

## Private Health Information Statement - General treatment policy

### Freedom Extras (Dependants under 31)

#### Westfund Limited

<http://www.westfund.com.au>  
[enquiries@westfund.com.au](mailto:enquiries@westfund.com.au)  
 1300 937 838

#### Monthly Premium

**\$159.12 #**

(before any rebate or insurer discount)

Covers one adult & dependants, including non-student dependants (2 or more people, only one of whom is an adult)

Available in Queensland

# You may be entitled to an Australian Government rebate on the above premium. Your premium may also include an insurer discount. Check with your insurer for details.

This policy covers children, students up to and including the age of 30 and non-students up to and including the age of 30, as well as persons with a disability who qualify as a child, student or non-student in these age ranges.

### General Treatment Cover

By using this health insurer's "preferred providers" you will have lower out-of-pocket costs on Dental and Optical 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/find-a-provider/>.

This policy  includes General treatment (Extras) cover for

Note, for items marked with an asterisk \*: Access our Provider of Choice network – dental providers nationwide who work with us to help lower or eliminate out-of-pocket costs on selected preventative treatments

| Treatment               | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)  | Examples of maximum benefits   |
|-------------------------|-------------------------|---|--|
| General dental*         | 2                       | \$1,600 per person<br>(combined limit for general dental, major dental & endodontic)  | Periodic oral examination - \$35.00<br>Scale & clean - \$75.00<br>Fluoride treatment - \$22.00<br>Surgical tooth extraction - \$145.00 |
| Major dental            | 12                      |   | Full crown veneered - \$850.00   |
| Endodontic              | 12                      |   | Filling of one root canal - \$140.00   |
| Optical                 | 2                       | \$250 per person  | Single vision lenses & frames - \$250.00<br>Multi-focal lenses & frames - \$250.00   |
| Non PBS pharmaceuticals | 2                       | \$500 per person<br>(combined limit for non pbs pharmaceuticals, audiology, health management / healthy lifestyle, vaccinations & other services - <b>Sub-limits apply</b> )  | Per eligible prescription - \$50.00  |
| Physiotherapy           | 2                       | \$600 per person<br>(combined limit for physiotherapy, chiropractic, exercise physiology & osteopathy)  | Initial visit - \$42.00<br>Subsequent visit - \$42.00  |
| Chiropractic            | 2                       |   | Initial visit - \$30.00<br>Subsequent visit - \$30.00  |
| Podiatry                | 2                       | \$400 per person<br>(combined limit for podiatry, psychology, acupuncture, remedial massage, chinese medicine, dietetics/dietary advice, eye therapy (orthoptics), home nursing, occupational therapy, speech therapy & other services) | Initial visit - \$45.00<br>Subsequent visit - \$45.00  |
| Psychology              | 2                       |   | Initial visit - \$50.00<br>Subsequent visit - \$50.00  |
| Acupuncture             | 2                       |   | Initial visit - \$25.00<br>Subsequent visit - \$25.00  |
| Remedial massage        | 2                       |   | Initial visit - \$25.00<br>Subsequent visit - \$25.00  |
| Hearing aids            | 36                      | \$1,400 per person<br>1 service(s) every 3 years<br>(combined limit for hearing aids & other services)  | Hearing aid - \$1,400.00   |

|                                       |    |  |   |
|---------------------------------------|----|--|---|
| Blood glucose monitors                | 12 | \$100 per person   | Per monitor - \$100.00                                |
| Audiology                             | 2  | Combined limit - see Non PBS pharmaceuticals   | Initial visit - \$80.00<br>Subsequent visit - \$80.00 |
| Chinese medicine                      | 2  | Combined limit - see Podiatry  | Initial visit - \$25.00<br>Subsequent visit - \$25.00 |
| Dietetics/dietary advice              | 2  | Combined limit - see Podiatry  | Initial visit - \$30.00<br>Subsequent visit - \$30.00 |
| Exercise physiology                   | 2  | Combined limit - see Physiotherapy   | Initial visit - \$30.00<br>Subsequent visit - \$30.00 |
| Eye therapy (orthoptics)              | 2  | Combined limit - see Podiatry  | Initial visit - \$25.00<br>Subsequent visit - \$25.00 |
| Health management / Healthy lifestyle | 2  | Combined limit - see Non PBS pharmaceuticals   | Health management - \$100.00                          |
| Home nursing                          | 2  | Combined limit - see Podiatry  | Initial visit - \$48.00<br>Subsequent visit - \$48.00 |
| Occupational therapy                  | 2  | Combined limit - see Podiatry  | Initial visit - \$40.00<br>Subsequent visit - \$40.00 |
| Orthotics (podiatric orthoses)        | 12 | \$200 per person<br>(combined limit for orthotics (podiatric orthoses) & other services) | Orthotics supply & fit - \$200.00                     |
| Osteopathy                            | 2  | Combined limit - see Physiotherapy   | Initial visit - \$30.00<br>Subsequent visit - \$30.00 |
| Speech therapy                        | 2  | Combined limit - see Podiatry  | Initial visit - \$48.00<br>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

|                      |   |
|----------------------|---|
| <b>X</b> Orthodontic | <b>X</b> Other treatments - check with your insurer |
|----------------------|---|

#### Other features of this general treatment cover

Additional benefits included in this policy are Health Aids & Appliances (e.g. Devices for Sleep Apnoea and Diagnosed Snoring, Respiratory Aids, Blood Pressure Monitors), Outpatient Travel, and Sunglasses purchased through a Westfund Care Centre or through Westfund's online sunglasses store, The Collection. Please contact Westfund for details or visit [www.westfund.com.au/help/](http://www.westfund.com.au/help/) for additional claiming information.

For further information about this policy see

<https://www.westfund.com.au/dl/summaries/high-extras-over-50s.pdf>

#### Ambulance cover

Ambulance cover is provided by the State government for Queensland residents (<https://www.ambulance.qld.gov.au/>). This includes cover whilst interstate.

#### Other features of this ambulance cover

Permanent Queensland residents are covered for emergency pre-hospital ambulance treatment and transport Australia-wide, residents must purchase cover for non-emergency ambulance transport. This product provides coverage for emergency and non-emergency transport by a Westfund recognised Ambulance service provider in Australia either by covering the cost of state government levies or by covering the ambulance account. Recognised Ambulance service providers include: NSW Ambulance, Ambulance Victoria, Queensland Ambulance Service, ACT Ambulance Service, SA Ambulance Service, Ambulance Tasmania, St John Ambulance NT, St John Ambulance WA, St John Ambulance Norfolk Island and NSW Government local service providers.

For further information about this policy see

<https://www.westfund.com.au/dl/summaries/high-extras-over-50s.pdf>

#### 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.