

membership guide



central west
health cover

Central West Health Cover

As a regional Health Fund, our product range and pricing has been designed specifically to cater for the needs of people living outside of metropolitan areas.

Our aim is to provide you with a level of cover suitable for your needs, without charging you the earth for it.

This guide has been designed to summarise and clearly explain many of the benefits available to you as a Central West Health Cover member. However, as health insurance is complex, every aspect of the benefits available cannot be covered by this guide.

Our Fund Rules do detail the full conditions of the cover provided by us. If you would like more information about our Fund Rules, or if you have any other questions, please speak to one of our Member Service Consultants by calling 133 206.

Your Guide to Central West Health Cover

At Central West you can choose the right level of health cover for your needs and budget. Whether you need Hospital cover, Ancillary cover or a combination of the two – it's your choice.

Comprehensive Hospital Cover

Comprehensive Hospital Cover pays 100% of the cost of a private or shared room in all Central West contracted private hospitals and public hospitals. Plus, it covers 100% of theatre fees in all private hospitals.*

Most importantly, Comprehensive Hospital Cover allows you to have a say about which Medical Practitioner or Specialist treats you and enables you to choose a convenient time for your treatment.

There are three levels of Comprehensive Hospital Cover available to you, Nil Excess, \$100/\$200 Excess or \$200/\$400 Excess. The higher your excess, the lower your premium.

Comprehensive Hospital and Top Extras Cover

Suitable for singles, couples and families, this package combines our Comprehensive Hospital Nil Excess cover with our highest level of Extras cover.

Comprehensive Hospital and Top Extras cover is particularly suitable for members who want to control when and where they and their family receive hospital treatment, as well as who treats them. Plus, they can have the confidence of knowing that they will receive substantial benefits on a wide range of ancillary health services.

Family Health – Combined Family Cover

If you're a young couple or family this cover could be right for you. Family Health offers a mixture of Hospital and Extras benefits for services that you and your family are most likely to need. For services that you may consider you are less likely to need, benefits are limited or excluded – this helps to keep your premiums as low as possible.

Young and Healthy – Combined Singles Cover

Designed specifically for young singles, Young and Healthy cover provides a mixture of Hospital and Extras benefits for services that you are most likely to need. For services that you may consider you are less likely to need, benefits are limited or excluded – this helps to keep your premiums as low as possible.

Extras Cover

Medicare doesn't provide a benefit for important health services such as visits to the dentist, chiropractor or physiotherapist. Nor can you usually claim the cost of prescription glasses or contact lenses from Medicare. But Central West Extras Cover allows you affordable access to these important health services when you need them.

* There are also benefits payable for treatment in private hospitals that are not contracted with Central West Health Cover – for more details refer to page 25.

Hospital Cover

Comprehensive Hospital Cover

COMPREHENSIVE HOSPITAL

If you need to stay in hospital overnight, Central West fully pays the cost of your accommodation in either a public hospital (if you opt to be treated as a private patient) or a Central West contracted private hospital.*

COMPREHENSIVE HOSPITAL 100

For an overnight hospital stay, an excess of \$100 will apply per person, per calendar year. A maximum of \$200 per family membership, per calendar year applies. If you don't stay overnight, no excess is payable.

COMPREHENSIVE HOSPITAL 200

For an overnight hospital stay, an excess of \$200 will apply per person, per calendar year. A maximum of \$400 per family membership, per calendar year applies. If you don't stay overnight, no excess is payable.

Comprehensive Hospital and Top Extras Cover

This package combines Comprehensive Hospital Cover (nil excess) with our very highest range of Extras cover. For full details of Top Extras benefits refer to page 13.

Family Health Hospital Cover

Family Health Hospital fully covers the cost of shared room accommodation in all public (if you opt to be treated as a private patient) or Central West contracted private hospitals – less any excess that may be applicable.*

If you are admitted into a private room in a hospital, your Family Health Hospital cover will only pay a benefit equivalent to the cost of a shared room – less any excess that may be applicable.

Family Health Hospital cover can only be taken out in conjunction with Family Health Extras cover (refer to page 14). Excesses do apply and there are some benefit limitations and exclusions.

EXCESS

For an overnight hospital stay an excess of \$300 will apply per person per calendar year. A maximum excess of \$600 per family membership per calendar year applies. If you don't stay overnight, no excess is payable.

* There are also benefits payable for treatment in private hospitals that are not contracted with Central West Health Cover – for more details refer to page 25.

BENEFIT LIMITATIONS AND EXCLUSIONS

Only limited benefits are available on the following services

- Major eye surgery including cataracts
- Psychiatric care*
- Cosmetic surgery

No benefits are available on the following services

- Heart procedures
- Joint replacement
- Sterilisation reversals

Young and Healthy Hospital Cover

Young and Healthy Hospital fully covers the cost of shared room accommodation in all public (if you opt to be treated as a private patient) or Central West contracted private hospitals – less any excess that may be applicable.**

If you are admitted into a private room in a hospital, your Young and Healthy Hospital cover will only pay a benefit equivalent to the cost of a shared room – less any excess that may be applicable.

Young and Healthy Hospital cover can only be taken out in conjunction with Young and Healthy Extras cover (refer to page 15). Excesses do apply and there are some benefit limitations and exclusions.

EXCESS

For an overnight hospital stay an excess of \$150 will apply per person per calendar year. A maximum excess of \$300 per calendar year applies for couples. If you don't stay overnight, no excess is payable.

BENEFIT LIMITATIONS AND EXCLUSIONS

Only limited benefits are available on the following services

- Major eye surgery including cataracts
- Psychiatric care*
- Cosmetic surgery

No benefits are available on the following services

- Maternity
- Birth related services
- Heart procedures
- Joint replacement
- Sterilisation reversals

* Refer to page 9 for benefit conditions.

** There are also benefits payable for treatment in private hospitals that are not contracted with Central West Health Cover – for more details refer to page 25.

Hospital Cover Features	Comprehensive Hospital Cover	Family Health Cover*	Young and Healthy Cover**
Fully covered for a private room in a public hospital or a Central West Health Cover contracted private hospital	✓	x	x
Fully covered for a shared room in a public hospital or a Central West Health Cover contracted private hospital	✓	✓	✓
Central West Health Cover Medical Gap cover <i>(see page 7 for details)</i>	✓	✓	✓
Hospital Excess	Choice of three excess levels Nil Excess \$100/\$200 Excess \$200/\$400 Excess <i>(See page 2 for details)</i>	\$300 excess applies <i>(See page 2 for details)</i>	\$150 excess applies <i>(See page 3 for details)</i>
Joint Replacement Surgery	✓	x	x
Coronary/Heart and Cardiothoracic Procedures	✓	x	x
Psychiatric Care***	✓	Limited hospital benefits only****	Limited hospital benefits only****
Cosmetic Surgery (with an MBS item number only)	✓	Limited hospital benefits only****	Limited hospital benefits only****
Maternity and Birth Related Services	✓	✓	x
Assisted Reproductive Services	✓	✓	x
Major Eye Surgery	✓	Limited hospital benefits only****	Limited hospital benefits only****
Rehabilitation***	✓	✓	✓
Theatre Fees	✓	✓	✓

- * Only available in conjunction with Family Health Extras cover
** Only available in conjunction with Young and Healthy Extras cover
*** Refer to page 9 for further details
**** Limited benefits apply see page 6 for details

Important information about your Hospital cover

Waiting Periods

When you join Central West Health Cover there are waiting and benefit limitation periods that apply before you can receive benefits. These waiting periods also apply if you transfer to a higher level of cover (ie from Family Health to Comprehensive Hospital cover).

Hospital Waiting Periods (including Medical Gap benefits)	
Pre-existing Ailments or Conditions	12 month waiting period
Maternity*	12 month waiting period
Assisted Reproductive Services (including IVF) Cosmetic Surgery (with MBS item number only) Joint Replacement Psychiatric Care Sterilisations (no benefit payable for reversals) Other Hospital Treatments	2 month waiting period

* If you are on a single policy, an application for family cover must be made within 30 days of your baby's date of birth for your baby to be covered on your policy.

Cosmetic surgery

Procedures that do not attract a Medicare benefit only receive accommodation benefits which are equivalent to the cost of a shared room in a public hospital. No other benefits are payable.

Limited benefits

Limited accommodation benefits apply which are equivalent to the cost of a shared room in a public hospital. Central West Medical Gap, theatre fees and pharmacy costs are not payable.

Long stay patients

All Central West Hospital cover members requiring continuous hospitalisation for 35 days or more (which may include a break of up to seven days), are required to provide an acute care certificate from your treating hospital, otherwise only a basic benefit will apply.

As benefits received after 35 days of continuous hospitalisation will vary depending on your treating hospital, we recommend that you contact Central West for a benefit quotation.

Medical Gap cover

WHAT IS THE MEDICAL GAP?

The Medical Gap is the difference between the Medicare Benefit Schedule (MBS) fee set by the Federal Government and the amount Medical Practitioners charge private patients when they are admitted to a hospital or day hospital facility.

Some Medical Practitioners only charge the MBS fee. In these cases, there is no Medical Gap to pay (providing treatment is not excluded from your level of cover).

However, many Medical Practitioners charge more than the MBS fee. It is the amount above the MBS fee that is known as the gap.

WILL CENTRAL WEST HEALTH COVER ELIMINATE OR REDUCE MY MEDICAL GAP?

All levels of Central West Hospital Cover include Central West's Medical Gap cover.

Central West's Medical Gap cover could either eliminate or reduce your Medical Gap for in-hospital treatment provided by a wide range of Medical Practitioners in Australia.

Medical Gap only applies for treatment provided when you are admitted to a hospital. Limitations and exclusions apply for some cosmetic and reconstructive surgery items and for treatment that is excluded from your level of cover.

Central West is unable to pay benefits for medical fees charged for services provided out of hospital, such as consultations in Medical Practitioners' rooms, or pathology or radiology services performed where you're not admitted as a patient in a hospital.

In certain cases such as maternity, you may have substantial out-of-pocket expenses for visits to your Medical Practitioner, before and after hospitalisation.

It is important that you ask your Medical Practitioner to explain all of the out-of-pocket expenses that you may be responsible for, including all expenses for treatment and services which are provided while you are not in hospital.

HOW DO I FIND OUT IF I AM COVERED FOR THE MEDICAL GAP?

We can tell you if your referred Medical Practitioner is fully covered by Central West Health Cover. Simply call us on 133 206 BEFORE you arrange a hospital stay.

Newborn babies

Newborn babies are not considered to be patients in a hospital for the first nine days after their birth unless they are admitted to a special care facility, or if the baby is part of a multiple birth.

If a newborn baby is added to the membership within 30 days of birth, the baby will be credited with the length of membership of the parent with the longest served policy and will be deemed to have served the same waiting periods.

Central West cannot pay the 25% medical benefit unless the baby has been admitted to hospital. Medicare will pay 85% of the MBS for babies not admitted to hospital.

Pre-Existing Ailments and Conditions

WHEN TO CONTACT THE HEALTH FUND

If you have less than 12 months membership on your current hospital product, make sure you contact us before you are admitted to hospital and find out whether the pre-existing ailment waiting period applies to you.

Please allow at least 5 days for us to make an assessment of the pre-existing ailment.

If you proceed with the admission without confirming benefit entitlements and Central West Health Cover subsequently determine your condition to be pre-existing, you will be required to pay all hospital charges and medical charges not covered by Medicare.

EMERGENCY ADMISSIONS

In an emergency, we may not have time to determine if you are affected by the pre-existing ailment rule before your admission. Consequently if you have less than 12 months membership on your current hospital table you might have to pay for some or all of the hospital and medical charges if you are admitted to hospital and choose to be treated as a private patient and Central West Health Cover later determines that your condition was pre-existing.

Prostheses

WHAT ARE PROSTHESES?

Prostheses are the surgically implanted devices you may need if you have an operation. There are many types of prostheses which are required during surgery. Some of the most common procedures needing prostheses are joint replacements, cataract surgery and some heart procedures.

AM I COVERED FOR PROSTHESES?

All levels of Central West Hospital cover entitles you to a benefit for prostheses as long as you are admitted to hospital for the procedure. No benefit is payable for prostheses implanted during a procedure that is specifically excluded from your level of cover.

Most prostheses are fully covered however there are some prostheses that may attract an out-of-pocket expense. Please be assured that there is at least one fully covered prosthesis available for every surgical procedure that you may need, so we suggest you discuss the choice of prosthesis with your Medical Practitioner.

HOW DO I FIND OUT IF I AM FULLY COVERED FOR MY PROSTHESIS?

It is important to talk to your Medical Practitioner to find out whether a prosthesis will be used during your procedure. Once you have confirmed this, you will need to know the item number of the prosthesis you need and the item number of the procedure you will be having. When you have this information, simply call a Member Service Consultant on 133 206 so we can confirm the amount of any gap you may need to pay.

Psychiatric care

Private hospital benefits for psychiatric patients are only available for approved programs in hospitals that have contracts with Central West Health for the provision of these programs. Limited benefits apply for Family Health Cover and Young and Healthy Cover members.

Default benefits are paid on all other non-approved programs. Contact us for details on 133 206 as benefits may vary by State.

Public Hospitals – You can choose to be admitted as a public patient

As a patient in a public hospital, you **can** choose to be treated as a private or public patient. As a public patient there is no direct charge to the patient as all of your accommodation and treatment costs are paid for by Medicare.

If you choose to be a public patient you will be treated by a Medical Practitioner assigned by the hospital and you may not have a say in when your treatment will occur. You should also be aware that the allocation of private rooms in public hospitals is decided according to clinical need.

Should you choose to be admitted to a public hospital as a private patient you may incur some out-of-pocket expenses for medical services.

Rehabilitation

Private hospital benefits for rehabilitation patients are only available for approved programs in hospitals that have contracts with Central West Health for the provision of these programs.

Default benefits are paid on all other non-approved programs. Contact us for details on 133 206 as benefits may vary by State.

Respite care

No benefits are payable for respite care.

Important information about Extras, Top Extras, Family Health Extras and Young and Healthy Extras Cover

Annual Maximums

Maximum benefits for treatment and services are calculated and based on calendar years.

As a member, your entitlements are based on the continuous length of your membership on Extras cover.

Maximums cannot be advanced into future years, nor can unused entitlements from one calendar year be carried forward into the next calendar year.

Registered Providers

Benefits will only be paid for services delivered by Providers registered with Central West.

It is important you check that your chosen Provider is registered prior to commencing treatment.

Benefit Quotations

We recommend you contact us for a benefit quotation before your treatment commences. This enables you to plan for any out-of-pocket expenses that you may incur.

To receive a benefit quotation, simply give us an itemised quotation from your Provider. This benefit quotation is valid for two months from the date it is issued. If you don't submit a claim within this two month period, you may find that the amount of benefit payable has changed.

Note: Charges may vary from Provider to Provider, so you may like to compare prices from two or three Providers.

Medically Necessary

The treatment is medically necessary in the opinion of a Medical Practitioner or other suitably qualified person appointed by Central West.

Extras Cover

Extras cover helps you to meet the cost of a wide range of necessary ancillary health services, many of which are not covered by Medicare.

These ancillary services can range from the cost of accommodation when you need to travel for health treatment, to having a tooth fixed or visiting the podiatrist. With over 20 different types of services covered, there's real value in having Extras cover.

The tables on pages 16 to 21 list the services covered by Extras, along with the amount of benefit payable for each service. Waiting periods apply and are also listed in these tables.

Accommodation and Travel Costs

If the specialist medical treatment you require is not available either permanently or on a visiting basis within 200kms (return journey) of your usual place of residence, Central West will provide a benefit toward the cost of your accommodation and travel.

A claim for benefits must first be submitted to your home State Government's relevant transport subsidy scheme, Central West will then provide a benefit for further out-of-pocket costs.

Note: No benefit is payable for private accommodation.

If you have been a Central West member for less than two years, the maximum amount of benefit that you can claim for travel costs is \$200 per calendar year. If you have been a member for more than two years, this amount increases to \$350 per calendar year. The total amount that you can claim from Central West and your home State Government's subsidy scheme will not exceed these maximums.

To claim accommodation or travel cost benefits, you will need to submit a completed and signed government approval form and transport subsidy scheme remittance advice. These are available from the provider of your home state's subsidy scheme.

Further benefit details are available in the Extras table on pages 16-21.

Ambulance cover

Central West provides 100% cover for emergency road ambulance transport. Cover is also provided for one fully paid non-emergency service per calendar year. All subsequent use of non-emergency road ambulance services will require you to pay a co-payment of \$50 toward the cost of each service.

Emergency road ambulance transport is where the patient is taken by road ambulance to and received by, an emergency department at a hospital.

This cover is provided to all members if they are not already covered by their home State Government ambulance scheme, so long as ambulance services are provided by the principal providers of ambulance services in each Australian State or Territory.

Dental

Benefits are only payable for medically necessary dental services provided by a Dentist who is registered with Central West. Benefits are also paid for some medically necessary services provided by a fully qualified and registered Dental Prosthetist. Listed below are the categories of dental treatment.

DENTAL – GENERAL

General Dental includes routine dental care – regular checkups, consultations, all extractions, restorations, x-rays and mouthguards.

DENTAL – MAJOR

Major Dental includes more extensive treatments such as restorative services, dentures, crowns, bridges and orthodontic treatment.

Benefits for partial dentures are only provided through a Dental Prosthetist, where this is permitted by State Legislation.

Benefits for full arch banding are included in the orthodontic maximum. A benefit is not paid for full arch banding orthodontic treatment which is commenced during the waiting period.

The benefit for full arch banding is for the full course of treatment.

The full benefit for full arch banding is usually paid when the first claim for the course of treatment is made and additional benefits are not paid from any subsequent years' orthodontic dental entitlement.

If the full benefit is not paid due to the maximum entitlement being reached (as a result of benefits being paid for other treatments) the balance is payable in the subsequent year providing the course of treatment is on-going.

DENTAL BENEFIT RESTRICTIONS

Benefits on some dental items may be restricted if performed in conjunction with other specific dental services, or if a service is received more than once in a specified period of time.

Home Nursing

If medical treatment is required at home for an acute illness which would ordinarily attract a hospital benefit from Central West, we will pay a benefit for a registered private practice nurse approved by Central West, provided the nurse is in attendance for more than four hours a day and the treatment was ordered by a Medical Practitioner.

Note: No benefit is payable for obstetrics as this is not considered to be an acute illness.

Optical

Benefits are provided for prescription glasses (frame and lenses) and contact lenses when supplied by an Optometrist or Optical Dispenser registered with Central West.

Note: Glasses or contact lenses are recorded against your entitlement for the calendar year in which the optical item is ordered, which may not necessarily be when you collect them.

Pharmacy

A benefit is payable for most therapeutic prescriptions (including repeats) for any medicine or drug listed on the current Central West Schedule of Pharmaceutical Benefits. Benefits are not payable on Government PBS (Pharmaceutical Benefit Scheme) items, nor will we pay a benefit for prescription items such as contraceptives and items prescribed to enhance mental or physical prowess.

All items must be prescribed by a Medical Practitioner, however some drugs require a prescription from a Specialist Medical Practitioner before a benefit can be paid. Speak to one of our Member Service Consultants for more details.

You will be required to pay a co-payment per item. In most cases Central West's co-payment will be equivalent to the co-payment stipulated for PBS items.

Top Extras Cover

Top Extras cover is only available as a package with our Comprehensive Hospital (nil excess) cover and offers a higher level of benefits on most services than our standard Extras cover does. For a full comparison of the benefits available on Extras and Top Extras please refer to the tables on pages 16 to 21.

Top Extras cover also offers the following:

General Dental/Optical Top Bonus

Members with Top Extras Cover are entitled to an additional benefit for general dental and optical out-of-pocket expenses. This benefit is limited to \$300 per person, per calendar year, to a maximum of \$600 per family membership per calendar year.

Remedial Massage Therapy

Members with Top Extras Cover are entitled to benefits for Remedial Massage Therapy. This does not include massage for stress relief or relaxation.

For benefits to be payable the service must be provided by a qualified Remedial Massage Therapist, who is a Central West Health Cover registered provider.

Benefit limitations are as follows:

\$35 per service to an annual maximum of \$225 per single membership and \$450 per family or couple membership. Waiting period is two months.

Family Health Extras Cover

Family Health Extras cover can only be taken out in conjunction with Family Health Hospital cover. There are some benefit limitations and exclusions for services.

Benefits are only payable on the following services and the details are explained below:-

- Ambulance Cover
- Chiropractic
- General Dental
- Pharmacy
- Physiotherapy
- Podiatry
- Prescription Glasses or Contact lenses

Ambulance cover

Central West provides 100% cover for emergency road ambulance transport. Cover is also provided for **one** fully paid non-emergency service per calendar year. All subsequent use of non-emergency road ambulance services will require you to pay a co-payment of **\$50** toward the cost of each service.

Emergency road ambulance transport is where the patient is taken by road to and received by, an emergency department at a hospital.

This cover is provided to all members if they are not already covered by their home State Government ambulance scheme, so long as ambulance services are provided by the principal providers of ambulance services in each Australian State or Territory.

General Dental

General Dental covers services like regular check ups, consultations, scale and clean, simple extractions, most fillings and mouthguards.

Physiotherapy, Chiropractic, Podiatry and Pharmacy

A combined limit of \$300 per person per calendar year applies for benefits payable for physiotherapy, chiropractic, podiatry and pharmacy services.

Prescription Glasses or Contact lenses

Cover is limited to one pair of prescription glasses or contact lenses per calendar year.

Need more information?

The tables on pages 16 to 21 list benefits payable for each service covered by Family Health Extras cover. Waiting periods are also listed in these tables.

Young and Healthy Extras Cover

Young and Healthy Extras cover can only be taken out in conjunction with Young and Healthy Hospital Cover. There are some benefit limitations and exclusions for services.

Benefits are only payable on the following services and the details are explained below:-

- Ambulance Cover
- Chiropractic
- General Dental
- Pharmacy
- Physiotherapy
- Podiatry
- Prescription Glasses or Contact lenses

Ambulance cover

Central West provides 100% cover for emergency road ambulance transport. Cover is also provided for **one** fully paid non-emergency service per calendar year. All subsequent use of non-emergency road ambulance services will require you to pay a co-payment of **\$50** toward the cost of each service.

Emergency road ambulance transport is where the patient is taken by road to and received by, an emergency department at a hospital.

This cover is provided to all members if they are not already covered by their home State Government ambulance scheme, so long as ambulance services are provided by the principal providers of ambulance services in each Australian State or Territory.

General Dental

General Dental covers services like regular check ups, consultations, scale and clean, simple extractions, most fillings and mouthguards.

Physiotherapy, Chiropractic, Podiatry and Pharmacy

A combined limit of \$300 per person, per calendar year applies for benefits payable for physiotherapy, chiropractic, podiatry and pharmacy services.

Prescription Glasses or Contact lenses

Cover is limited to one pair of prescription glasses or contact lenses per calendar year.

Need more information?

The tables on pages 16 to 21 lists benefits payable for each service covered by Young and Healthy Extras cover. Waiting periods are also listed in these tables.

		Extras Cover		Top Extras Cover ^		Family Health# or Young & Healthy~ Cover	
Service	Waiting Periods	Benefits up to	Maximums per member per calendar year	Benefits up to	Maximums per member per calendar year	Benefits up to	Maximums per member per calendar year
Accommodation If travel is required for treatment	2 months	\$43 per night	\$645 per membership	\$43 per night	\$645 per membership	No benefits payable for accommodation	Not applicable
Acupuncture	2 months	\$18 (<2yrs) or \$22 (>2yrs)	\$350 (<2yrs) or \$500 (>2yrs) combined limit for acupuncture, naturopathy and homeopathy	\$30 per service	\$350 (<2yrs) or \$500 (>2yrs) combined limit for acupuncture, naturopathy and homeopathy	No benefits payable for acupuncture	Not applicable
Ambulance	1 day	100% emergency† and one 100% non-emergency service. \$50 co-payment for all subsequent non-emergency services.	No limit	100% emergency† and one 100% non-emergency service. \$50 co-payment for all subsequent non-emergency services.	No limit	100% emergency† and one 100% non-emergency service. \$50 co-payment for all subsequent non-emergency services.	No limit
Clinical Psychology Initial consultation Subsequent consultation Group consultation	12 months	\$60 (<2yrs) or \$66 (>2yrs) \$45 (<2yrs) or \$49 (>2yrs) \$30 (<2yrs) or \$33 (>2yrs)	\$700 (<2yrs) or \$800 (>2yrs)	\$60 (<2yrs) or \$66 (>2yrs) \$45 (<2yrs) or \$49 (>2yrs) \$30 (<2yrs) or \$33 (>2yrs)	\$700 (<2yrs) or \$800 (>2yrs)	No benefits payable for clinical psychology	Not applicable
Chiropractor 1-12 visits After 12 visits x-rays	2 months	\$16 (<2yrs) or \$18 (>2yrs) \$12 (<2yrs) or \$13 (>2yrs) \$40 (<2yrs) or \$48 (>2yrs)	\$240 (<2yrs) or \$366 (>2yrs)†† (maximum 1 per year)	\$36 per service \$40 (<2yrs) or \$48 (>2yrs)	\$240 (<2yrs) or \$366 (>2yrs)†† (maximum 1 per year)	\$16 (<2yrs) or \$18 (>2yrs) \$12 (<2yrs) or \$13 (>2yrs) \$40 (<2yrs) or \$48 (>2yrs)	\$300 combined maximum benefit for physiotherapy, chiropractic, pharmacy and podiatry (maximum 1 per year)
General Dental Initial oral examination x-ray – one film Extraction – permanent tooth General Restorations – metallic General Restorations – coloured Mouthguard	6 months	\$18 \$13 \$37 \$36 \$50 \$44	\$850 (<5yrs) or \$2000 (>5yrs) combined for all dental treatments (both general and major)	\$22 \$18 \$37 \$40 \$50 \$60	\$850 (<5yrs) or \$2000 (>5yrs) combined for all dental treatments (both general and major) plus an additional benefit for general dental and optical out-of-pocket expenses. This is limited to \$300 per person per annum to a maximum of \$600 per family per annum.	\$18 \$13 \$37 \$36 \$50 \$44	\$850 (<5yrs) or \$2000 (>5yrs)
Major Dental Crowns – cast gold Bridgework Full Dentures – upper or lower Full Dentures – both* Orthodontic – one arch** (For complete course of treatment) Orthodontic – two arch** (For complete course of treatment)	12 months	\$381 \$324 \$314 \$490 \$250 (<2yrs), \$500 (2-5yrs) and up to \$925 (>5yrs) \$500 (<2yrs), \$1000 (2-5yrs) and up to \$1850 (>5yrs)	\$850 (<5yrs) or \$2000 (>5yrs) combined for all dental treatments (both general and major)	\$381 \$324 \$314 \$490 \$250 (<2yrs), \$500 (2-5yrs) and up to \$925 (>5yrs) \$500 (<2yrs), \$1000 (2-5yrs) and up to \$1850 (>5yrs)	\$850 (<5yrs) or \$2000 (>5yrs) combined for all dental treatments (both general and major)	No benefits payable for major dental	Not applicable

* Not payable within two years of previous supply.

** For orthodontic treatment benefits are per person, per lifetime. The benefit limit for orthodontic treatment is determined from the date the current treatment commences.

† Emergency means emergency road ambulance transport where the patient is taken by road to, and received by, an emergency department at a hospital.

†† Combined annual maximum and x-ray maximum with osteopathy.

Note:

Family Health Extras Cover is only available in conjunction with Family Health Hospital Cover.

~ Young and Healthy Extras Cover is only available in conjunction with Young and Healthy Hospital Cover.

^ Top Extras Cover is only available in conjunction with Comprehensive Hospital Nil Excess Cover.

		Extras Cover		Top Extras Cover [^]		Family Health [#] or Young & Healthy [~] Cover	
Service	Waiting Periods	Benefits up to	Maximums per member per calendar year	Benefits up to	Maximums per member per calendar year	Benefits up to	Maximums per member per calendar year
Dietetics Initial consultation Subsequent consultation Group Consultations	2 months	\$40 (<2yrs) or \$45 (>2yrs) \$17 (<2yrs) or \$19 (>2yrs) \$10 (<2yrs) or \$11 (>2yrs)	\$200 (<2yrs) or \$250 (>2yrs)	\$40 (<2yrs) or \$45 (>2yrs) \$17 (<2yrs) or \$19 (>2yrs) \$10 (<2yrs) or \$11 (>2yrs)	\$200 (<2yrs) or \$250 (>2yrs)	No benefits payable for dietetics	Not applicable
Foot Orthoses	12 months	80% of fee up to \$200 for single orthotic or \$400 for a pair of orthotics	1 pair every year	80% of fee up to \$200 for single orthotic or \$400 for a pair of orthotics	1 pair every year	No benefits payable for foot orthoses	Not applicable
Hearing Aids	24 months	\$575 (<5yrs) or \$750 (>5yrs)	1 every 5 years	\$575 (<5yrs) or \$750 (>5yrs)	1 every 5 years	No benefits payable for hearing aids	Not applicable
Health Management Aids and Appliances (must be medically necessary) Braces – spine, leg or arm Glucose monitor Nebuliser Blood pressure machine Wheelchair	12 to 36 months	80% of the fee up to:	\$1500	80% of the fee up to:	\$1500	No benefits payable for health management aids and appliances	Not applicable
	12 months	\$100	1 every year	\$100	1 every year		
	12 months	\$150	1 every 3 years	\$150	1 every 3 years		
	12 months	\$150	1 every 3 years	\$150	1 every 3 years		
	36 months	\$200	1 every 3 years	\$200	1 every 3 years		
	36 months	\$1000	1 every 3 years	\$1000	1 every 3 years		
Home Nursing	2 months	\$80 per day where the registered nurse is in attendance for at least four hours per day	\$1800	\$80 per day where the registered nurse is in attendance for at least four hours per day	\$1800	No benefits payable for home nursing	Not applicable
Homeopathy	2 months	\$14 (<2yrs) or \$17 (>2yrs)	\$350 (<2yrs) or \$500 (>2yrs) combined limit for acupuncture, naturopathy and homeopathy	\$14 (<2yrs) or \$17 (>2yrs)	\$350 (<2yrs) or \$500 (>2yrs) combined, limit for acupuncture, naturopathy and homeopathy	No benefits payable for homeopathy	Not applicable
Hospital Boarders	2 months	\$43 per night toward the fee raised by the hospital for a boarder who is a relative of a patient being treated in that hospital	\$645 per membership	\$43 per night toward the fee raised by the hospital for a boarder who is a relative of a patient being treated in that hospital	\$645 per membership	No benefits payable for hospital boarders	Not applicable
Mammograms or Breast Screening	2 months	\$50 per service	\$100	\$50 per service	\$100	No benefits payable for mammograms or breast screening	Not applicable
Naturopathy	2 months	\$14 (<2yrs) or \$17 (>2yrs)	\$350 (<2yrs) or \$500 (>2yrs) combined limit for acupuncture, naturopathy and homeopathy	\$30 per service	\$350 (<2yrs) or \$500 (>2yrs) combined limit for acupuncture, naturopathy and homeopathy	No benefits payable for naturopathy	Not applicable

Note:

Family Health Extras Cover is only available in conjunction with Family Health Hospital Cover.

~ Young and Healthy Extras Cover is only available in conjunction with Young and Healthy Hospital Cover.

^ Top Extras Cover is only available in conjunction with Comprehensive Hospital Nil Excess Cover.

		Extras Cover		Top Extras Cover [^]		Family Health# or Young & Healthy [~] Cover	
Service	Waiting Periods	Benefits up to	Maximums per member per calendar year	Benefits up to	Maximums per member per calendar year	Benefits up to	Maximums per member per calendar year
Occupational Therapy Single consultation under 45 minutes Single consultation over 45 minutes Group Consultations	2 months	\$25 (<2yrs) or \$28 (>2yrs) \$40 (<2yrs) or \$45 (>2yrs) \$10 (<2yrs) or \$11 (>2yrs)	\$200 (<2yrs) or \$350 (>2yrs)	\$25 (<2yrs) or \$28 (>2yrs) \$40 (<2yrs) or \$45 (>2yrs) \$10 (<2yrs) or \$11 (>2yrs)	\$200 (<2yrs) or \$350 (>2yrs)	No benefits payable for occupational therapy	Not applicable
Optical Glasses Single vision lens Bifocal lens Multifocal lens Frames Contact Lenses Non disposable Frequent replacement (pair)	3 months 12 months	\$60 (<2yrs) or \$84 (>2yrs) \$90 (<2yrs) or \$108 (>2yrs) \$115 (<2yrs) or \$138 (>2yrs) \$40 (<2yrs) or \$56 (>2yrs) \$145 (<2yrs) or \$203 (>2yrs) \$135 (<2yrs) or \$189 (>2yrs)	\$200 (<2yrs) or \$350 (>2yrs) combined limit for frames, single vision lenses, bifocal lenses, multi-focal lenses and contacts (disposable/non-disposable)	\$100 \$130 \$150 \$60 \$145 (<2yrs) or \$203 (>2yrs) \$135 (<2yrs) or \$189 (>2yrs)	\$200 (<2yrs) or \$350 (>2yrs) combined limit for frames, single vision lenses, bifocal lenses, multi-focal lenses and contacts (disposable/non-disposable) Additional benefit for general dental and optical out-of-pocket expenses. This is limited to \$300 per person per annum to a maximum of \$600 per family per annum.	\$60 (<2yrs) or \$84 (>2yrs) \$90 (<2yrs) or \$108 (>2yrs) \$115 (<2yrs) or \$138 (>2yrs) \$40 (<2yrs) or \$56 (>2yrs) \$145 (<2yrs) or \$203 (>2yrs) \$135 (<2yrs) or \$189 (>2yrs)	Maximum of 1 pair of spectacles, contact lenses or frequently replaced contact lenses
Orthoptics Initial consultation Subsequent consultation	2 months	\$40 (<2yrs) or \$45 (>2yrs) \$30 (<2yrs) or \$33 (>2yrs)	\$500 (<2yrs) or \$650 (>2yrs) combined limit for orthoptics and speech therapy	\$40 (<2yrs) or \$45 (>2yrs) \$30 (<2yrs) or \$33 (>2yrs)	\$500 (<2yrs) or \$650 (>2yrs) combined limit for orthoptics and speech therapy	No benefits payable for orthoptics	Not applicable
Osteopathy 1 – 12 visits Subsequent visits X-Ray	2 months	\$16 (<2yrs) or \$18 (>2yrs) \$12 (<2yrs) or \$13 (>2yrs) \$40 (<2yrs) or \$40 (>2yrs)	\$240† (<2yrs) or \$366† (>2yrs) (maximum 1 per year)	\$30 per service \$40	\$240† (<2yrs) or \$366† (>2yrs) (maximum 1 per year)	No benefits payable for osteopathy	Not applicable
Pharmacy	2 months	Central West Health Pharmacy benefit schedule less member co-payment (equal to current Government PBS fee)	\$150 (<3yrs) or \$350 (>3yrs)	Central West Health Pharmacy benefit schedule less member co-payment (equal to current Government PBS fee)	\$150 (<3yrs) or \$350 (>3yrs)	Central West Health Pharmacy benefit schedule less member co-payment (equal to current Government PBS fee)	\$300 combined maximum benefit for physiotherapy, chiropractic, pharmacy and podiatry
Physiotherapy Initial consultation 2-16 visits 17-32 visits Group consultation	2 months	\$35 (<2yrs) or \$39 (>2yrs) \$25 (<2yrs) or \$28 (>2yrs) \$20 (<2yrs) or \$22 (>2yrs) \$12 (<2yrs) or \$13 (>2yrs)	\$800 (<2yrs) or \$1000 (>2yrs)	\$36 per service \$12	\$800 (<2yrs) or \$1000 (>2yrs)	\$35 (<2yrs) or \$39 (>2yrs) \$25 (<2yrs) or \$28 (>2yrs) \$20 (<2yrs) or \$22 (>2yrs) \$12 (<2yrs) or \$13 (>2yrs)	\$300 combined maximum benefit for physiotherapy, chiropractic, pharmacy and podiatry
Podiatry Initial consultation Standard individual consultation Extended individual consultation	2 months	\$32 \$24 \$28	\$400 (<2yrs) or \$450 (>2yrs)	\$38 \$30 \$35	\$400 (<2yrs) or \$450 (>2yrs)	\$32 \$24 \$28	\$300 combined maximum benefit for physiotherapy, chiropractic, pharmacy and podiatry
Speech Therapy Initial consultation Subsequent consultations – Less than 30 minutes – 30-60 minutes – Over 60 minutes	2 months	\$40 (<2yrs) or \$45 (>2yrs) \$22 \$32 \$44	\$500 (<2yrs) or \$650 (>2yrs) combined limit for orthoptics and speech therapy	\$40 (<2yrs) or \$45 (>2yrs) \$22 \$32 \$44	\$500 (<2yrs) or \$650 (>2yrs) combined limit for orthoptics and speech therapy	No benefits payable for speech therapy	Not applicable
Travel Costs	2 months	20 cents per kilometre after the first 200 kilometres travelled*	\$200 (<2yrs) or \$350 (>2yrs) per membership. No benefit payable for the first 200 kilometres travelled	20 cents per kilometre after the first 200 kilometres travelled*	\$350 per membership. No benefit payable for the first 200 kilometres travelled	No benefits payable for travel expenses	Not applicable

* See page 11 for full details of benefits.

† Combined annual limits and x-ray maximum with chiropractic.

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^ Top Extras Cover is only available in conjunction with Comprehensive Hospital Nil Excess Cover.

Other important information about your Cover

Membership

DEPENDANTS

Children are covered on their parent's policy up until the end of the year they turn 18, unless they are in a de-facto relationship. Children under 25 who are not married or living in a de-facto relationship and not earning more than \$19,500 p.a from employment are also eligible to remain on their parent's policy.

COOLING OFF PERIOD

If you decide that the health cover you've chosen isn't right for you, you can transfer to a different level of cover at any time. Keep in mind that you may have to serve additional waiting periods if you transfer up to a higher level of cover. Alternatively, if you have taken out your cover within the last 30 days, Central West Health have a 'cooling off period' which means you can cancel your policy and receive a full refund provided that you haven't made a claim.

GENERAL TERMS AND CONDITIONS

General Terms and Conditions are contained in our Fund Rules. To obtain the Fund Rules visit centralwesthealth.com.au or contact one of our Member Service Consultants on 133 206.

GOING OVERSEAS FOR MORE THAN 3 MONTHS? SUSPEND YOUR MEMBERSHIP

If you are going overseas for three months or more, you can suspend your membership until you return to Australia. This enables you to retain any length of membership benefits you have earned prior to your departure.

If you suspend your Hospital cover, you will need to consider whether the Federal Government's additional 1% Medicare Levy Surcharge will apply to you while you are overseas. The additional levy applies if you earn over a certain income threshold.

For more information contact us on 133 206.

WILL I BE COVERED FOR OVERSEAS TREATMENT?

We don't pay benefits for treatment that occurs outside Australia, including general treatment such as dental and glasses and any hospital or medical treatment. In this case, it might be best to consider taking out travel insurance.

IF I TRANSFER FROM ANOTHER HEALTH FUND, DO I RECEIVE IMMEDIATE COVER?

Central West will insure you for the same level of cover offered by your previous health fund provided you have already served the relevant waiting periods and have transferred within two months of your financial date with your previous fund.

In order for your entitlements to be transferred you must pay from the financial date of your previous health fund. This means there isn't any gap between being covered by your previous fund and being covered by Central West.

As a special joining offer, we will grant full length of membership from your previous fund.

WHAT ARE MY PAYMENT OBLIGATIONS?

Central West asks that all members pay their premiums in advance.

Benefits cannot be claimed for treatment received after the date to which premiums have been paid. If your payment is more than two months overdue, your membership may lapse.

Federal Government Initiatives

FEDERAL GOVERNMENT 30% REBATE ON PRIVATE HEALTH INSURANCE

If the policy covers anyone 70 years of age or older, the rebate is equal to 40% of the total premium you need to pay for private health insurance. If the oldest person covered on the policy is aged between 65 and 70, the rate applicable is 35%. For all other members under the age of 65 years, the rebate is 30% of the total premium.

For example, a family policy covering a 67 and 72 year old, would receive a 40% rebate as the entitlement is based on the oldest member's age. In this case, for every \$100 in premium, the government will contribute \$40 and the member only pays \$60.

LIFETIME HEALTH COVER

Lifetime Health Cover is a Government initiative that recognises the length of time a person has had hospital cover with a registered health fund. People who take out hospital cover earlier in life and maintain their hospital cover will pay lower premiums throughout their life compared to someone who joins when they're older. Lifetime Health Cover commenced on 1 July 2000.

To lock in the lowest premiums for life under Lifetime Health Cover, a person needs to take out hospital cover with a registered fund by 1 July following their 31st birthday. If a person does not have hospital cover by 1 July following their 31st birthday and decides to take out hospital cover later in life, they will pay a 2% loading on top of their premium for every year they are aged over 30, up to a maximum of 70%. For example, someone who first takes out hospital cover at age 40 will pay 20% more than someone who first took out hospital cover at age 30. Should a person allow their hospital cover to lapse after the age of 30, they will be entitled to 1094 absent days before they incur lifetime loading. Once a person has had continuous hospital cover for 10 years, the loading will no longer apply.

For more information about Lifetime Health Cover visit the Commonwealth Department of Health and Ageing website at health.gov.au

1% MEDICARE LEVY SURCHARGE

The Federal Government applies an additional 1% Medicare Levy Surcharge to people who don't have private hospital cover and who earn over a certain income threshold. You may be able to avoid the additional Medicare Levy Surcharge and save money at tax time just by having private hospital cover. For more information contact us on 133 206.

Community Rating

Under the provisions of the Private Health Insurance Act, health insurers are prohibited from charging a lesser premium based on a person's state of health or history of claiming. This system, called community rating, aims to ensure that groups with a higher level of claims are not disadvantaged.

Medically necessary

The treatment is medically necessary in the opinion of a Medical Practitioner or other suitably qualified person appointed by Central West Health Cover.

Making a claim for Central West Health Cover Benefits

Extras

To claim Extras benefits, simply complete a claim form, attach your Provider's original account and receipt (if paid). Alternatively you can also download a claim form at www.centralwest.com.au.

Hospital

In most instances your hospital will forward all accounts directly to us. However, if you do receive an account from your hospital or an account for services performed while you were admitted to hospital, please forward them directly to us, along with a completed claim form.

Do not send medical accounts for in-patient or day-patient services to Medicare. You must send these accounts directly to Central West Health Cover to enable us to process any Gap Benefits that you may be entitled to. We will electronically claim your Medicare benefit on your behalf.

Pharmaceutical items that are applicable to your hospital stay are included on your hospital account so you will not receive a separate account. Drugs prescribed for discharge and drugs not associated with the reason for admission are **not** covered by us.

Prosthetic accounts – provided that the surgically implanted prosthesis is listed on the Fully Covered Schedule, you won't have an out-of-pocket expense. In most cases prostheses are included on your hospital account so you won't get a separate account. If you do receive an account, to claim benefits complete a Claim form, attach your Provider's original account and submit to us. Please refer to pages 8-9 for more prostheses information.

Waiting Periods

Why are waiting periods necessary?

If Central West did not have waiting periods, many people would be tempted to 'table-hop' – that is, change to higher levels of cover according to their needs. This practice would cause the cost of health insurance to rise for everyone.

What if I transfer to a lower level of cover for a short while and then transfer back to my original level of cover? Will I have to re-serve waiting periods?

Yes, you will be required to re-serve some waiting periods and you may lose some length-of-cover benefits.

Concerns

What if I have a concern?

Central West is continually looking for ways to provide you with quality health cover at an affordable price.

We're happy to assist you with any further information or hear from you about any concerns you may have. Please contact Central West on 133 206.

We would also like to advise you that the Private Health Insurance Ombudsman has been established to deal with complaints regarding health funds. We sincerely hope you would contact us first with any concerns, but if we cannot resolve the matter, the Ombudsman can be contacted TOLL FREE on 1800 640 695, or you can write to Level 7, 362 Kent Street, Sydney NSW 2000.

Treatment in Non-Contracted Private Hospitals

For private hospitals not contracted by Central West Health Cover, we will pay a benefit equivalent to the lowest amount we would pay a contracted hospital in the State the treatment was received.

Code of Conduct

At Central West Health, we are continually looking for ways to serve you better. This is evidenced by the Private Health Insurance Code of Conduct, which is designed to help our members by providing clear information and transparency in our dealings with you. The Code is designed to help solve problems between members and Central West Health.

State of the Health Funds Report

Every year the Private Health Insurance Ombudsman publishes a State of the Health Funds report to assist consumers in assessing the comparative performance and service delivery of Australia's private health insurance providers. A copy of the report can be downloaded from phio.org.au.

Private Patients' Hospital Charter

The Private Patients' Hospital Charter is published by the Department of Health and Ageing as a guide to what it means to be a private patient in a public hospital, a private hospital or a day facility. The Charter is available on request. Just contact us on 133 206 or visit the Department of Health and Ageing website at health.gov.au

Privacy Policy Overview

Ensuring your Privacy

At Central West Health Cover, we respect the privacy of your personal information and are committed to ensuring that its security remains protected. We are bound by the National Privacy Principles (NPPs) set out in the Privacy Act 1988(Cth) and by the Health Records and Information Privacy Act 2002 (NSW).

Central West Health Cover's collection of personal information

We collect your information when we accept an application for a Central West Health Cover product, and we may collect further personal information whilst you are a Central West Health Cover member. We will generally collect your personal information during a face-to-face interview, over the telephone, through an online form or by way of a paper based form (including application forms).

Some personal information, including health information, is deemed to be sensitive information. We will treat sensitive information with particular care.

Consent

By applying for a health insurance policy with Central West Health Cover, you are taken to agree:

- That your personal information can be used or disclosed by us as contemplated in this Privacy Statement.
- To us transmitting your personal information interstate or overseas where the transmission is directly related to your policy.

The information we may collect

Usually we will collect details of your name, address, age, telephone number, facsimile number or email address.

We often hold information which relates to how you choose to pay for products and services (particularly where we have a regular direct debit arrangement), which may include bank account details and credit card details. If payments are made under a payroll deduction scheme, we may hold information about your employer. We also keep information about payment history.

In the context of providing health insurance, we may collect and hold your claims history, your Medicare number and your medical history. If you make a claim in relation to health insurance, we may need to collect sensitive information, including health information, from third parties about the matter. When you make the claim, you consent to us collecting related sensitive information directly from those third parties or, if the information relates to someone other than you covered by the insurance, you give consent on behalf of that person and you confirm that you have authority to do so.

To assist in this collection, you authorize the third party to provide Central West Health Cover all clinical records or any additional information or assistance concerning the claim.

How Central West Health Cover will use and disclose your information

Central West Health Cover uses personal information to provide you with comprehensive service in relation to its products and services. In the context of health insurance, we may use, and if necessary disclose, your personal information:

- To manage your claims (including auditing) and pay health insurance benefits;
- In connection with arrangements you make to pay your premium (for example with your employer or a financial institution); and
- To a hospital or medical practitioner when you are or have been a patient of that hospital or medical practitioner.

When you make a claim, you also give your consent to Central West Health Cover sharing your personal information (including sensitive information) with related companies, including those interstate, for the purpose of preventing and detecting fraudulent or invalid claims or misrepresentation which would cause loss to the related companies.

Those related companies may also share and use this information for the purpose of providing you with material, such as articles and information about other products and services that may be of interest to you. You may request not to receive such information by contacting us. Please allow five working days for your request to be actioned.

Central West Health Cover has a range of obligations under the Private Health Insurance Act 2007 and related regulations that impact on its collection and disclosure of personal information. In effect, these require Central West Health Cover to maintain records, report to regulatory authorities, and to meet various requirements in relation to providing private health insurance. If you apply for private health insurance Central West Health Cover will be required to collect information such as your contact details and information that verifies that you are eligible for certain types of cover. Central West Health Cover is also required to make certain information and records available to auditors, actuaries and public authorities including the Department of Health and Ageing, the Private Health Insurance Ombudsman and Medicare. We will disclose this and any other information as required by law.

If you do not wish to provide information

If you do not wish to provide personal information, we may not be able to determine and pay benefits under your policy, assess or waive lifetime health cover loading, or assess and apply your eligibility for the Federal Government 30% Rebate on private health insurance.

Accessing your information

In most circumstances you have a right to access any personal information which we collect and hold about you. Please contact us if you wish to access your personal information. If your request relates to health information it will need to be in writing. We may deny your request in some circumstances and if we do this, we will tell you why. Further details on the way we handle personal information are in our Privacy Policy, which is available at centralwesthealth.com.au or on request by calling a Member Service Consultant on 133 206.

Privacy Complaints

If you wish to complain about any breach or potential breach of the terms of this Privacy Statement, our Privacy Policy, or the NPP's, you should contact us at:

Eastern States

Central West Health Cover
PO Box 577
Lithgow NSW 2790
Phone: 133 206
Fax: 1800 611 821

Western Australia

Central West Health Cover
PO Box 10860
Kalgoorlie WA 6433
Phone: 133 206
Fax: 1800 611 821

Your complaint will be responded to within seven days. We will use our best endeavours to resolve any complaint, however, if you are unhappy with our response, you may contact the Office of the Privacy Commissioner at:

Office of the Privacy Commissioner
GPO Box 5218
Sydney NSW 2001
Phone: 1300 363 992

If your complaint is about your health information you can choose to make a complaint to Privacy NSW instead using the following contact details:

Email: privacy_nsw@agd.nsw.gov.au
Phone: (02) 9228 8585
Fax: (02) 9228 8577
Mail: GPO Box 6, Sydney NSW 2001

Central West Health Cover

Eastern States

Central West Health Cover
PO Box 577
Lithgow NSW 2790

Western Australia

Central West Health Cover
PO Box 10860
Kalgoorlie WA 6433

Telephone Enquiries: 133 206

Monday to Friday 7am to 5pm (WST)

Facsimile: 1800 611 821

Website: centralwesthealth.com.au

Email: welcome@centralwesthealth.com.au

HealthGuard Health Benefits Fund Limited ABN 26 054 321 274 is a Private Health Insurer under the Private Health Insurance Act 2007, carrying on business as Central West Health Cover and under other business names.

The information in this brochure was correct at 4 May 2009. Minor changes may have occurred since that date. If major changes occur, the brochure will be replaced.

Details of any minor changes can be obtained from Central West Health Cover.