



Annual limits apply from 1 July.

Please read your product guide before having treatment or call us if you have any questions about out-of-pocket expenses.

Treatments covered by this policy

Dental network

At participating network dentists receive no-gap benefits on selected preventive dental services, such as scale and clean, fluoride treatment and bitewing x-rays – Subject to annual limits and limited to one no-gap claim per person each financial year. Visit defencehealth.com.au for more information.

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 for more information.

Service Category	Description	Indicative Benefit Amount	Waiting Period	Annual Limit (per person)
General and preventive dental	Periodic oral exam (012)	up to \$35.40	2 months	Unlimited
	Removal of calculus (114)	up to \$66.20		
	Bitewing x-ray (022)	up to \$21.20		
	Adhesive filling to one surface of a rear tooth (531)	up to \$69.50		
	Get one custom-fitted mouthguard (items 151 and 153 only) 100% covered each financial year up to annual limits			
Major dental	Surgical tooth removal (324)	up to \$177.70	12 months	\$850
	Root canal obturation (417)	up to \$136.70		
	Veneer indirect (556)	up to \$465.10		
	Full crown - veneer indirect (615)	up to \$714.20		
	Endosseous implant (688)	up to \$850		
Orthodontics	Orthodontic treatment <i>There is no lifetime limit on orthodontic treatment. Benefits are payable on proof of payment for treatment during the financial year</i>	up to \$800	12 months	\$800
Optical	Single vision lenses Ground single vision lenses Bi-focal lenses Multi-focal lenses Frames/repairs Contact lenses <i>All optical claims must include a sight correcting script.</i>	100% back up to annual limit	2 months	\$255
Physiotherapy <i>(including 1:1 hydrotherapy)</i>	Initial/ subsequent	up to \$50/ \$39	2 months	\$550
	Pelvic floor treatment	up to \$39		
	Lymphoedema treatment	up to \$40		
	Ante/postnatal classes* (max 10) Full day antenatal class* <i>Ante/postnatal classes must be provided by a recognised midwife or physiotherapist in private practice only.</i>	up to \$20 up to \$200		
Chiropractic/ Osteopathy	Chiropractic - initial/ subsequent	up to \$45/ \$32	2 months	\$450
	Chiropractic x-rays <i>(max. 2 per financial year)</i>	up to \$40		
	Osteopathy - initial/ subsequent	up to \$45/ \$32		
Laser refractive eye surgery	Benefits are payable for LASIK, PRK or SMILE eye surgery in a state recognised and registered day surgery centre.		12 months	up to \$1,000 <i>(every 2 financial years)</i>

Service Category	Description	Indicative Benefit Amount	Waiting Period	Annual Limit (per person)
Health and wellbeing	Remedial massage - initial/ subsequent	up to \$31/ \$27	2 months	\$300
	Acupuncture - initial/ subsequent	up to \$31/ \$27		
	Myotherapy - initial/ subsequent	up to \$31/ \$27		
	Exercise physiology - initial/ subsequent	up to \$31/ \$27		
	Group physiotherapy - sessions/ classes <i>Includes group hydrotherapy</i>	up to \$17		
	Tests and programs - per test/ program limit <i>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.</i>	up to \$80		
Mental Health Support	Psychology - initial/ subsequent Group therapy Couple/ family therapy <i>Benefits are payable for consultations with registered Psychologists and Mental Health Social Workers in private practice. Psychology services claimable through Medicare are not eligible for benefits.</i>	up to \$80/ \$70 up to \$25 up to \$35	2 months	\$400
	Counselling - consultations Group therapy Couple/ family therapy <i>Benefits are payable for consultations with registered Counsellors in private practice. Counselling services claimable through Medicare are not eligible for benefits.</i>	up to \$70 up to \$25 up to \$35		
Speech therapy	Initial/ subsequent Group therapy	up to \$85/ \$45 up to \$30	2 months	\$500
Occupational therapy	Initial/ subsequent Group therapy	up to \$65/ \$40 up to \$20	2 months	\$500
Podiatry/ chiropody	Initial/ subsequent	up to \$45/ \$32	2 months	\$300
Audiology	Initial/ subsequent	up to \$60/ \$40	2 months	\$200
Eye therapy	Initial/ subsequent Group therapy	up to \$50/ \$35 up to \$10	2 months	\$500
Dietetics	Initial/ subsequent	up to \$50/ \$30	2 months	\$250
Pharmacy and vaccinations	Per prescription or vaccination <i>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. Benefits are not payable for nicotine e-cigarettes or nicotine vaping products.</i>	up to \$80	2 months	\$500
Ambulance treatment	Cover for ambulance services by state-appointed ambulance providers across Australia. This includes emergency transport, on the spot treatment, mobile intensive care, air and sea ambulance. <i>Transport services between hospitals, repatriation to or from a state for non-clinically necessary reasons, or services by patient transport vehicles are not claimable.</i>		2 months	Unlimited
School accidents	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.		0 days	\$600 per child dependant
Home nursing	Per visit <i>Visits by a registered nurse in private practice to attend to a person with a serious medical condition when requested by a medical practitioner.</i>	up to \$32	2 months	\$1,000

Service Category	Description	Sub-limit	Waiting Period	Annual Limit (per person)
Medically prescribed devices and appliances	Non-sight correcting Irlen lenses	up to \$90	2 months	\$1,000
	EpiPen	up to \$100		
	Appliance maintenance <i>For the repair of hearing aids and foot orthoses or for the purchase of appliance accessories like PAP machine masks.</i>	up to \$100		
	Rental or purchase of appliances <i>Rental or purchase of oxygen cylinders, soft collars, toilet seat risers, shower chairs, Continuous Passive Movement machines. Rental only, any other appliance listed below.</i>	up to \$150		
	Hearing aids*	up to \$1,000	12 months	
	PAP machine* for sleep apnoea <i>EPAP is not covered under the PAP machine benefit.</i>	up to \$1,000		
	Blood glucose monitor*	up to \$400		
	Foot orthotics <i>Custom-made and fitted by a specialist orthotic practitioner. Excludes over the counter orthotics.</i>	up to \$220		
	Orthopaedic shoes <i>Custom-made and fitted by a specialist shoemaker for identifiable foot deformities.</i>	up to \$250		
	Splints and braces <i>Splints, knee/ leg/ spinal/ lumbar/ sacral/ wrist/ ankle braces and surgical corsets. Does not cover casts.</i>	up to \$250		
	Mobility aids* <i>Wheelchairs, crutches, walking frames, walking sticks, rolling walkers, seat riser cushions, reaches and adjustable canes.</i>	up to \$1,000		
	Non-cosmetic prostheses (annual sub-limits apply) Wig following a medical condition External breast prostheses following a mastectomy (excludes post-mastectomy bra) Artificial eye*	up to \$1,000 up to \$250 up to \$250 up to \$1,000		
	Blood pressure monitor*	up to \$250		
	TENS machine*	up to \$250		
	Nebuliser* and spacer for breathing conditions	up to \$250		
	Compression garments <i>Up to \$250 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.</i>	up to \$1,000		
* Replacement or additional items are not claimable within 3 years of previous purchase.				

Annual limits

All of the goods and services claimable under extras cover have per person limits. Once the 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 Member Portal, at defencehealth.com.au

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.

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 two 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 and counsellors, those recognised by the Australian Regional Health Group.

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

Dental claim frequency

Some dental items have claim frequency limits, including the number of times they can be claimed during an appointment, in a year, or across a number of years. 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 Member Portal, at defencehealth.com.au

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

If your provider does not offer on-the-spot claiming, you can:

Claim through your Member Portal (for most services) at defencehealth.com.au

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
- post it and a copy of the account to us: Defence Health, PO Box 7518, Melbourne, Victoria, 3004

Please hold onto your receipts for two years.

Your privacy is important to us

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

Our full Privacy Policy is available at defencehealth.com.au 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.

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 or email info@defencehealth.com.au and we'll send you one.

Code of Conduct

We are committed to the Private Health Insurance Code of Conduct. You can download a copy of the code at [Private Health Insurance Code of Conduct](https://www.privatehealth.gov.au).



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.

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

We're here to help

For more information visit defencehealth.com.au or call us on 1800 335 425.

