

Everyday Hospital Bronze Plus

Product Guide

Effective from 1 April 2021

Subject to change.



LIFTING THE BAR ON STANDARD COVER

An affordable hospital cover that's anything but basic.

Your hospital cover

What's covered

The clinical categories included are:

- ✓ Brain and nervous system
- ✓ Eye (not cataracts)
- ✓ Ear, nose and throat
- ✓ Tonsils, adenoids and grommets
- ✓ Bone, joint and muscle
- ✓ Joint reconstructions
- ✓ Kidney and bladder
- ✓ Male reproductive system
- ✓ Gynaecology
- ✓ Miscarriage and termination of pregnancy
- ✓ Digestive system
- ✓ Lung and chest
- ✓ Blood
- ✓ Back, neck and spine
- ✓ Podiatric surgery (provided by a registered podiatric surgeon)
- ✓ Sleep studies
- ✓ Hernia and appendix
- ✓ Gastrointestinal endoscopy
- ✓ Chemotherapy, radiotherapy and immunotherapy for cancer
- ✓ Pain management
- ✓ Skin
- ✓ Breast surgery (medically necessary)
- ✓ Diabetes management (excluding insulin pumps)
- ✓ Dental surgery.

What's restricted

- Ⓜ Rehabilitation
- Ⓜ Palliative care
- Ⓜ Hospital psychiatric services.

For restricted services, we will cover the cost of a private patient in a shared room of a public hospital. If you are treated elsewhere, such as a private hospital, you will incur additional and significant out-of-pocket expenses.

You are eligible for a once-per-lifetime upgrade to a higher level of hospital cover to receive hospital psychiatric services, without a waiting period. You must have held continuous hospital cover for at least two months to be eligible for this exemption.

What's excluded

The clinical categories excluded are:

- ✗ Cataracts
- ✗ Joint replacements
- ✗ Pregnancy and birth
- ✗ Assisted reproductive services
- ✗ Heart and vascular system
- ✗ Plastic and reconstructive surgery (medically necessary)
- ✗ Implantation of hearing devices
- ✗ Dialysis for chronic kidney failure
- ✗ Weight loss surgery
- ✗ Insulin pumps
- ✗ Pain management with device.

Additional benefits for covered services

- ✓ Choice of doctor and hospital
- ✓ Up to 100% of doctors' fees if your doctor chooses to use Access Gap
- ✓ 100% of agreement hospital charges (subject to your excess and any other non-health related charges applied by the hospital, e.g. television), including:
 - Shared or private room
 - Theatre fees
 - Intensive care, critical care and high dependency unit
 - Most drugs supplied in hospital
- ✓ Minimum default benefits for a shared room in a public hospital:
 - For treatment in a private room an additional \$80 per day is payable by Defence Health
 - If the hospital charges are greater than the Defence Health benefit, you will have an out-of-pocket expense
- ✓ 100% of the listed benefit for prostheses on the Australian Government Prostheses List.



Your hospital cover *continued*

Excess options

You can reduce your premium by electing to pay an excess if you go to hospital. Your excess choices are \$500 or \$750 per adult.

The excess applies once per adult per financial year on any same day and overnight admissions. No excess is payable for dependent kids.

Hospital waiting periods

From the date you join Defence Health, upgrade your cover or reduce your excess, a waiting period may apply before you can claim on new or higher benefits. The following waiting periods apply:

- ✓ 12 months for pre-existing conditions (excluding hospital psychiatric services, rehabilitation and palliative care)
- ✓ 2 months for hospital psychiatric services, rehabilitation and palliative care
- ✓ 2 months for all other included services (including non-emergency ambulance)
- ✓ Cover for an accident is immediate, including ambulance services.

If you transfer to us from an equivalent level of cover with an Australian health fund, the waiting periods you've already served (on included services) will be honoured by us. All waiting periods need to be re-served after a break in cover of more than 60 days.

Pre-existing conditions

A pre-existing condition is an illness, ailment or condition where signs or symptoms existed in the six months ending on the day you joined or upgraded to a higher level of cover; whether you or your doctor knew of them or not.

Only a medical or other health professional appointed by Defence Health is authorised to determine whether you have a pre-existing condition.

If you need treatment in the first 12 months of joining for a condition that could be pre-existing, we will ask your doctor to complete a medical report. This will help our appointed medical advisor to assess if your condition was pre-existing. You should talk to us before going into hospital.

Ambulance treatment

Comprehensive cover for ambulance services by state-appointed ambulance providers across Australia. This includes emergency services, non-emergency dispatch, mobile intensive care and air and sea ambulance services.

Transport services between hospitals, repatriation to or from a state for non-clinically necessary reasons, or services by patient transport vehicles are not claimable.

Accidental injuries

Cover for an accident is immediate for the clinical categories covered under your level of hospital cover.

Under Everyday Hospital Bronze Plus your cover is expanded to include all services required to treat bodily injuries received as a result of an accident, provided you meet the Accidental injury benefit requirements outlined and it is not claimable from another source such as workers compensation or third-party insurance.

Accidental injury benefit

Everyday Hospital Bronze Plus provides you with a benefit for injuries you sustain in an accident that occurred after joining this cover. An accident means an unplanned or unforeseen event leading to bodily injuries caused solely and directly by external means and requiring urgent treatment from a registered practitioner.

To be covered you must provide documented proof from your registered practitioner that you sought treatment within 72 hours of the accident. If treatment in hospital is needed as an admitted patient, you will need to be admitted within 180 days of the accident. After this 180-day period, any hospital treatment will be paid as per the level of benefits on your cover (that is, some benefits may be excluded or restricted).

What's not covered

Situations when you will not be covered include:

- ✗ Clinical treatment categories listed as excluded services
- ✗ Treatment received while serving a waiting period
- ✗ Treatment provided as an outpatient in a hospital
- ✗ Treatment for which a Medicare benefit is not payable (apart from rehabilitation, hospital psychiatric services and palliative care)
- ✗ Treatment not clinically necessary such as elective cosmetic surgery
- ✗ Treatment in doctors' rooms or specialist tests as an outpatient
- ✗ Doctors' fees in excess of the Medicare Benefits Schedule (MBS) fee, unless covered by Access Gap
- ✗ Pharmaceuticals provided on discharge or unrelated to the reason for hospitalisation
- ✗ High cost drugs that aren't covered under the Pharmaceutical Benefits Scheme (PBS) or hospital contract
- ✗ Personal items such as newspapers, toiletries or television
- ✗ Accommodation in an aged care facility
- ✗ Services claimable from another source such as workers compensation, third party insurance or DVA
- ✗ Hospital stays beyond 35 days where further care is not agreed between the hospital and Defence Health (this will incur out-of-pocket expenses)
- ✗ This cover is not suitable for overseas visitors who do not have full Medicare entitlements
- ✗ Treatment in a non-agreement private hospital will incur significant out-of-pocket expenses.



Going to hospital

Before you make any decisions about your hospital choice or procedures, check exactly what your level of cover includes and that you have served any waiting periods.

Review the included clinical categories on your policy to ensure your procedure is covered.

Always ask your doctor what they will charge and if they will participate in our Access Gap scheme to reduce or eliminate out-of-pocket costs for you.

Why does my specialist need to participate in Access Gap?

When you go to hospital, Defence Health and Medicare will cover the MBS fee for your procedure. The MBS fee is set by the Federal Government and caps the amount health funds can cover for your treatment.

Doctors can choose to charge more than the MBS fee and that's when you may incur the out-of-pocket cost or 'gap' payment.

What is Access Gap?

Access Gap is a billing scheme where Defence Health pays a higher benefit for your medical procedure to help reduce or eliminate your out-of-pocket expenses.

This results in one of two scenarios:

- ✓ No Gap: Defence Health covers the gap completely
- ✓ Known Gap: The maximum amount you will pay per doctor, per hospital episode.

How do I get Access Gap Cover?

When you're planning to go into hospital as an in-patient, ask your doctor if they'll agree to participate in Defence Health's Access Gap.

If they say no, you can search for doctors who may participate in our Access Gap scheme at defencehealth.com.au/accessgapdoctor or you can obtain another referral from your GP.

Informed financial consent

Your doctor is obliged to obtain your informed financial consent to their medical charges.

This should include:

- Each MBS item number and the fee that will be charged
- What you'll pay for each doctor involved, including your anaesthetist
- What you'll pay for your accommodation, and use of the operating theatre
- What you'll pay for any prostheses you are having
- Your signature, or the signature of your guardian.

To confirm medical out-of-pocket expenses check with Medicare or your doctor.

Agreement hospitals

We have agreements with more than 500 hospitals in Australia. By choosing to be treated in an agreement private hospital, you can significantly reduce your expenses.

If you choose a hospital that does not have an agreement with Defence Health, you may have significant out-of-pocket expenses.

Our agreement hospital listing is one of the largest in Australia. Search the list at defencehealth.com.au/hospital

We're here to help

For more information visit the going to hospital section at defencehealth.com.au or call us on 1800 335 425.

Premier Extras Product Guide

Effective from 1 July 2021

Subject to change.



PREMIUM EXTRAS FOR PEOPLE WHO WANT THE BEST

All-in extras to support all-in people.

Annual limits apply from 1 July.

Please read 'Things you need to know about extras' before having treatment or call us if you have any questions about out-of-pocket expenses.

Dental

Dental network

Visit a network dentist for quality dental care at special member prices. Receive no-gap on your annual scale and clean at participating network dentists – Limit to two per person per financial year. Visit defencehealth.com.au/dental for more information.

General and preventive dental

2 Month waiting period **Annual limit – \$ Unlimited**

Periodic oral exam (O12)	Up to \$45.00
Removal of calculus (114)	Up to \$84.00
Bitewing x-ray (O22)	Up to \$27.00
Adhesive filling to one surface of a rear tooth (531)	Up to \$94.60

Dependent children can get one custom-fitted mouthguard (item 151 only) 100% covered each financial year.

Major dental

12 Month waiting period **Annual limit – \$1100 per person**

Surgical tooth removal (323)	Up to \$193.20
Root canal obturation (417)	Up to \$149.20
Veneer indirect (556)	Up to \$652.20
Full crown – veneer indirect (615)	Up to \$1011.20
Endosseous implant (688)	Up to \$1100.00

Orthodontics

12 Month waiting period **Annual limit – \$1000 per person**

Orthodontic treatment	Up to \$1000
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There is no lifetime limit on orthodontic treatment. Benefits are payable on proof of payment for treatment during the financial year.

Some dental items are limited in the number of times they can be claimed in a year or appointment. Some are not payable in combination with others. And some may not attract a benefit at all. Check your available limits by logging onto your Online Member Services account, at defencehealth.com.au/members

Ambulance treatment

2 Month waiting period **Annual limit – \$ Unlimited**

Comprehensive cover for ambulance services by state-appointed ambulance providers across Australia. This includes emergency services, non-emergency dispatch, mobile intensive care and air and sea ambulance services.

Transport services between hospitals, repatriation to or from a state for non-clinically necessary reasons, or services by patient transport vehicles are not claimable.

Optical

2 Month waiting period **Annual limit – \$300 per person**

Optical network

Our optical network providers have extensive ranges of no-gap glasses and 100% back on eligible items available up to your annual limit. Plus, receive discounts on in-store contact lenses and other optical add-ons. Visit defencehealth.com.au/optical for more information.

Non-network providers

Single vision lenses	Up to \$100
Ground single vision lenses	Up to \$105
Bi-focal lenses	Up to \$115
Multi-focal lenses	Up to \$175
Frames/repairs	Up to \$125
Contact lenses	Up to \$200

All optical claims must include a sight correcting script.

Health and wellbeing

2 Month waiting period **Annual limit – \$400 per person**

Remedial massage, acupuncture and myotherapy

Initial consultation	Up to \$39
Subsequent consultation	Up to \$35

Group physiotherapy

Group therapy sessions and classes	Up to \$25
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Includes group hydrotherapy.

Group exercise physiology

Group therapy	Up to \$17
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Tests and programs

Per test/program limit	Up to \$180
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Benefits are available for approved health screening tests (bowel screening, kidney check, mole mapping, bone density tests, mammograms, heart tests and specialist eye tests), approved quit smoking programs and nicotine replacement therapies.

Benefits are not available for tests/programs where Medicare pays a benefit. An itemised invoice with the patient's name must be provided. Visit defencehealth.com.au/wellbeing for more details.

Laser refractive eye surgery

12 Month waiting period **Limit – \$1500 per person every 2 financial years**

Benefits are payable for LASIK, PRK or SMILE eye surgery in a state recognised and registered day surgery centre.

School accidents

No waiting period **Annual limit – \$800 per child dependant**

To cover any out-of-pocket expenses resulting from a school accident. Relevant extras benefits must be claimed first. This benefit excludes services claimable through Medicare.



Your extras cover *continued*

Flexi-limits

2 Month waiting period Annual limit - \$1300 per person

Exercise physiology

Initial consultation	Up to \$51
Subsequent consultation	Up to \$31

Antenatal and postnatal services

Full day antenatal course	Up to \$500
Antenatal consultations/classes	Up to \$50
Postnatal consultations/classes	Up to \$50

By a recognised midwife or physiotherapist in private practice only.

Psychology

Initial consultation	Up to \$122
Subsequent consultation	Up to \$107
Group therapy	Up to \$42
Couple/family therapy	Up to \$62

Psychology services claimable through Medicare are not eligible for benefits.

Speech therapy

Initial consultation	Up to \$110
Subsequent consultation	Up to \$62
Group therapy	Up to \$47

Occupational therapy

Initial consultation	Up to \$94
Subsequent consultation	Up to \$57
Group therapy	Up to \$32

Podiatry/chiroprody

Initial consultation	Up to \$54
Subsequent consultation	Up to \$40

Audiology

Initial consultation	Up to \$82
Subsequent consultation	Up to \$62

Eye therapy

Initial consultation	Up to \$67
Subsequent consultation	Up to \$57

Dietitian

Initial consultation	Up to \$74
Subsequent consultation	Up to \$42

Physiotherapy (including one-on-one hydrotherapy)

2 Month waiting period Annual limit - \$850 per person

Initial consultation	Up to \$64
Subsequent consultation	Up to \$51
Pelvic floor treatment	Up to \$72
Lymphoedema treatment	Up to \$97

Chiropractic/Osteopathy

2 Month waiting period Annual limit - \$750 per person

Initial consultation	Up to \$54
Subsequent consultation	Up to \$40
Chiropractic x-rays (max 2 per financial year)	Up to \$57

Pharmacy and vaccinations

2 Month waiting period Annual limit - \$500 per person

Per prescription or vaccination	Up to \$100
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The benefit is payable on non-PBS pharmaceuticals only. It is paid on the gap between the current PBS amount and the actual charge. No benefits are payable for over-the-counter medicines. Excludes vitamins, supplements and minerals.



Your extras cover *continued*

Medically prescribed devices and appliances

2 - 12 Month waiting period  Annual limit - \$1500 per person

2 month waiting period	Sub-limit
Non-sight correcting Irlen lenses	Up to \$100
EpiPen	Up to \$150
Appliance maintenance	Up to \$100
<i>For the repair of hearing aids and foot orthoses or for the purchase of appliance accessories like PAP machine masks.</i>	
Rental of appliances	Up to \$200
<i>Including oxygen cylinders, soft collars, toilet seat risers, shower chairs, Continuous Passive Movement machines or any other appliance listed below.</i>	
12 month waiting period	Sub-limit
<i>* Replacement or additional items are not claimable within 3 years of previous purchase.</i>	
Hearing aids*	Up to \$1500
PAP machine* for sleep apnoea <i>EPAP is not covered under the PAP machine benefit.</i>	Up to \$1250
Blood glucose monitor*	Up to \$500
Foot orthotics <i>Custom-made and fitted by a specialist orthotic practitioner. Excludes over the counter orthotics.</i>	Up to \$300
Orthopaedic shoes <i>Custom-made and fitted by a specialist shoemaker for identifiable foot deformities.</i>	Up to \$300
Splints and braces <i>Splints, knee/leg/spinal/lumbar/sacral/wrist/ankle braces and surgical corsets. Does not cover casts.</i>	Up to \$300
Mobility aids* <i>Wheelchairs, crutches, walking frames, walking sticks, rolling walkers, seat riser cushions, reaches and adjustable canes.</i>	Up to \$1000
Joint fluid replacement injections e.g. Synvisc, OsteoArtz, Hyalgan	Up to \$300
Non-cosmetic prostheses Annual sub-limits apply:	Up to \$1250
- Wig following a medical condition	Up to \$300
- External breast prostheses following a mastectomy (excludes post-mastectomy bra)	Up to \$300
- Artificial eye*	Up to \$1250
Blood pressure monitor*	Up to \$300
TENS machine*	Up to \$300
Nebuliser* and spacer for breathing conditions	Up to \$300
Compression garments	Up to \$1500
<i>Up to \$300 per compression garment. Must be TGA approved, and specifically made to treat, manage or prevent a medical condition such as treatment of burns, post-surgical recovery, treatment for lymphoedema or prevention of deep vein thrombosis are common examples when a compression garment could be suitable.</i>	
<i>Claims must include a letter from the treating practitioner indicating recommended garment and condition being treated.</i>	



Things you need to know about extras

Know your annual limits

All of the goods and services claimable under extras cover have annual per person limits.

Once the annual limit has been reached on a service, no further benefits are payable in that financial year. Most limits re-set on 1 July each year. Benefits, limits and payment conditions are assessed according to the date of service.

Benefits and limits are subject to change.

Check your available limits by logging onto your Online Member Services account, at defencehealth.com.au/members

If you've reached your limits, consider whether a higher level of cover is right for you. We're happy to help, just give us a call.

Claiming extras benefits

Many health care providers (like dentists, optometrists and physiotherapists) can swipe your member card on-the-spot through an electronic terminal. Your benefit is paid to the provider and you then settle any outstanding amount. A list of providers who offer on-the-spot claiming is available on our website, defencehealth.com.au/extrasprovider

If your provider doesn't offer on-the-spot claiming you can:

- Claim through Online Member Services (for most services) at defencehealth.com.au/members
- Claim on your smartphone through our Mobile Claiming App
- Download and complete a claim form from our website, and either:
 - email it with your receipts to claims@defencehealth.com.au
 - fax it and your receipts to 1800 241 581
 - post it and a copy of the account to us: Defence Health, PO Box 7518, Melbourne, Victoria, 3004

Please hold onto your receipts for 2 years.

Claiming conditions

The most common claiming conditions are:

- All services must be provided by an approved practitioner in private practice
- Claims must be lodged within 2 years of receiving the service
- Benefits are only payable on goods and services purchased in Australia. When purchasing eligible items online the supplier must be recognised and a registered Australian provider or company
- Benefits are not payable when they can be claimed from another source such as workers compensation, Department of Veterans' Affairs or third party insurance
- Extras benefits are not payable where Medicare has been or is available to be claimed.

We recognise all extras providers who are registered with their professional body and in the case of approved alternative therapies, those recognised by the Australian Regional Health Group. Remedial massage providers must also hold at least a Diploma of Remedial Massage to be recognised.

If you are unsure whether a practitioner is registered with us, just give us a call on 1800 335 425.

Full claiming conditions are available on our website at defencehealth.com.au/claim

Extras waiting periods

When you join Defence Health or upgrade your existing cover, you may have a waiting period before you can claim new or higher benefits. Treatment received during the waiting period cannot be claimed.

Cover for an accident is immediate, including for ambulance services.

Remember, if you transfer within 60 days from an equivalent level of cover with another health fund you won't have to re-serve the waiting periods you've already completed. If you have a break in cover greater than 60 days you will have to re-serve all waiting periods.



Our commitment to you

Our values

Our purpose is to support you, the members of the ADF and wider Defence community to manage your personal and family health care.



Trust

We will earn your trust by consistently delivering a personal experience for your needs. We are as good as our word – every time.



Excellence

Our people are proud to serve you. We will provide service and experience others won't, or can't. We actively seek ways to continuously improve our offer to you.



Ownership

We're part of the ADF family. We accept responsibility, act with initiative, and follow through. We won't let you down.



Respect

We are friendly people, here to help you make good choices. We listen with intent and offer clear explanations, to provide you with peace of mind and support.



Community

We're here for people, not profit. We are committed to making a positive difference to the health and wellbeing of the Defence community.

We value your feedback

Compliments or complaints can be made by phone on 1800 335 425 or to info@defencehealth.com.au

If we are unable to satisfy you, you can contact the Commonwealth Ombudsman on 1300 362 072 or visit www.ombudsman.gov.au. The Ombudsman provides free information and assistance to resolve disputes.

For general information about private health insurance, see www.privatehealth.gov.au

Defence Health Fund Rules

Your cover will be provided and benefits paid in accordance with the Fund Rules of Defence Health Limited. You can download a copy of the latest Fund Rules from defencehealth.com.au/fund-rules or call us and we'll send you one.

This Product Guide is current as at 1 July 2021, and is subject to change.

It should be read carefully and retained.

Defence Health Limited – ABN 80 008 629 481 AFSL 313890

Your privacy is important to us

Defence Health collects your personal information – including sensitive information about your health – in order to provide services to you.

We comply with the *Commonwealth Privacy Act 1988* and its Australian Privacy Principles in relation to the personal information that we hold about you and those on your policy.

As a member, by using our services and providing personal information to Defence Health, you affirm that you consent, and you have the consent of any other individuals whose information is provided, to Defence Health dealing with it under our Privacy Policy.

Policy holders will have access to certain personal information about dependants on the policy. Policy holders have an obligation to make dependants aged 16 years and over aware that they may contact us if they do not wish us to share their personal information with the policy holder or others insured on the policy. Upon request, we will make reasonable efforts to keep their personal information private from others insured on the policy, but this may be subject to limited exceptions.

We'll usually collect your personal information directly from you, but may also collect it from others such as your health care professionals, your previous insurer, another insured person on the policy or the policyholder if you are a dependant. We may also collect personal information from third parties and public sources.

We collect your personal information so that we can use it for our reasonable business purposes and provide products and services to our members. We engage with a range of third parties in order to operate our business and provide services. We may disclose personal information to third parties for these purposes. Some third party providers may be located overseas including in Ireland, parts of western Europe or USA.

Whenever we send you marketing material, we will always inform you how you can opt out of our mailing list. We will implement your request free of charge within a reasonable timeframe.

Our full Privacy Policy is available at defencehealth.com.au/privacy or you can call us on 1800 335 425 for a copy. It explains how we handle your personal information, how you can access or correct that information, how to make a privacy complaint and how we will deal with it, and how to opt-out of direct marketing from us.

Code of conduct

We are committed to the Private Health Insurance Code of Conduct.

You can download a copy of the code at defencehealth.com.au

