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.

Premier Extras
Product Guide

Effective from 1 July 2020

Subject to change

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

*Get up to 15% off the usual dental fee at our network dentists. 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**

Service	Benefit
Periodic oral exam (012)	Up to $48.00
Removal of calculus (114)	Up to $87.00
Bitewing x-ray (022)	Up to $30.00
Adhesive filling to one surface of a rear tooth (531)	Up to $97.60

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**

Service	Benefit
Surgical tooth removal (323)	Up to $197.20
Root canal obturation (417)	Up to $153.20
Veneer indirect (556)	Up to $656.20
Full crown – veneer indirect (615)	Up to $1015.20
Endosseous implant (688)	Up to $1100.00

Orthodontics

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

Service	Benefit
Orthodontic treatment	Up to $1000

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.

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

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.

Optical

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

Optical network partners

*Our optical network providers have extensive ranges of no-gap glasses available up to your annual limit. Visit **defencehealth.com.au/optical** for more information.*

	Specsavers	VSP Vision Care
Single vision glasses	2 pairs no-gap	1 pair no-gap
Bi/Multifocal glasses	1 pair no-gap	1 pair no-gap
Frames/repairs	Discounted	Discounted
Contacts (in store)	10% off	15% off

No-gap glasses deals are based on standard lens options. Other lens choices are likely to involve an out-of-pocket cost.

Non-network providers

Service	Benefit
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

Service	Benefit
Initial consultation	Up to $39
Subsequent consultation	Up to $35

Group physiotherapy

Service	Benefit
Group therapy sessions and classes	Up to $25

Includes group hydrotherapy.

Group exercise physiology

Service	Benefit
Group therapy	Up to $17

Tests and programs

Service	Benefit
Per test/program limit	Up to $180

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.*

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

Physiotherapy (including one-on-one hydrotherapy)

Initial consultation	Up to $67
Subsequent consultation	Up to $54
Pelvic floor treatment	Up to $75
Lymphoedema treatment	Up to $100

Chiropractic/Osteopathy

Initial consultation	Up to $57
Subsequent consultation	Up to $43
Chiropractic x-rays (max 2 per financial year)	Up to $60

Exercise physiology

Initial consultation	Up to $54
Subsequent consultation	Up to $34

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 $125
Subsequent consultation	Up to $110
Group therapy	Up to $45
Couple/family therapy	Up to $65

Psychology services claimable through Medicare are not eligible for benefits.

Speech therapy

Initial consultation	Up to $113
Subsequent consultation	Up to $65
Group therapy	Up to $50

Occupational therapy

Initial consultation	Up to $97
Subsequent consultation	Up to $60
Group therapy	Up to $35

Podiatry/chiropody

Initial consultation	Up to $57
Subsequent consultation	Up to $43

Audiology

Initial consultation	Up to $85
Subsequent consultation	Up to $65

Eye therapy

Initial consultation	Up to $70
Subsequent consultation	Up to $60

Dietitian

Initial consultation	Up to $77
Subsequent consultation	Up to $45

Pharmacy and vaccinations

Per prescription or vaccination	Up to $120

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.

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 *For the repair of hearing aids and foot orthoses or for the purchase of appliance accessories like PAP machine masks.*	Up to $100
Rental of appliances *Including oxygen cylinders, soft collars, toilet seat risers, shower chairs, Continuous Passive Movement machines or any other appliance listed below.*	Up to $200

12 month waiting period	Sub-limit
** Replacement or additional items are not claimable within 3 years of previous purchase.*	
Hearing aids*	Up to $1500
PAP machine* for sleep apnoea *EPAP is not covered under the PAP machine benefit.*	Up to $1250
Blood glucose monitor*	Up to $500
Foot orthotics *Custom-made and fitted by a specialist orthotic practitioner. Excludes over the counter orthotics.*	Up to $300
Orthopaedic shoes *Custom-made and fitted by a specialist shoemaker for identifiable foot deformities.*	Up to $300
Splints and braces *Splints, knee/leg/spinal/lumbar/sacral/wrist/ankle braces and surgical corsets.*	Up to $300
Mobility aids* *Wheelchairs, crutches, walking frames, walking sticks, rolling walkers, seat riser cushions, reaches and adjustable canes.*	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	*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

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.

Claims must include a letter from the treating practitioner indicating recommended garment and condition being treated.

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**

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 automatically credited to the account 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

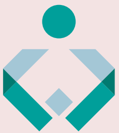
Our purpose is to support you, the members of the ADF and wider Defence community to manage your personal and family health care.

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 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.

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**

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

240620/1713

Defence Health