

Private Health Information Statement - Combined policy

Gold 500

Westfund Limited

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 1300 937 838

Monthly Premium

\$729.17[#]

(before any rebate, loading or discount)

Covers 2 adults (and no-one else)

Available in Tasmania
 Closed to new members

[#] You may be entitled to an Australian Government rebate on the above premium. Your premium may also include a Lifetime Health Cover loading, an age-based discount or an insurer discount. Check with your insurer for details.

Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy provides accident cover and benefits for travel or accommodation (outside of hospital) - check with your insurer for details.

✓ Covered

For information on what is covered under each category, see <https://privatehealth.gov.au/categories>

R Restricted

Restricted categories partially cover your hospital costs as a private patient in a public hospital. You may incur significant expenses in a private room or private hospital.

✗ Not Covered

These categories are not covered by this policy.

This policy ✓ includes cover for

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

The benefits paid for hospital treatment will depend on the type of cover you purchase and whether your fund has an agreement in place with the hospital in which you are treated. See 'Agreement Hospitals' on privatehealth.gov.au for which hospitals have arrangements with your insurer - <https://privatehealth.gov.au/dynamic/agreementhospitals>.

Under this policy, you may have to pay out-of-pocket costs above what you get from Medicare or your private health insurer. Before you go to hospital, you should ask your doctors, hospital and health insurer about any out-of-pocket costs that may apply to you.

The following payments may also apply for hospital admissions

Excess: You will have to pay an excess of \$500 per admission. This is limited to a maximum of \$500 per person and \$1000 per policy per year.

Co-payments: No co-payments

The following waiting periods for hospital admissions apply to new or upgrading members

Waiting periods:

- 2 months for palliative care, rehabilitation and hospital psychiatric treatments, even if pre-existing
- 12 months for other pre-existing conditions
- 12 months for pregnancy and birth (obstetrics)
- 2 months for all other treatments

Gap Cover

This provider offers '[known gap](#)' or '[no gap](#)' cover for medical bills for this product.

The [Medical Costs Finder](#) lets you find out more about the cost of specialist medical services.

Other features of this hospital cover

An EXCESS WAIVER applies for admissions into PRIVATE hospitals as a result of an accident. Travel & Accommodation benefits for inpatient hospitalisations. Access to health and wellbeing programs to provide rehabilitation and hospital care from home as well as management of chronic conditions (mental health, cancer support, weight management).

For further information about this policy see

<https://www.westfund.com.au/dl/summaries/gold.pdf>

General Treatment Cover

This health insurer does not operate a preferred provider scheme.

This policy  includes General treatment (Extras) cover for

Note, for items marked with an asterisk *: Our Orthodontic benefit accrues at \$500 per policy year up to a lifetime limit of \$2,500. 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	\$1,400 per person (combined limit for major dental & endodontic)	Full crown veneered - \$1,000.00
Endodontic	12		Filling of one root canal - \$140.00
Orthodontic*	12	\$500 per person \$2,500 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - \$2,500.00
Optical	2	\$250 per person	Single vision lenses & frames - \$250.00 Multi-focal lenses & frames - \$250.00
Non PBS pharmaceuticals	2	\$400 per person (combined limit for non pbs pharmaceuticals, vaccinations & other services)	Per eligible prescription - \$50.00
Physiotherapy	2	\$840 per policy (combined limit for physiotherapy & exercise physiology)	Initial visit - \$42.00 Subsequent visit - \$42.00
Chiropractic	2	\$600 per policy (combined limit for chiropractic & osteopathy)	Initial visit - \$30.00 Subsequent visit - \$30.00

Podiatry	2	\$544 per policy	Initial visit - \$45.00 Subsequent visit - \$45.00
Psychology	2	\$600 per policy (combined limit for psychology & other services)	Initial visit - \$75.00 Subsequent visit - \$75.00
Acupuncture	2	\$500 per policy (combined limit for acupuncture & chinese medicine)	Initial visit - \$25.00 Subsequent visit - \$25.00
Remedial massage	2	\$500 per policy (combined limit for remedial massage & other services)	Initial visit - \$30.00 Subsequent visit - \$30.00
Hearing aids	36	\$1,400 per person 1 service(s) every 3 years (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	\$160 per person (combined limit for audiology & other services)	Initial visit - \$80.00 Subsequent visit - \$80.00
Ante-natal/Post-natal classes	12	\$200 per policy	Initial visit - 100% of charge Subsequent visit - 100% of charge
Chinese medicine	2	Combined limit - see Acupuncture	Initial visit - \$25.00 Subsequent visit - \$25.00
Dietetics/dietary advice	2	\$500 per policy (combined limit for dietetics/dietary advice & other services)	Initial visit - \$45.00 Subsequent visit - \$45.00
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - \$30.00 Subsequent visit - \$30.00
Eye therapy (orthoptics)	2	\$500 per policy	Initial visit - \$25.00 Subsequent visit - \$25.00
Health management / Healthy lifestyle	2	\$150 per policy	Health management - 100% of charge
Home nursing	2	\$300 per policy	Initial visit - \$48.00 Subsequent visit - \$48.00
Occupational therapy	2	\$800 per policy	Initial visit - \$50.00 Subsequent visit - \$50.00
Orthotics (podiatric orthoses)	12	\$200 per person (combined limit for orthotics (podiatric orthoses) & other services)	Orthotics supply & fit - \$200.00
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - \$30.00 Subsequent visit - \$30.00
Speech therapy	2	\$800 per policy	Initial visit - \$48.00 Subsequent visit - \$48.00
Vaccinations	2	Combined limit - see Non PBS pharmaceuticals	Per service - \$50.00

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

X Other treatments - check with your insurer

Other features of this general treatment cover

Additional benefits included in this policy are Counselling, 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/ for additional claiming information.

For further information about this policy see

<https://www.westfund.com.au/dl/summaries/gold.pdf>

Ambulance cover

Ambulance cover is provided by the State government for residents of Tasmania. This may include cover whilst interstate, except for South Australia and Queensland where no cover applies. In other states please check with Ambulance Tasmania - https://www.health.tas.gov.au/ambulance/fees_and_accounts.

Other features of this ambulance cover

Permanent Tasmania residents are covered for emergency pre-hospital ambulance treatment and transport in Tasmania, residents must purchase cover for non-emergency ambulance transport or emergency transport in another state. 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

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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.