

Essentials Hospital Basic Plus

Product Guide

This product is only available for singles and couples.

Effective from 1 July 2020

Subject to change



Your hospital cover

What's covered

The clinical categories included are:

- ✓ Tonsils, adenoids and grommets
- ✓ Bone, joint and muscle
- ✓ Joint reconstructions
- ✓ Hernia and appendix
- ✓ Gastrointestinal endoscopy
- ✓ 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:

- ✗ Brain and nervous system
- ✗ Eye (not cataracts)
- ✗ Cataracts
- ✗ Ear, nose and throat
- ✗ Joint replacements
- ✗ Back, neck and spine
- ✗ Podiatric surgery (by a registered podiatric surgeon)
- ✗ Kidney and bladder
- ✗ Male reproductive system
- ✗ Gynaecology
- ✗ Miscarriage and termination of pregnancy
- ✗ Pregnancy and birth
- ✗ Assisted reproductive services
- ✗ Digestive system

- ✗ Chemotherapy, radiotherapy and immunotherapy for cancer
- ✗ Pain management
- ✗ Skin
- ✗ Breast surgery (medically necessary)
- ✗ Diabetes management (excluding insulin pumps)
- ✗ Heart and vascular system
- ✗ Lung and chest
- ✗ Blood
- ✗ Plastic and reconstructive surgery (medically necessary)
- ✗ Implantation of hearing devices
- ✗ Dialysis for chronic kidney failure
- ✗ Weight loss surgery
- ✗ Insulin pumps
- ✗ Pain management with device
- ✗ Sleep studies.

Excess

Essentials Hospital Basic Plus has a \$250 per adult excess.

The excess applies once per adult per financial year on any same day and overnight admissions.

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.



Your hospital cover *continued*

Additional benefits for covered services

For services under 'What's covered'

- ✓ 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.

Pre-existing conditions

A pre-existing condition is an illness, ailment or condition where signs or symptoms existed in the six months prior to you joining or upgrading 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.

Patient transport services are not ambulance services and are not claimable.

Accidental injuries

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

Under Essentials Hospital Basic 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

Essentials Hospital Basic 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 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.

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.

If you have these details, you can call us on 1800 335 425 and we can confirm any out-of-pockets your doctor may charge you.

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.



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 at phio.info@ombudsman.gov.au. The Ombudsman provides free information and assistance to resolve disputes.

You can view more information at www.ombudsman.gov.au/making-a-complaint/contact-us

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 2020, and is subject to change.

It should be read carefully and retained.

Defence Health Limited – ABN 80 008 629 481 AFSL 313890

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Your privacy is important to us

Defence Health has a legal obligation to comply with the Commonwealth *Privacy Act 1988* and the Australian Privacy Principles. The Defence Health privacy statement informs you about how your personal information will be collected, held, used and disclosed, how you may gain access and seek correction of that information, and how you may complain about possible breaches of privacy. A copy of the full Privacy Policy is available at defencehealth.com.au/privacy. We will always endeavour to collect your personal information directly from you, but in some circumstances, for instance where you are a dependant on the policy, we will collect your personal information from the policy holder.

We will generally collect and use your information to approve your transactions/claims, to provide services you have requested and to inform you of products, benefits and services we think may be of interest to you.

We may use or disclose your personal information for another purpose, but only if we have your prior consent, or we are required to do so to fulfil our obligations as a private health insurer, or for any other reasonably expected purpose related to the provision of your health benefits. For example, we may disclose your information to other service providers we have arrangements with or who provide services to us, or where otherwise permitted or required by law.

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 on the policy.

If you do not provide the information requested or do not consent to us requesting it from third parties, we may be unable to provide our health benefit services or discounts to you.

Our full Privacy Policy is available at defencehealth.com.au/privacy or you can call us on 1800 335 425 for a copy.

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

