements please refer to **Westfund's Membership Terms and Conditions**, which can be downloaded at www.westfund.com.au/terms/ alternatively, call Westfund on **1300 937 838** to request a copy.

By law, some visas are required to maintain adequate health insurance for the length of the visa. For more information please refer to the Department of Home Affairs - www.homeaffairs.gov.au/

Hospital Cover

Westfund has contracts 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 e.g. 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 contracts with Westfund are listed at: www.westfund.com.au/health-services/find-a-hospital. Further details can also be obtained by calling us on **1300 937 838**.

As a private patient in a **public hospital**, you will receive cover for accommodation and your choice of doctor from doctors with a right to practice at that hospital.

Westfund will pay benefits for surgically implanted prostheses up to the approved benefits in the Government's Protheses List and in accordance with the requirements of the Act.

All Pharmaceutical Benefits Scheme (PBS) listed drugs that are prescribed according to the PBS approved indications, that are administered during and form part of an admitted episode of care - a benefit equal to the PBS listed price in excess of the patient contribution will be paid.

- ✓ **Covered** Westfund will pay benefits towards your admission for hospital treatment that forms part of an admitted episode of care. This may include hospital accommodation, theatre fees and prosthetic costs.
- ✓_R **Restricted** Services which Westfund covers to a limited extent and pays reduced benefits on admissions for hospital treatment that forms part of an admitted episode of care. The benefit is not sufficient to cover the cost of a private room in a public hospital or any room in a private hospital. If you are admitted to a private hospital for services that are restricted, large out-of-pocket expenses will apply.
- ✗ **Excluded** Westfund will not pay benefits towards hospital or medical costs for these services. If you choose to proceed as a private patient for an excluded service, you will have very large out-of-pocket expenses.

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



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Inpatient Medical Cover

For inpatient services, Westfund pays benefits for the fees charged by your specialist while you are in hospital. Common and support services such as anaesthetic, consultations, pathology and radiology that are in relation to your hospital admission are also eligible for benefits. Benefits are only eligible where a Commonwealth Medical Benefits Schedule (CMBS) item number is used. Westfund will pay the lesser of charges or 100% of 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 participates in our Access Gap Scheme.

Our Access Gap Scheme allows patients with hospital cover to eliminate or reduce out-of-pocket expenses for medical gap payments for inpatient 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/health-services/find-a-doctor or give us a call on **1300 937 838** for further information on Access Gap Scheme. We encourage Members to contact us before their scheduled appointment to any referred medical specialist. No benefits are paid for non-therapeutic cosmetic surgery.

Outpatient Medical Cover

For outpatient services, Westfund will pay a benefit of 100% of the CMBS fee for services provided by a General Practitioner and a benefit of 85% of the CMBS fee for services provided by a Specialist (including pathology and radiology).

Excess

Excess	Nil
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Waiting Periods

Accident-related hospitalisation	1 day
Hospital psychiatric services, Palliative care and Rehabilitation	2 months
Pregnancy and birth	12 months
Treatment of 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 six months before the day you joined Westfund or upgraded to a higher level of cover	12 months
All other hospitalisations (not listed above)	2 months
Outpatient Medical Cover	2 months

Accommodation & Travel

Service	Waiting Period	Item Limit	Additional Information						
Accommodation Benefit	12 months	Benefits are available per policy per calendar year.	Benefits are paid for the night before admission, for the nights during the hospitalisation and the night of discharge. This Benefit is not claimable for the patient while admitted.						
		<table border="1"> <thead> <tr> <th>Night Accommodation</th> <th>Benefit</th> </tr> </thead> <tbody> <tr> <td>Night 1-4</td> <td>\$100 per night</td> </tr> <tr> <td>Nights 5 +</td> <td>\$40 per night</td> </tr> </tbody> </table>		Night Accommodation	Benefit	Night 1-4	\$100 per night	Nights 5 +	\$40 per night
		Night Accommodation		Benefit					
Night 1-4	\$100 per night								
Nights 5 +	\$40 per night								
Inpatient Travel Benefit	12 months	Up to \$70 per admission. Benefits will be paid on a grouped kilometre basis, in excess of 150 kilometres round trip from the member's home locality to the locality of the hospitalisation.	This Benefit is limited to one service per member per episode of hospitalisation.						
To be eligible for the Accommodation or Inpatient Travel Benefit, you must be admitted as a private patient in a public or private hospital.									
Service	Waiting Period	Item Limit	Annual Group Limit	Additional Information					
Outpatient Travel Benefit	12 months	Up to \$70 per trip	\$140 per policy	Benefits will be paid on a grouped kilometre basis, in excess of 150 kilometres round trip from the member's home locality to the locality of the consultation. This Benefit is limited to one service per member per day.					



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General Dental

Service	Waiting Period	Item Limit	Annual Group Limit	Additional Information		
Treatments Include: Diagnostic & Preventive, Fillings, Extractions	2 months	Set item benefits depending on item number, benefits for some of the common General Dental services are:		No annual limit	Item numbers 011 and 151 are limited to 1 service per member per calendar year. Item number 012 is limited to two services per member per calendar year	
		Service & Item Number	Provider of Choice			General Dentist
		Periodic Oral Exam 012	Benefits fully cover the cost of these services			\$31.50
		X-ray 022				\$22.50
		Scale & Clean 114				\$69.00
		Fluoride Treatment 121				\$22.00
		Mouth Guard 151				\$94.00
		Surgical tooth Extraction 322	\$145.00			\$145.00
Filling 533	\$107.50	\$107.50				

Major Dental

Service	Waiting Period	Item Limit	Annual Group Limit	Additional Information	
Treatments Include: Periodontics, Oral Surgery, Endodontics, Veneers, Crowns, Bridges, Implants, Dentures	12 months	Set item benefits depending on item number, benefits for some of the common Major Dental services are:		\$1400 per member	
		Service & Item Number	Benefit		
		Frenectomy 391	\$173		
		Root canal treatment – one canal 417	\$140		
		Full crown – veneered 615	\$850		
		Bridge pontic – per pontic 643	\$437		
Complete upper & lower dentures 719	\$977				

Orthodontia

Service	Waiting Period	Item Limit	Annual Group Limit (Unless otherwise stated)	Additional Information
Orthodontia Treatment	12 months	100%	Accrues at a rate of \$500 per member per policy year; lifetime limit of \$2500	Detailed Treatment Plan must be provided prior to commencement of Orthodontia
Dental Retainers	12 months	Set item benefits depending on item number, benefits for some of the Dental Retainers are:		
		Service & Item Number	Benefit	
		Passive removable appliance – per arch 811	\$283.30	
		Active removable appliance – per arch 821	\$618.88	
Functional orthopaedic appliance - custom fabrication 823	\$912.64	2 services per item number per member		
Functional orthopaedic appliance - prefabricated 824	\$493.00			



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Optical

Service	Waiting Period	Item Limit	Annual Group Limit	Additional Information
Frames	2 months	100%	\$250 per member	Prescription only. No benefit towards tinting, coating or add-ons. Benefits also apply for Irlen lenses.
Single Vision Lenses				
Bifocal Lenses				
Multifocal Lenses				
Contact Lenses				
Service	Waiting Period	Item Limit	Annual Group Limit	Additional Information
Optical Bonus	2 months	\$60 per member to use towards out-of-pocket costs, accrues to \$120 if no optical claims made at any provider in consecutive years		Available at Westfund Eye Care Centres only. Bonus can be used towards prescription glasses and contacts only.
Sunglasses		\$50 per member per calendar year		Must be provided by a Westfund Care Centre or selected Provider of Choice providers.

Physiotherapy / Exercise Physiology

Service	Waiting Period	Item Limit		Annual Group Limit		Additional Information
		Group/Class	Individual	Single	Couple/Family	
Physiotherapy	2 months	\$10	\$42	\$420	\$840	
Exercise Physiology		\$10	\$30			

Chiropractic / Osteopathic

Service	Waiting Period	Item Limit	Annual Group Limit		Additional Information
			Single	Couple/Family	
Chiropractic	2 months	\$30	\$300	\$600	Two chiropractic x-rays per member per calendar year
Chiropractic X-ray		\$55			
Osteopathic		\$30			

Complementary Therapies

Service	Waiting Period	Item Limit		Sub-Limit		Additional Information	
		Group/Class	Individual	Single	Couple/Family		
Remedial Massage & Myotherapy	2 months	N/A	\$25	\$250	\$500	Benefits are only payable for services rendered by providers that are recognised by Westfund and in private practice (recognised provider).	
Acupuncture & Chinese Herbalism		N/A	\$25	\$250	\$500		
Dietetics & Nutrition		\$10	\$45	\$250	\$500		
Home Nursing (up to 6 hrs/over 6 hrs)		N/A	\$12/\$48	\$150	\$300		
Vision (Eye) Therapy		N/A	\$25	\$250	\$500		
Occupational Therapy		12 months for surgical treatment by a Podiatrist	\$10	\$50	\$250		\$500
Podiatry Surgical Treatment			N/A	\$34 100%	\$272		\$544
Clinical Psychology			\$75	\$75	\$300		\$600
Speech Therapy (initial/subsequent)	\$36		\$48/\$36	\$300	\$588		
Annual Group Limit				\$500	\$1000		



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Prescriptions, Injections, Vaccinations

Service	Waiting Period	Item Limit	Annual Group Limit	Additional Information
For Private, Non-PBS, Non-NHS	2 months	\$50 per prescription for the amount that exceeds the PBS co-payment	\$400 per member	Doctor letter required in some instances (see Membership Terms and Conditions)

Health Management

Service	Waiting Period	Item Limit	Annual Group Limit		Additional Information
			Single	Couple/Family	
Fitness Centre Aquatic Programs Weight Loss Programs Virtual Gastric Banding Diabetes Education Vitamins Omega 3 Probiotics	2 months	100%	\$75	\$150	Fitness, Weight Loss, Virtual Gastric Banding and Aquatic Programs require a Medicare Registered Practitioner to complete a Health Management Declaration Claim Form to confirm the program is medically necessary. Forms are available for download at www.westfund.com.au/helpful-resources/forms-and-downloads/

Preventative Health

Service	Waiting Period	Item Limit	Annual Group Limit (Unless otherwise stated)	Additional Information
Preventative Health Tests - Bone Density Test, Bowel Testing Kit, Calcium Score, Mammogram, Mole Scan, Thin Prep Pap Test	2 months	100%	\$30 per member	The test must be recommended by a Medicare Registered Practitioner and cannot be Medicare claimable
Ear and Eye Preventative Health Checks - Audiology Test, Corneal Topography, Optical Coherence Tomography, Retinal Photography	2 months	\$80	\$160 per member	The health check must be provided by a Medicare Registered Practitioner and cannot be Medicare claimable
Antenatal Classes and pre/postnatal consultations	12 months	100%	\$120 per policy	Includes Lactation Consultation and Post-Partum Assessments
Hypnotherapy for Quit Smoking	2 months	100%	\$250 per member lifetime limit	
Chronic Disease Association Fees	2 months	100%	\$30 per member	Includes Asthma Foundation, Diabetes Australia, Arthritis Australia, Coeliac Association, Crohn's and Colitis Australia, Parkinson's Australia, Multiple Sclerosis (MS) Australia, Alzheimer's Australia, National Association of people with HIV Australia (NAPWHA), Lupus Association of Australia, MedicAlert Foundation, Stoma Associations (Ostomy, Colostomy)



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Health Aids & Appliances

Health Aid or Appliance	Waiting Periods	Item Limit	Claimable Period per member	Letter of Recommendation	Additional Information	
Blood Glucose Monitor	12 months	\$100	Calendar year	No	Benefit available for hire and purchase fees	
Blood Pressure Monitor		\$150	Calendar year	No		
Braces		\$120	Calendar year	Every 12 months	Letter of recommendation or Health Management Declaration Claim Form not required if Health Aids & Appliances are purchased from a Medicare Registered Practitioner	
Compression Garments				Lifetime letter		
Burn Suits		\$800	Calendar year	Every 12 months	Health Management Declaration Claim Form available to download at www.westfund.com.au/helpful-resources/forms-and-downloads/	
INR Monitor		\$200	Every two years	Lifetime letter		
Mammary Protheses and Brassieres		\$225	Calendar year	Lifetime letter – unless relevant hospitalisation is recorded with Westfund	Respiratory Aids include Spacer Devices, Mucus Clearing Devices, Nebuliser & Peak Flow Meters	
Respiratory Aids		\$110	Calendar year	Lifetime letter		
Custom Made Orthopaedic Boot		\$200	Calendar year	Every 12 months		
Custom Made/ Prefomed Orthotics		\$200	Calendar year	Every 12 months		
Wigs		\$150	Calendar year	Lifetime letter – unless relevant hospitalisation is recorded with Westfund		
Artificial Limbs		\$200	Calendar year	Lifetime letter		
Devices for Sleep Apnoea and Diagnosed Snoring		\$500	Every three years	Lifetime letter		Devices for Sleep Apnoea and Diagnosed Snoring include CPAP Machine, EPAP Treatment, Oral Appliance for Diagnosed Snoring, APAP Machine & BiPAP Machine
CPAP Masks, Accessories and TENS Accessories		\$100	Calendar year	No		
Low Vision Aids		\$100	Calendar year	Every 12 months		Repairs to devices are only available to appliances listed in this table
Mobility Aids				Every 12 months		
Oxygen and Accessories		\$500	Calendar year	Lifetime letter		
Oximeter	Lifetime letter					
Repairs to Devices	\$100	Calendar year	Lifetime letter – unless initial purchase of the device is recorded with Westfund			
TENS Machine	\$150	Every three years	Lifetime letter			
Hearing Aids & Frequency Modulated Systems	36 months	\$1400	Every three years	No		








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Ambulance

Service	Waiting Period	Item Limit	Annual Group Limit	Additional Information
Emergency Ambulance Transport	1 day	100%	No annual limit	Benefit eligible for Westfund recognised ambulance service providers in Australia. Westfund covers the cost of transport by either covering the cost of state government levies or covering the ambulance account
<p>Emergency Ambulance transport is ambulance transportation of an unplanned and non-routine nature for the purpose of providing immediate medical attention to a person in the opinion of the treating medical officer. An ambulance service where subsequent transport to a hospital is not required is covered under non-emergency patient transport.</p>				
Non-Emergency Patient Transport	2 months	100%	\$5000 per member	
<p>Non-emergency patient transport is ambulance transportation including on the spot treatment where a time critical ambulance response is not essential however clinical monitoring is required for the purpose of providing medical attention to a person in the opinion of the treating medical officer.</p>				

How to claim – For more information and applicable forms please visit: www.westfund.com.au/helpful-resources/how-to-claim/

Westfund App	Online	Email	Mail	Visit Us
 westfund.com.au/ourapp	 westfund.com.au	 claims@westfund.com.au	 mail	 at a Care Centre
Download our App for Apple or Android <ul style="list-style-type: none"> • Easy Claiming • Claims History • Change claim account details • View cover details 	Log in to the Member Online Area for claiming online	You can email a completed claim form and receipts to: claims@westfund.com.au	You can mail a completed claim form and receipts to: PO Box 235 Lithgow NSW 2790	For locations of our Care Centre network visit: www.westfund.com.au/branch-locations/

Finding a Contracted Hospital

We recommend that members check with us prior to admission to hospital to ensure they are covered. Hospitals which have contracts with Westfund are listed at: www.westfund.com.au/health-services/find-a-hospital. Further details can also be obtained by calling us on **1300 937 838**.

Finding a registered Access Gap Scheme Medical provider

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/health-services/find-a-doctor or give us a call on **1300 937 838** for further information on Access Gap Scheme.

Finding a registered provider

Westfund has established a Provider of Choice Network to ensure members have no or known out-of-pocket expenses for selected General Treatment services.

To see if a Provider of Choice is in your area use our search facility at:

www.westfund.com.au/choice

Finding a registered General Treatment provider

Our search facility in the Member Online Area of our website can help you find registered providers; simply go to: www.westfund.com.au, login to the Member Online Area and go to Find Providers. Alternatively, you can find registered providers at www.dhpra.gov.au.

Other important information

Westfund's Privacy Policy is available at:

www.westfund.com.au/privacy

To register a complaint please visit:

www.westfund.com.au/contact-us/feedback/

Westfund Health Insurance is a signatory to the Private Health Insurance Code of Conduct.

You can get a copy of the code at:

www.westfund.com.au/contact-us/feedback/