

Public Hospital Basic Plus

Product Guide

This is a closed product. It is not open to new members.

Effective from 1 April 2021

Subject to change.



Your hospital cover

What's covered

- ✓ All clinical categories are included under your level of cover, but only as a private patient in a public hospital shared room.

What's restricted

All services on this level of cover are restricted to the equivalent rate for a private patient in a public hospital shared room. Should you choose treatment in a private hospital (or a private room) you will incur 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

Services not approved by Medicare, i.e. where Medicare pays no benefit. Such as elective cosmetic surgery.

Your hospital cover gives you

For services under 'What's covered'

- ✓ Choice of doctor from those associated with the public hospital you attend
- ✓ Minimum default benefits for a shared room in a public hospital
- ✓ Up to 100% of doctors' fees if your doctor chooses to use Access Gap
- ✓ 100% of the listed benefit for prostheses on the Australian Government Prostheses List
- ✓ Up to \$1000 is available for private midwife services for delivery at home or in private practice. If a doctor or obstetrician is required to intervene in the delivery no benefits will be payable towards the private midwife services
- ✓ For ante/post natal services provided by a registered midwife Defence Health will pay \$40 per antenatal and \$80 per postnatal visits up to \$500 per person each calendar year
- ✓ Hospital substitute treatment in your home for treatments such as wound management and intravenous therapy through selected hospitals
- ✓ Rehabilitation in the home with access to a range of rehabilitation and healthcare services.

What's not covered

Situations when you will not be covered include:

- ✗ Theatre, labour ward and intensive care costs at a private hospital
- ✗ Private room in a public or private hospital will lead to significant out-of-pocket expenses
- ✗ Treatment not clinically necessary or approved under Medicare such as elective cosmetic surgery
- ✗ 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 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)
- ✗ Surgery by a non-registered podiatric surgeon (when provided by a registered podiatric surgeon, hospital benefits will be paid at the default rates and a limited benefit is payable for the podiatric surgeon's fees)
- ✗ This cover is not suitable for overseas visitors who do not have full Medicare entitlements.



Your hospital cover *continued*

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)
- ✓ 12 months for pregnancy and birth
- ✓ 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.

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.

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.



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.

Make sure you review what is and isn't covered under your level of hospital cover.

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.

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.



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

050221/1511

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

