Public Hospital Basic Plus [Closed Product]

Hospital treatment by clinical category

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

Excess

$0

The Public Hospital Basic Plus product has a $0 excess.

What's covered

All clinical categories are included under your level of cover, but only as a private patient in a public hospital shared room.

Restricted Services

All services on this level of cover are restricted to the equivalent rate for a private patient in a public hospital shared room. Should you choose treatment in a private hospital (or a private room) you will incur 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.

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)
12 months	for pregnancy and birth and midwifery home/registered hospital birthing facility delivery
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.

R Restricted clinical categories

Defence Health

Your hospital cover gives you:

- Choice of doctor from those associated with the public hospital you attend
- Minimum benefits as set by the government for a shared room in a public hospital
- Up to 100% of doctors' fees if your doctor chooses to use Access Gap
- 100% of the listed benefit for medical devices on the Australian Government Prescribed List of Medical Devices and Human Tissue Products
- Up to $1000 is available for private midwife services for delivery at home or in private practice. If a doctor or obstetrician is required to intervene in the delivery, no benefits will be payable towards the private midwife services
- For ante/postnatal services provided by a registered midwife Defence Health will pay $40 per antenatal and $80 per postnatal visits up to $500 per person each calendar year
- Hospital substitute treatment in your home for treatments such as wound management and intravenous therapy, based on assessed clinical need

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.

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.

What's not covered?

Situations you won't be covered include:

- Theatre, labour ward and intensive care costs at a private hospital
- Treatment received while serving a waiting period
- Private room in a public or private hospital will lead to significant out-of-pocket expenses
- 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
- Surgery by a non-registered podiatric surgeon (when provided by a registered podiatric surgeon, hospital benefits will be paid at the default rates)
- 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)

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.

Defence Health

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.

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.

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.

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're here to help

For more information visit the going to hospital section at **defencehealth.com.au** or call us on **1800 335 425.**

This Product Guide should be read carefully and retained. DHL2326.1

Defence Health Limited- ABN 80 008 629 481 AFSL 313890