Essentials Hospital is basic hospital cover for young, healthy singles and couples. It covers a limited range of hospital treatments and helps you avoid Government penalties.

**Favourite features**

- Comprehensive ambulance cover
- Don’t pay for things you don’t need – you get cover for a limited range of hospital services that a young and healthy person is most likely to need
- Accidental injury cover
- Choice of doctor and hospital – for treatment of the limited procedures covered
- Avoid or minimise Government penalties – such as the Medicare Levy Surcharge and Lifetime Health Cover loadings
- Great choice for your first health cover or if you’re not planning on kids any time soon

**Your hospital cover**

**Excess**

Essentials Hospital has a $200 per adult excess. The excess applies once per adult per financial year on all same day and overnight admissions.

**Your hospital cover gives you**

For the limited range of services listed under What’s covered you get:

- Choice of doctor and hospital
- 100% of agreement hospital charges (subject to your excess), including:
  - Shared or private room
  - Theatre fees
  - Intensive care, critical care and high dependency unit
  - Most drugs supplied in hospital
- 100% of public hospital charges (subject to your excess)
- Up to 100% of doctors’ fees, for services covered, if your doctor chooses to use Access Gap
- Up to 100% for prostheses on the Australian Government Prostheses List for services covered

Treatment in a non-agreement private hospital will incur significant out-of-pocket expenses.

**What’s covered**

- Accidental injuries
- Removal of tonsils
- Removal of adenoids
- Removal of appendix
- Surgical tooth extraction
- Hernia repairs
- Joint investigations (arthroscopies) and minor joint repairs
- Joint reconstructions
- Colonoscopies
- Gastroscopies

**What’s restricted**

R Psychiatric treatment
R Rehabilitation
R Palliative care

For these treatments you will only be covered as a private patient in a public hospital shared room. If you are treated anywhere else you will be significantly out-of-pocket.

**What’s excluded**

X All other hospital treatments

**Accidental injury benefit**

Essentials Hospital provides you with a benefit for injuries you get 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 48 hours of the accident. If treatment in hospital is needed as an admitted patient, you will need to be admitted within 90 days of the initial treatment.

**Comprehensive ambulance cover**

You get 100% cover for ambulance services by state-appointed ambulance providers across Australia. And there’s no limit on the number of times you can use the ambulance service when needed, including emergency services, non-emergency dispatch, mobile intensive care and air and sea ambulance services.

Transport services by Patient Transport vehicles are not ambulance services and are not claimable.
Making the most of your cover

Where you’re treated affects your benefits
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

Reduce your medical costs with Access Gap
Your doctor, surgeon, anaesthetist, pathologist and radiologist will all charge for their services separately. Between Medicare and Defence Health we will cover 100% of the Medicare Benefits Schedule (MBS) fee for the in-hospital services covered by your policy. But some doctors charge above the MBS fee and this can result in significant out-of-pocket medical costs.

Defence Health can help reduce or eliminate these extra medical costs if your doctor agrees to use our Access Gap scheme. Always ask your doctor what they will charge and if they will participate in our Access Gap scheme to reduce or eliminate the medical costs.

You can search for doctors who may participate in our Access Gap scheme at defencehealth.com.au

Hospital waiting periods
When you join Defence Health or upgrade your existing cover, you may have a waiting period before you can claim benefits. The following waiting periods apply:

- 12 months for pre-existing conditions (excluding psychiatric, rehabilitation and palliative care)
- 2 months for psychiatric, rehabilitation and palliative care
- 2 months for all other covered services
- Cover for an accident is immediate where it is not claimable from another source such as workers compensation or third party insurance.

If you upgrade your hospital cover in the future you will have to serve waiting periods on all currently excluded treatments, including a 12 month waiting period on pregnancy related treatments.

Remember, if you transfer from an equivalent level of cover with another health fund and have served your waiting periods, you won’t have to serve a waiting period with us.

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.

If you need treatment in the first 12 months of joining for a condition that could be pre-existing, we may 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 speak to us before going into hospital.

What’s not covered

Situations where you will not be covered include:
- Hospital services listed as an exclusion
- Treatment received while serving a waiting period
- Treatment provided at an emergency department of a hospital
- Treatment for which a Medicare benefit is not payable (apart from rehabilitation, psychiatric treatments and palliative care)
- Treatment not clinically necessary such as cosmetic surgery
- Treatment in doctors’ rooms or specialist tests as an outpatient
- Doctors’ fees in excess of the MBS fee, unless covered by Access Gap
- Pharmaceuticals provided on discharge or unrelated to the reason for hospitalisation
- Exceptionally expensive drugs
- Personal items such as newspapers, toiletries or TV
- Accommodation in an aged care facility
- Services claimable from another source such as workers compensation or third party insurance
- Hospital stays beyond 35 days that are not supported by an acute care certificate (this will incur out-of-pocket expenses)

Need more help?
Call us on 1800 335 425 or go to defencehealth.com.au

This Product Guide is current as at 1 April 2015, and is subject to change. It should be read carefully and retained. You can view our Privacy Policy online at defencehealth.com.au
Defence Health Limited – ABN 80 008 629 481 AFSL 313890
Favourite features
- Comprehensive ambulance cover
- Up to $500 back on general dental, preventive dental and surgical extractions
- No-gap glasses deals through our optical network – Specsavers or VSP Vision Care
- Cover for essential services like physiotherapy, chiropractic and osteopathy
- Money back for a wide range of alternative therapies
- Money back for travel vaccinations

Dental – general and surgical extractions
- Annual limit – $500 per person
  Some dental items are limited in the number of times they can be claimed in a year. Some items are not payable in combination with others. And some may not attract a benefit at all.

General and preventive dental
- Monthly waiting period
  - Periodic oral exam (012) Up to $34.30
  - Removal of calculus (114) Up to $60.70
  - Bitewing x-ray (022) Up to $23.25
  - Adhesive filling to one surface of a rear tooth (531) Up to $65.65
  - Mouthguard (151) Up to $69.70

Surgical tooth removal
- 12-month waiting period
  - 322 Up to $105.05
  - 323 Up to $131.30
  - 324 Up to $144.45

Ambulance treatment
- 2-month waiting period
  - Annual limit – Unlimited
  100% 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 by Patient Transport vehicles are not ambulance services and are not claimable.

Optical
- 2-month waiting period
  - Annual limit – $170 per person
  - Optical network partners
    - 100%
    - Our optical network providers have extensive ranges of no-gap glasses. Visit specsavers.com.au or vsp-australia.com.au for locations.

<table>
<thead>
<tr>
<th>Specsavers</th>
<th>VSP Vision Care</th>
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<tbody>
<tr>
<td>Single vision glasses</td>
<td>2 pairs no-gap</td>
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<tr>
<td>Bi/Multifocal glasses</td>
<td>1 pair no-gap</td>
</tr>
<tr>
<td>Frames</td>
<td>Discounted</td>
</tr>
<tr>
<td>Contacts (in store)</td>
<td>10% off</td>
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  Benefits at non-network providers are limited: up to $80 for single vision lenses, up to $95 for ground single vision lenses, up to $105 for bi-focal lenses, up to $120 for multi-focal lenses, up to $95 for frames and up to $120 for contact lenses.
  A sight-correcting script must accompany the claim. The no-gap glasses deals are based on standard lens options. Other lens choices are likely to involve an out-of-pocket cost. For the two pairs no-gap glasses deal, the second pair must be from the same or lower priced range and must be for the same prescription.

Physiotherapy (including hydrotherapy), Chiropractic/Osteopathy
- 2-month waiting period
  - Annual limit – $350 per person
  - Initial consultation Up to $35
  - Subsequent consultation Up to $26
  - Group therapy sessions and classes Up to $10

Alternative therapies & exercise physiology
- 2-month waiting period
  - Annual limit – $200 per person
  - Per consultation Up to $20
  Where the provider is recognised by the Australian Regional Health Group the following alternative therapies are payable: acupuncture, homeopathy, aromatherapy, myotherapy, naturopathy, remedial massage, remedial therapy, Chinese herbal medicine and western herbal medicine. No benefit payable for any prescribed medications, herbal or dietary preparations.

Travel vaccinations
- 2-month waiting period
  - Annual limit – $100 per person
  - Per travel vaccination prescription Up to $50
  The benefit is payable on non-PBS travel vaccinations only and applies to the cost in excess of the current PBS amount.
Things you need to know about extras

Knowing your annual limits
The goods or services claimable under extras cover have annual per person limits.
Once the annual limit has been reached, no further benefits are payable in that year. Limits are re-set on 1 July each year. Benefit payments will resume for treatment received after the beginning of the next financial year.
You can easily monitor your available limits via the Member Area of our website.

Claiming extras benefits
Many health care providers (like dentists, optometrists and physiotherapists) can swipe your membership card on-the-spot through an electronic terminal. The benefit payable is automatically credited to them and you then settle any outstanding amount. A list of providers who offer on-the-spot claiming is available on our website.
If your provider doesn’t offer on-the-spot claiming you can claim using one of the following convenient options:
- The simplest process is to claim via your smartphone through our Mobile Claiming App
- For the fastest refund claim online through the secure Member Area of our website
- Or complete a claim form then:
  - Email it with your receipts to claims@defencehealth.com.au
  - Fax it and your receipts to 1800 241 581
  - Post it and your original accounts or receipts to us: Defence Health, PO Box 7518, Melbourne, Victoria, 3004

Claim forms can be downloaded from our website or you can call us and we’ll send you one. 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
- Benefits are only payable where Medicare benefits are not payable
- Benefits are not payable when they can be claimed from another source
We recognise all those extras providers who are registered with their professional body and in the case of approved alternative therapies, those recognised by ARHG.
If you are unsure whether a practitioner is registered with us, visit Find an Extras Provider on our website or just give us a call.
Full claiming conditions are available online.

Extras waiting periods
When you join Defence Health or upgrade your existing cover, you may have a waiting period before you can claim benefits. The following waiting periods apply:
- 12 months for surgical tooth extractions
- 2 months for all other services
- Cover for an accident is immediate where it is not claimable from another source such as workers compensation or third party insurance
Remember, if you transfer from an equivalent level of cover with another health fund and have served your waiting periods, you won’t have to serve a waiting period with us.