

Defence Hospital Bronze Plus



Affordable hospital cover for a wide range of treatments

Hospital treatment by clinical category

| | |
|--|---|
| Rehabilitation | R |
| Hospital psychiatric services | R |
| Palliative care | ✓ |
| Brain and nervous system | ✓ |
| Eye (not cataracts) | ✓ |
| Ear, nose and throat | ✓ |
| Tonsils, adenoids and grommets | ✓ |
| Bone, joint and muscle | ✓ |
| Joint reconstructions | ✓ |
| Kidney and bladder | ✓ |
| Male reproductive system | ✓ |
| Digestive system | ✓ |
| Hernia and appendix | ✓ |
| Gastrointestinal endoscopy | ✓ |
| Gynaecology | ✓ |
| Miscarriage and termination of pregnancy | ✓ |
| Chemotherapy, radiotherapy and immunotherapy for cancer | ✓ |
| Pain management | ✓ |
| Skin | ✓ |
| Breast surgery (medically necessary) | ✓ |
| Diabetes management (excluding insulin pumps) | ✓ |
| Heart and vascular system | X |
| Lung and chest | ✓ |
| Blood | ✓ |
| Back, neck and spine | ✓ |
| Plastic and reconstructive surgery (medically necessary) | ✓ |
| Dental surgery | ✓ |
| Podiatric surgery (provided by a registered podiatric surgeon) | ✓ |
| Implantation of hearing devices | ✓ |
| Cataracts | X |
| Joint replacements | X |
| Dialysis for chronic kidney failure | X |
| Pregnancy and birth | X |
| Assisted reproductive services | X |
| Weight loss surgery | X |
| Insulin pumps | X |
| Pain management with device | X |
| Sleep studies | ✓ |

Excess

\$500 or \$750

An excess is payable once per adult, per financial year for same-day or overnight hospital treatment. A higher excess means a lower premium. No excess is payable for dependent kids.

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) |
| 0 days | 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

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.

Transport services between hospitals, repatriation to or from a state for non-clinically necessary reasons, or services by patient transport vehicles are not claimable.

Restricted 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.

- ✓ Included clinical categories
- X Excluded clinical categories
- R Restricted clinical categories



Additional benefits for covered services

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 benefits as set by the government for a shared room in a public hospital:

- Additional \$80 per day paid for a private room (all states and territories except NSW)
 - An amount agreed between the NSW government and Defence Health for a private room in NSW
 - If the hospital charges more than the benefit payable, you will have an out-of-pocket expense
-

100% of the listed benefit for medical devices on the Australian Government Prescribed List of Medical Devices and Human Tissue Products

Agreement hospital accommodation charges are covered for surgery by a registered podiatric surgeon. A limited benefit is payable for the podiatric surgeon's fees

Accidental Injury Benefit

You have cover for accidental injury benefit which means admissions for services that are restricted or excluded will be treated as an included service for a non-compensable accident that occurred after joining this cover. You must seek treatment from a registered provider within 72 hours and any required hospitalisation must occur within 180 days of the accident.

An 'accident' is an unforeseen event leading to bodily injuries caused solely and directly by external means.

Travel and accommodation

A benefit is payable for travel and accommodation for an eligible hospital admission when travel between the Admitted Patient's home address and the hospital (calculated in a straight line) is over 200km return. Accommodation benefits are payable for either the patient or their accompanying person, in a commercial premises i.e. hotel, Airbnb. The benefit for travel expenses is \$70 and up to \$130 for accommodation. An invoice confirming the dates for the accommodation costs is required. The maximum benefit is \$200 per admission. Claims must include a confirmation of admission letter from either the hospital or treating medical practitioner.

What's not covered?

Situations you won't be covered include:

Clinical treatment categories listed as excluded services

Treatment received while serving a waiting period

Treatment provided as an outpatient at 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

Services claimable from another source such as workers compensation, third party insurance or Department of Veterans' Affairs (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)

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

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 making any decisions about your hospital or procedure, check what your cover includes and confirm you have served any applicable waiting periods.

Review the included clinical categories on your policy to ensure your procedure is covered. For more detailed information, you can visit the [‘Going to Hospital Hub’](#) on our website or read our [‘Going to Hospital’](#) brochure.

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. Find more information on [Access Gap](#) on our website.

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 expense.

This results in one of two scenarios:

No Gap: Defence Health covers 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](#) 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 information should be discussed with you and provided in writing. It must clearly state any gap you will pay between their total charges and the Medicare rebate and private health insurance benefits.

This informed financial consent should include all the doctors involved in your treatment, including your anaesthetist, and detail any additional gap you will need to pay toward hospital or medical device charges.

Once understood and agreed by you, your signature or the signature of your guardian is required to finalise this arrangement.

To confirm medical out-of-pocket expenses, check with Medicare or your doctor.

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](#) or you can obtain another referral from your GP.

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](#).



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 the going to hospital section at [defencehealth.com.au](#) or call us on **1800 335 425**.

