

Saver Hospital Bronze Plus

Product Guide

Effective from 7 November 2025

Subject to change.



MORE THAN BASIC HOSPITAL COVER

An affordable hospital cover that's anything but basic.

Your hospital cover

What's covered

The clinical categories included are:

- ✓ 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)
- ✓ Lung and chest
- ✓ Blood
- ✓ Dental surgery
- ✓ Podiatric surgery (by a registered podiatric surgeon)
- ✓ Sleep studies.

What's restricted

- Ⓡ Rehabilitation
- Ⓡ Hospital psychiatric services
- Ⓡ Palliative care.

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:

- ✗ Heart and vascular system
- ✗ Back, neck and spine
- ✗ Plastic and reconstructive surgery (medically necessary)
- ✗ Implantation of hearing devices
- ✗ Cataracts
- ✗ Joint replacements
- ✗ Dialysis for chronic kidney failure
- ✗ Pregnancy and birth
- ✗ Assisted reproductive services
- ✗ Weight loss surgery
- ✗ Insulin pumps
- ✗ Pain management with device.

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.



Your hospital cover *continued*

Excess options

\$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)
- ✓ 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.

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.

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.

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.

What's not covered

Situations when 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
- ✗ 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 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)
- ✗ 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 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

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

We're here to support the families of serving ADF members, ex-serving ADF and Reservists, plus the wider Defence community to manage their health care.



Trust

We're here to earn our members' trust through genuine, respectful and transparent interactions.



Excellence

We challenge ourselves to provide a level of support our members won't find anywhere else.



Ownership

We answer to members not shareholders. Taking responsibility and owning our actions to make a positive impact on their day.



Members first

We listen deeply to what our members need, placing our Defence community at the heart of every decision and action.



Community

We champion members, reinvesting profits back into protecting our community's health and wellbeing.

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. The Ombudsman provides free information and assistance to resolve disputes.

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

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.

This Product Guide is current as at 7 November 2025, and is subject to change.

It should be read carefully and retained.

Defence Health Limited – ABN 80 008 629 481 AFSL 313890

Your privacy is important to us

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

We comply with the *Commonwealth Privacy Act 1988* and its Australian Privacy Principles in relation to the personal information that we hold about you and those on your policy.

As a member, by using our services and providing personal information to Defence Health, you're saying you agree to let Defence Health use it according to our Privacy Policy. And if you're sharing someone else's information, you're confirming you have their permission too.

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 can contact us if they do not wish us to share their personal information with the policy holder or others insured on the policy. Upon request, we will make reasonable efforts to keep their personal information private from others insured on the policy, but this may be subject to limited exceptions.

We'll usually collect your personal information directly from you, but can also collect it from others such as your health care professionals, your previous insurer, another insured person on the policy or the policyholder if you are a dependant. We may also collect personal information from third parties and public sources.

We collect your personal information so that we can use it for our reasonable business purposes and provide products and services to our members. We engage with a range of third parties in order to operate our business and provide services. We may disclose personal information to third parties for these purposes. Some third-party providers may be located overseas including in Ireland, other parts of western Europe, USA, New Zealand or India. We may also store your personal information on servers based overseas or in the "cloud". In such cases, your personal information may be viewed from overseas to repair system faults.

Whenever we send you marketing material, we will always inform you how you can opt out of our mailing list. We will implement your request free of charge within a reasonable timeframe.

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.

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**

