

Overseas Top Hospital with Extras Policy Summary



Welcome to Feel Good Cover.
Health insurance that doesn't just do its job,
but adds an extra level of care.

Why Westfund?



We help people make sense of health care



We provide quality products with a proven track record



We're a not-for-profit that helps you get the most from your cover



We're proudly Australian owned and operated

This Overseas Cover includes:

- ✓ Access to one of Australia's largest network of contracted private hospitals
- ✓ Kids up to 25 stay covered*
- ✓ Ambulance cover, including emergency and non-emergency ambulance trips
- ✓ Cover for our full range of services including dental, optical, physio, chiro and other therapies.
- ✓ Generous benefits for extras that help you manage your health, like gym memberships, vitamins, health aids and preventative health checks.
- ✓ Access to our nationwide Provider of Choice network to help you reduce costs

Who should love this cover

Overseas health insurance for Australian working visa holders and their families. A good level of hospital cover with no excess, exclusions and restricted benefits on Hospital psychiatric services. Cover for inpatient and outpatient medical services.

High-level extras health insurance providing a high level of benefits on fundamental services such as optical, dental (including orthodontic), physiotherapy, chiropractic and a range of other therapies. Plus, benefits for extras to help you manage your health, like gym memberships, vitamins, pharmaceuticals, preventative health checks and health aids.



* Dependants stay covered if unmarried or not in a bona fide domestic relationship.

Overseas Top Hospital with Extras Policy Summary

Please read this policy summary carefully and retain. For more policy information, definitions and claiming requirements please refer to Westfund's Membership Terms & Conditions which can be downloaded at www.westfund.com.au/terms-conditions or by calling Westfund on 1300 937 838. Our Privacy Policy and Complaints Policy as well as information about the Code of Conduct and Commonwealth Ombudsman are also included in our Membership Terms & Conditions.

We'll pay benefits under your hospital cover on treatments that are part of an admitted episode of care. Benefit amounts depend on whether the treatment is covered, restricted or excluded from your policy. We recommend you always check with us prior to going to hospital to ensure you are covered and to check any out-of-pockets or excess that may apply. 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/

Treatments covered by this policy

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

This policy has nil excess

Your cover explained

✓ Covered

We will pay benefits towards your hospital treatment. This may include hospital accommodation, theatre fees, prostheses, pharmaceuticals and any medical fees related to your admission.

✓^R Restricted Services

We pay to a certain limit towards your hospital treatment. We will not fully 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 restricted services, you will need to pay out-of-pocket costs.

X Excluded

We don't cover any benefits towards your hospital treatment. If you choose to proceed as a private patient, you will have large out-of-pocket costs.

Hospital Cover

We have contracts with private hospitals throughout Australia to cover theatre fees and hospital accommodation costs for most procedures. When there is no contract, we pay up to a default benefit (set by the Government) and you may have large out-of-pocket costs. You can view our contracted private hospitals at www.westfund.com.au/find-a-provider/ or give us a call on 1300 937 838 for more information.

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

Where a treatment is covered or restricted on your policy, benefits are also payable for;

- Surgically Implanted Prostheses: up to the approved benefits in the Government's Prostheses List.

- Pharmaceuticals: for all Pharmaceutical Benefits Scheme (PBS) listed drugs that are administered according to the PBS approved indications.

- Medical fees charged by your doctor while you are in hospital, as well as common and support services such as anaesthetic, pathology and radiology related to your admission. As long as a Medicare Benefits Schedule (MBS) item number applies to those services.

Our **Access Gap Scheme** helps members with hospital cover to eliminate or reduce out-of-pocket expenses for medical gap payments. Your doctors can choose on a case-by-case basis whether to participate in the Access Gap Scheme so it's important to ask your doctor before beginning treatment.

Visit www.westfund.com.au/find-a-provider/ or give us a call on 1300 937 838 for more information.

Outpatient Medical Cover

When you are not admitted to hospital, we will pay a benefit towards medical fees charged by your General Practitioner or Specialist (including pathology and radiology). As long as a Medicare Benefit Schedule (MBS) item number applies to those services. We do not pay towards services not covered by Medicare.

Overseas Top Hospital with Extras Policy Summary

Find a registered provider from our Provider of Choice Network or use your own provider after reviewing our provider recognition criteria at www.westfund.com.au/find-a-provider/

Treatments covered by this policy

Service	Waiting Period	Item Limit	Annual Group Limit (unless otherwise stated)	Additional Information																				
General Dental 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: <table border="1"> <thead> <tr> <th>Service & Item Number</th> <th>Provider of Choice</th> <th>General Dentist</th> </tr> </thead> <tbody> <tr> <td>Periodic Oral Exam 012</td> <td rowspan="5">Benefits fully cover the cost of these services</td> <td>\$31.50</td> </tr> <tr> <td>X-ray 022</td> <td>\$22.50</td> </tr> <tr> <td>Scale & Clean 114</td> <td>\$69.00</td> </tr> <tr> <td>Fluride Treatment 121</td> <td>\$22.00</td> </tr> <tr> <td>Mouthguard 151</td> <td>\$94.00</td> </tr> <tr> <td>Surgical Tooth Extraction 322</td> <td>\$145.00</td> <td>\$145.00</td> </tr> <tr> <td>Filling 533</td> <td>\$107.50</td> <td>\$107.50</td> </tr> </tbody> </table>	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	Fluride Treatment 121	\$22.00	Mouthguard 151	\$94.00	Surgical Tooth Extraction 322	\$145.00	\$145.00	Filling 533	\$107.50	\$107.50	No annual limit	Service limits per member per calendar year may apply. Some common limits include: 011, 151- 1 service; 012- 2 services; 114, 121- 4 services; 161- 8 services; 022- 4 services per day, up to 8 services.
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																						
Fluride Treatment 121		\$22.00																						
Mouthguard 151		\$94.00																						
Surgical Tooth Extraction 322	\$145.00	\$145.00																						
Filling 533	\$107.50	\$107.50																						
Major Dental 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: <table border="1"> <thead> <tr> <th>Service & Item Number</th> <th>Benefit</th> </tr> </thead> <tbody> <tr> <td>Frenectomy 391</td> <td>\$173.00</td> </tr> <tr> <td>Root canal treatment - one canal 417</td> <td>\$140.00</td> </tr> <tr> <td>Full crown - veneered 615</td> <td>\$850.00</td> </tr> <tr> <td>Bridge pontic - per pontic 643</td> <td>\$437.00</td> </tr> <tr> <td>Complete upper & lower dentures 719</td> <td>\$977.00</td> </tr> </tbody> </table>	Service & Item Number	Benefit	Frenectomy 391	\$173.00	Root canal treatment - one canal 417	\$140.00	Full crown - veneered 615	\$850.00	Bridge pontic - per pontic 643	\$437.00	Complete upper & lower dentures 719	\$977.00	\$1400 per member	Service limits per member per calendar year may apply.								
Service & Item Number	Benefit																							
Frenectomy 391	\$173.00																							
Root canal treatment - one canal 417	\$140.00																							
Full crown - veneered 615	\$850.00																							
Bridge pontic - per pontic 643	\$437.00																							
Complete upper & lower dentures 719	\$977.00																							
Orthodontic Orthodontic Treatment Dental Retainers	12 months	100% Set item benefits depending on item number. Benefits for Dental Retainers are: <table border="1"> <thead> <tr> <th>Service & Item Number</th> <th>Benefit</th> </tr> </thead> <tbody> <tr> <td>Passive removable appliance - per arch 811</td> <td>\$283.30</td> </tr> <tr> <td>Active removable appliance - per arch 821</td> <td>\$618.88</td> </tr> <tr> <td>Functional orthopaedic appliance - custom fabrication 823</td> <td>\$912.64</td> </tr> <tr> <td>Functional orthopaedic appliance - prefabricated 824</td> <td>\$493.00</td> </tr> </tbody> </table>	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	Functional orthopaedic appliance - prefabricated 824	\$493.00	Accrues at a rate of \$500 per member per policy year; lifetime limit of \$2500 2 services per item number per member	Detailed Treatment Plan must be provided prior to commencement of Orthodontic treatment										
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																							
Functional orthopaedic appliance - prefabricated 824	\$493.00																							

Overseas Top Hospital with Extras Policy Summary

Treatments covered by this policy

Service		Waiting Period	Item Limit	Annual Group Limit		Additional Information
Optical	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					
	Optical Bonus		100% of gap	\$60 per member, 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	100%	\$50 per member	Must be purchased through a Westfund Care Centre or selected Provider of Choice providers.			
Service	Waiting Period	Item Limit	Annual Group Limit		Additional Information	
			Single	Couple/Family		
Other Therapies	Physiotherapy	2 months	\$10 per group service or \$42 per individual service	\$420	\$840	Two chiropractic x-rays per member per calendar year
	Exercise Physiology		\$10 per group service or \$30 per individual service			
	Chiropractic		\$30 per individual service			
	Chiropractic X-ray		\$55 per X-ray			
	Osteopathic		\$30 per individual service			
	Service	Waiting Period	Item Limit	Sub-limit		Additional Information
				Single	Couple/Family	
	Remedial Massage & Myotherapy	2 months	\$25 per individual service	\$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		\$25 per individual service	\$250	\$500	
	Dietetics & Nutrition		\$10 per group service or \$45 per individual service	\$250	\$500	
	Home Nursing (up to 6 hrs/over 6 hrs)		\$12/\$48 per individual service	\$150	\$300	
	Vision (Eye)Therapy		\$25 per individual service	\$250	\$500	
	Occupational Therapy	12 months for surgical treatment by a Podiatrist	\$10 per group service or \$50 per individual service	\$250	\$500	
	Podiatry Surgical Treatment		\$34 per individual service 100%	\$272	\$544	
	Clinical Psychology		\$75 per group service or \$75 per individual service	\$300	\$600	
Speech Therapy (initial/subsequent)	\$36 per group service or \$48/\$36 per individual service		\$300	\$588		
Annual Group Limit				\$500	\$1000	

Overseas Top Hospital with Extras Policy Summary

Treatments covered by this policy

Service		Waiting Period	Item Limit	Annual Group Limit (unless otherwise stated)	Additional Information	
Prescriptions, Injections, Vaccinations	For Private, Non-PBS and Non-NHS prescriptions	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)	
	Fitness Centre Aquatic Programs Weight Loss Programs Virtual Gastric Banding Diabetes Education Vitamins Omega 3 Probiotics	2 months	100%	Single Policy \$75 or Couple/Family Policy \$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/forms-downloads/	
Preventative Health	Preventative Health Tests	Bone Density Test	100%	\$30 per member	The health test must be recommended by a Medicare Registered Practitioner and cannot be Medicare claimable.	
		Bowel Testing Kit				
		Calcium Score				
		Mammogram				
		Mole Scan				
		Thin Prep Pap Test				
	Ear and Eye Health Checks	Audiology Test	2 months	\$80	\$160 per member	The health check must be provided by a Medicare Registered Practitioner and cannot be Medicare claimable.
		Corneal Topography				
		Optical Coherence Tomography				
		Retinal Photography				
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).		

Overseas Top Hospital with Extras Policy Summary

Treatments covered by this policy

Service		Waiting Period	Item Limit	Claimable Period per member	Letter of recommendation	Additional Information
Health Aids and Appliances	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/forms-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	Devices for Sleep Apnoea and Diagnosed Snoring include CPAP Machine, EPAP Treatment, Oral Appliance for Diagnosed Snoring, APAP Machine & BiPAP Machine.
	Custom Made/Preformed 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	
	Sleep Apnoea Masks/Accessories and TENS Accessories		\$100	Calendar Year	No	
	Low Vision Aids		\$100	Calendar Year	Lifetime letter	
	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	Repairs to devices are only available to appliances listed in this table.
	TENS Machine	\$150	Every three years	Lifetime letter		
Hearing Aids & Frequency Modulated Systems	36 months	\$1400	Every three years	No		
Service	Waiting Period	Item Limit	Annual Group Limit	Additional Information		
Travel	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.	

Overseas Top Hospital with Extras Policy Summary

Accommodation and Travel

Service	Waiting Period	Item Limit	Additional Information
Accommodation Benefit	12 months	Benefits are available per policy per calendar year.	
		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 hospital.	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.

Health and Wellbeing Programs

Chronic Disease Management Programs	Waiting Period	Additional Information
Weight Loss Programs	12 months	Manage your chronic condition or get support to make lifestyle changes
Hospital-Substitute Treatment	Waiting Period	Additional Information
Rehabilitation at Home	Refer to hospital waiting period table below	Have the option of doing that all-important rehabilitation out of hospital
Hospital Care at Home		Recover sooner in the privacy of your home

Additional eligibility criteria apply for the above programs, please visit www.westfund.com.au/health-insurance/health-wellbeing-programs/ for more information.

Hospital waiting periods

Waiting Period	Service
1 day	Accident-related hospitalisation
2 months	Hospital psychiatric services, Palliative care and Rehabilitation
12 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.
2 months	All other hospitalisations not listed above
2 months	Outpatient Medical Cover

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.
Non-Emergency Patient Transport	2 months	100%	\$5,000 per member	Ambulance services not available under this policy: - Inter-hospital transfers between public hospitals - Member requested ambulance transport e.g. to be closer to home/family.

Need to get in touch? We're only a click or call away.



Call us 1300 937 838
Monday - Friday
8am - 5pm (AEST)



Connect online
enquiries@westfund.com.au
westfund.com.au



Visit a Care Centre
Our Care Centres are located
across regional NSW and QLD