

## HOSPITAL TREATMENT

Effective 1st April 2011

## 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. Most 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](http://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.

## Medical Expenses

Westfund pays benefits to cover the fees charged by a doctor, surgeon, anaesthetist or other specialist whilst you're 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. Please see our website 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.

## Exclusions

**Obstetrics**

Benefits for hospital treatment and other services in connection with obstetrics (including assisted reproductive surgery) are excluded under this policy.

**Gastric banding, lipectomy and other obesity surgery**

Benefits for hospital treatment and other services in connection with gastric banding, lipectomy, and other obesity surgery are excluded under this policy.

**Cardiology**

Benefits for hospital treatment and other services in connection with Cardiology Procedures (Commonwealth Medicare Benefits Schedule item numbers in the range 38200 to 38812) are **excluded** under this policy.

**Hip Replacements**

Benefits for hospital treatment and other services in connection with hip replacements are **excluded** under this policy.

**Knee Replacement**

Benefits for hospital treatment and other services in connection with knee replacements are **excluded** under this policy.

**Cataract and Interocular Lens Insertion surgery**

Benefits for hospital treatment and other services in connection with cataract and interocular lens insertion surgery are **excluded** under this policy.

# VALUE SAVER PLUS

# BENEFITS

## Co-Payments

Co-Payments are amounts payable by a member for each day of Hospital Treatment or Hospital-Substitute Treatment. The Co-Payment is either paid by the member or subtracted from any benefit which would otherwise be payable.

### Co-Payments apply to this policy as follows:

- A Co-Payment of \$50 per night applies for every night after the first night for an admission for Hip Replacement, Knee Replacement and Psychiatric Conditions.
- A maximum Co-Payment of \$500 applies to admissions for Hip Replacement and Knee Replacement. There is no maximum Co-Payment for an admission for Psychiatric Conditions.
- No Co-Payment applies for an admission to a public hospital.

A co-payment of \$50 per night after the first night applies to admissions for psychiatric treatment only. There is no maximum co-payment. No Co-Payment applies for an admission to a public hospital.

## Excesses

An Excess is an amount payable by a member for Hospital Treatment or Hospital-Substitute Treatment in a Policy year where the payment would normally attract the benefit in accordance with the Policy. The Excess is either paid by the member or subtracted from any benefit which would otherwise be payable.

### Excesses apply to this policy as follows:

- An Excess of \$500 per calendar year applies for an admission under a Single Membership
- An Excess of \$500 per calendar year applies for each admission of an adult for Other Insured Group Memberships
- No Excess applies for an admission due to an Accident, for a same-day procedure, for the admission of a Dependant Child, or for an admission to a public hospital.

\$500 excess per adult per calendar year will apply to all overnight admissions to public and private hospitals. No Excess applies for an admission due to an Accident, for a same-day procedure or for the admission of a Dependant Child.

## Additional Benefits

### Accident

An Accident Benefit is payable where a member is admitted to hospital as the result of an accident. The member must be hospitalised within 7 days of the accident. The benefit payable is **\$100 per night of continuous hospitalisation for a maximum 12 months**. The Accident Benefit is not payable for rehabilitation.

### Ambulance

Westfund fully covers the cost of medically necessary ambulance transport in Australia either through covering the cost of State government levies or by covering the account.

# VALUE SAVER PLUS

# BENEFITS

## GENERAL TREATMENT BENEFITS

General Treatment benefits cover costs associated with dental, optical, physiotherapy, chiropractic, and other services. Benefits under this cover include:

### Dental

#### General Dental

General dental benefits are paid at set item rebates up to a limit per calendar year of \$400 for Single policies and \$800 for all other policies. Benefits for some of the common general dental services are:

- Consultation up to \$30 per service.
- Simple extractions up to \$80 per service.
- Removal of plaque up to \$25 per service.
- Removal of calculus up to \$55 per service.
- Fillings - small up to \$48, medium up to \$59, large up to \$91.50 per service.
- X-ray up to \$18 per service.
- Mouthguard up to \$75 per person per calendar year.

Benefits are provided for:

- General Dentistry (most ADA items 011-171),
- Oral surgery (ADA items 311, 314, 322, 323, 324 only),
- Endodontic (ADA items 411-421 only),
- Restorative (ADA items 511-579, items 595-597),  
and other services (most ADA items 911-986) provided by a general dentist.

#### Specialist and Major Dental

Benefits for the following dental services are **excluded** from this policy:

- Periodontics (ADA items 213 – 282),  
Oral Surgery (**except** ADA items 311, 314, 322, 323, 324)  
and Endodontic (**except** ADA items 411 – 421)
- Crowns, Bridges, Implants and Veneers
- Dentures and denture repairs
- Orthodontia

#### Westfund Dental Centre

Many general dental services provided at Westfund's dental centre are provided at low or no out of pocket cost.

# VALUE SAVER PLUS

# BENEFITS

## Optical

Benefits per member per calendar year are :

- Limit of up to \$160 for Multifocals (complete set or lenses only) or Contact Lenses.

**OR**

- Limit of up to \$110 for Single Vision or Bifocals (frame and/or lenses).

*Benefits are only available for sight correction. Benefits can be drawn progressively until limit is fully utilised.*

## Sunglasses

A benefit of \$50 per member per calendar year is provided for sunglasses purchased through any Westfund Classic Eyewear Centre.

## Classic Eyewear Centres

Westfund Classic Eyewear Centres 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.

## Other Benefits

	Benefit per Service	Limits per Policy	
		Single	Family
<b>Complementary Therapies</b>			
Bowen Therapy	\$25	\$150 per year	\$300 per year
Chiropractic / Chiropractic X-Ray	\$25 / \$35	\$150 per year	\$300 per year
Physiotherapy	\$25	\$150 per year	\$300 per year
Remedial Massage / Therapy	\$25	\$150 per year	\$300 per year
<b>Overall limit for General Services listed above</b>		<b>\$300 per year</b>	<b>\$600 per year</b>

	Benefit per Service	Limits per Policy	
		Single	Family
<b>Prevention Health Management</b>			
Fitness Centre, Yoga, Vitamins and Weight Loss Programs	-	\$75 per year	\$150 per year
<b>Limits per Member</b>			
Hypnotherapy for Smoking Cessation	-	\$250 lifetime limit	
Mole Scanning	-	\$30 per calendar year	

## Prescriptions

	\$50	\$200 per year
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# VALUE SAVER PLUS

# BENEFITS

## WAITING PERIODS 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
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

General Dental	2 months
Optical	2 months
Fitness Centre, Yoga, Vitamins, Weight Loss Programs, Prescriptions, Hypnotherapy and Mole Scanning	2 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)

### Other Conditions

#### Physiotherapy/Chiropractic

- Benefits for physiotherapy are only payable for one on one consultations. No Benefits are payable for group consultations.

#### Non PBS Pharmaceuticals

- No Pharmaceutical Benefit is payable on an item that is available without a prescription.
- A Benefit is only payable on items costing over the standard Pharmaceutical Benefit Scheme (PBS) charge. This is re-set each year as from 1 January.
- Benefits for prescriptions are not payable for:
  - (1) PBS Items supplied under the PBS scheme
  - (2) medicinal preparations available without prescription
  - (3) experimental and clinical trial pharmaceuticals
  - (4) contraceptives or anabolic steroids unless prescribed specifically for the treatment of an illness
  - (5) items which have not been approved for sale in Australia by the authorities that regulate the sale of pharmaceuticals.

## Other Conditions cont...

**Prevention Health Management (Fitness Centre, Yoga, Vitamins and Weight Loss Programs)**

- Benefits for membership with a fitness centre are only payable where:
  - the membership of a fitness centre is required to enable the Member to undertake a health management program for the treatment of a specific health condition or conditions; and
  - the health management program has been recommended to the Member by a medical practitioner or other Recognised Provider who is treating the Member for the specific health conditions or conditions; and
  - all documentation required by Westfund has been provided to Westfund.
- For the purpose of the fitness centre benefit, the Recognised Provider must be a general practitioner, dietician or Westfund Accredited Fitness Centre.
- Benefits are payable for Vitamins and Minerals listed with Westfund.
- Benefit for Weight Loss Programs are payable only for joining or membership fees.

*The documentation should be read carefully and retained.*

**Any Questions ?**

**PHONE**  
**1300 552 132**

**EMAIL**  
**[enquiries@westfund.com.au](mailto:enquiries@westfund.com.au)**

**BRANCH**  
**call into your local  
Westfund branch**