

## Private Health Information Statement - General treatment policy

### Athlete Guard Extras

#### Westfund Limited

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

#### Monthly Premium

**\$127.96<sup>#</sup>**

(before any rebate or insurer discount)

Covers only one person  
 Available in NSW & ACT

<sup>#</sup> 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.

Employees/members of organisations with arrangements with this health fund

### 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 \*: Our Orthodontic benefit accrues at \$650 per policy year up to a lifetime limit of \$3,250. Plus, 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	No annual limit (no limit on preventative dental)	Periodic oral examination - \$40.00 Scale & clean - \$85.00 Fluoride treatment - \$24.00 Surgical tooth extraction - \$150.00
Major dental	12	\$1,000 per policy (combined limit for major dental & endodontic)	Full crown veneered - \$1,000.00
Endodontic	12		Filling of one root canal - \$140.00
Orthodontic*	12	\$650 per policy \$3,250 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - \$3,250.00
Optical	2	\$350 per policy	Single vision lenses & frames - \$350.00 Multi-focal lenses & frames - \$350.00
Non PBS pharmaceuticals	2	\$600 per policy (combined limit for non pbs pharmaceuticals, vaccinations & other services)	Per eligible prescription - \$75.00
Physiotherapy	2	\$1,200 per policy (combined limit for physiotherapy, chiropractic, exercise physiology & osteopathy)	Initial visit - \$40.00 Subsequent visit - \$40.00
Chiropractic	2		Initial visit - \$40.00 Subsequent visit - \$40.00
Podiatry	2	\$1,200 per policy (combined limit for podiatry, acupuncture, remedial massage, chinese medicine, dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, speech therapy & other services)	Initial visit - \$35.00 Subsequent visit - \$35.00
Acupuncture	2		Initial visit - \$35.00 Subsequent visit - \$35.00
Remedial massage	2		Initial visit - \$35.00 Subsequent visit - \$35.00
Chinese medicine	2		Initial visit - \$35.00 Subsequent visit - \$35.00
Dietetics/dietary advice	2		Initial visit - \$55.00 Subsequent visit - \$55.00

Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - \$40.00 Subsequent visit - \$40.00
Eye therapy (orthoptics)	2	Combined limit - see Podiatry	Initial visit - \$35.00 Subsequent visit - \$35.00
Occupational therapy	2	Combined limit - see Podiatry	Initial visit - \$70.00 Subsequent visit - \$70.00
Orthotics (podiatric orthoses)	12	\$300 per policy (combined limit for orthotics (podiatric orthoses) & other services)	Orthotics supply & fit - \$300.00
Osteopathy	2	Combined limit - see Physiotherapy	Initial visit - \$40.00 Subsequent visit - \$40.00
Speech therapy	2	Combined limit - see Podiatry	Initial visit - \$60.00 Subsequent visit - \$42.00
Vaccinations	2	Combined limit - see Non PBS pharmaceuticals	Per service - \$75.00

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

<b>X</b> Blood glucose monitors	<b>X</b> Psychology
<b>X</b> Hearing aids	<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. Braces, Compression Garments/Devices) and Outpatient Travel. 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/athlete-guard-extras.pdf>

## Ambulance cover

In NSW & ACT 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

Cover for the unexpected. Feel assured with Australia-wide ambulance cover for emergency and non-emergency transportation (up to available limits). This product provides coverage for 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

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#### 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.