

## Private Health Information Statement - General treatment policy

### Choice 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

**\$113.97<sup>#</sup>**

(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 South Australia

<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.

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 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                       | \$800 per person<br>(combined limit for general dental, major dental & endodontic)                                                                                                                                                                                                                                                                                                     | Periodic oral examination - 50% of charge<br>Scale & clean - 50% of charge<br>Fluoride treatment - 50% of charge<br>Surgical tooth extraction - 50% of charge |
| Major dental                  | 12                      |                                                                                                                                                                                                                                                                                                                                                                                        | Full crown veneered - 50% of charge                                                                                                                           |
| Endodontic                    | 12                      |                                                                                                                                                                                                                                                                                                                                                                                        | Filling of one root canal - 50% of charge                                                                                                                     |
| Optical                       | 2                       | \$200 per person                                                                                                                                                                                                                                                                                                                                                                       | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge                                                                |
| Physiotherapy                 | 2                       | \$400 per person<br>(combined limit for physiotherapy, chiropractic, podiatry, psychology, acupuncture, remedial massage, audiology, ante-natal/post-natal classes, chinese medicine, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), health management / healthy lifestyle, home nursing, occupational therapy, osteopathy, speech therapy & other services) | Initial visit - 50% of charge<br>Subsequent visit - 50% of charge                                                                                             |
| Chiropractic                  | 2                       |                                                                                                                                                                                                                                                                                                                                                                                        | Initial visit - 50% of charge<br>Subsequent visit - 50% of charge                                                                                             |
| Podiatry                      | 2                       |                                                                                                                                                                                                                                                                                                                                                                                        | Initial visit - 50% of charge<br>Subsequent visit - 50% of charge                                                                                             |
| Psychology                    | 2                       |                                                                                                                                                                                                                                                                                                                                                                                        | Initial visit - 50% of charge<br>Subsequent visit - 50% of charge                                                                                             |
| Acupuncture                   | 2                       |                                                                                                                                                                                                                                                                                                                                                                                        | Initial visit - 50% of charge<br>Subsequent visit - 50% of charge                                                                                             |
| Remedial massage              | 2                       |                                                                                                                                                                                                                                                                                                                                                                                        | Initial visit - 50% of charge<br>Subsequent visit - 50% of charge                                                                                             |
| Audiology                     | 2                       |                                                                                                                                                                                                                                                                                                                                                                                        | Initial visit - 50% of charge<br>Subsequent visit - 50% of charge                                                                                             |
| Ante-natal/Post-natal classes | 12                      |                                                                                                                                                                                                                                                                                                                                                                                        | Initial visit - 50% of charge<br>Subsequent visit - 50% of charge                                                                                             |
| Chinese medicine              | 2                       |                                                                                                                                                                                                                                                                                                                                                                                        | Initial visit - 50% of charge<br>Subsequent visit - 50% of charge                                                                                             |
|                               |                         |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                               |

|                                       |   |                                                                   |
|---------------------------------------|---|-------------------------------------------------------------------|
| Dietetics/dietary advice              | 2 | Initial visit - 50% of charge<br>Subsequent visit - 50% of charge |
| Exercise physiology                   | 2 | Initial visit - 50% of charge<br>Subsequent visit - 50% of charge |
| Eye therapy (orthoptics)              | 2 | Initial visit - 50% of charge<br>Subsequent visit - 50% of charge |
| Health management / Healthy lifestyle | 2 | Health management - 50% of charge                                 |
| Home nursing                          | 2 | Initial visit - 50% of charge<br>Subsequent visit - 50% of charge |
| Occupational therapy                  | 2 | Initial visit - 50% of charge<br>Subsequent visit - 50% of charge |
| Osteopathy                            | 2 | Initial visit - 50% of charge<br>Subsequent visit - 50% of charge |
| Speech therapy                        | 2 | Initial visit - 50% of charge<br>Subsequent visit - 50% of charge |

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

|                                 |                                  |                                                     |
|---------------------------------|----------------------------------|-----------------------------------------------------|
| <b>X</b> Blood glucose monitors | <b>X</b> Non PBS pharmaceuticals | <b>X</b> Other treatments - check with your insurer |
| <b>X</b> Hearing aids           | <b>X</b> Orthodontic             |                                                     |

#### Other features of this general treatment cover

Additional benefits included in this policy are Counselling, 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/choice-extras.pdf>

## Ambulance cover

In South Australia 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

<https://www.westfund.com.au/dl/summaries/choice-extras.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.