ADF Total Package Gold Product Guide

Effective from 1 July 2022

Subject to change.



COMPREHENSIVE COVER FOR DEFENCE FAMILIES

Health insurance that is customised for active ADF members and their families.

Your hospital cover

What's covered

All clinical categories are included under your level of cover.

These categories are:

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

- Weight loss surgery
- Insulin pumps
- Pain management with device
- Sleep studies.

What's restricted

No hospital services are restricted.

What's excluded

Services not approved by Medicare such as elective cosmetic surgery.

Excess options

You can reduce your premium by electing to pay an excess if you go to hospital. Your excess choices are \$0, \$250 or \$500 per adult.

The excess applies once per adult per financial year on any same day and overnight admissions. No excess is payable for dependent kids.

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, including labour ward
 - Intensive care, critical care and high dependency unit
 - Most drugs supplied in hospital
- Minimum default benefits for a shared room in a public hospital:
 - For treatment in a private room an additional \$80 per day is payable by Defence Health
 - If the hospital charges are greater than the Defence Health benefit, you will have an out-ofpocket expense
- 100% of the listed benefit for prostheses on the Australian Government Prostheses List
- Up to \$100 per day for home nursing (up to \$2000 per person)

Your hospital cover continued

- Up to \$2000 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
- Hospital substitute treatment in your home for treatments such as wound management and intravenous therapy through selected hospitals
- Health programs for members with specific health risks
- In-home rehabilitation services as an alternative to hospital-stay rehabilitation
- If you're a permanent ADF member and your child or partner goes into hospital, at selected hospitals we will pay your boarder fees so you can stay at the hospital too.

Hospital 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:

- 2 months for pre-existing conditions (excluding hospital psychiatric services, rehabilitation and palliative care)
- 2 12 months for pregnancy and birth
- 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

Comprehensive cover for ambulance services by stateappointed ambulance providers across Australia. This includes emergency services, non-emergency dispatch, mobile intensive care and air and sea ambulance services.

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

What's not covered

Situations when you will not be covered include:

- Treatment not clinically necessary or approved under Medicare such as elective cosmetic surgery
- Treatment received while serving a waiting period
- Treatment provided as an outpatient in a hospital
- Treatment for which a Medicare benefit is not payable (apart from rehabilitation, hospital psychiatric services and palliative care)
- 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 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)
- Surgery by a non-registered podiatric surgeon (when provided by registered podiatric surgeon, hospital benefits will be paid at the insured rates and a limited benefit is payable for the podiatric surgeon's fees)
- 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.

Make sure you review what is and isn't covered under your level of hospital cover.

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 should include:

- Each MBS item number and the fee that will be charged
- What you'll pay for each doctor involved, including your anaesthetist
- What you'll pay for your accommodation, and use of the operating theatre
- What you'll pay for any prostheses you are having
- Your signature, or the signature of your guardian.

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.

Your extras cover

Annual limits apply from 1 July.

Please read 'Things you need to know about extras' before having treatment or call us if you have any questions about out-of-pocket expenses.

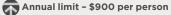
Dental

Dental network

Visit a network dentist for quality dental care at special member prices. Receive no-gap on your annual scale and clean at participating network dentists - Limit to two per person per financial year. Visit defencehealth.com.au for more information.

General and preventive dental

2 Month waiting period



Periodic oral exam (012) Up to \$37.60 Removal of calculus (114) Up to \$71.40 Bitewing x-ray (022) Up to \$22.80 Adhesive filling to one surface Up to \$79.40 of a rear tooth (531)

Dependent children can get one custom-fitted mouthguard (items 151 and 153 only) 100% covered each financial year, subject to general dental limits.

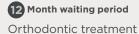
Major dental

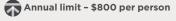




Surgical tooth removal (324) Up to \$157.40 Root canal obturation (417) Up to \$110.80 Veneer indirect (556) Up to \$486.40 Full crown - veneer indirect (615) Up to \$756.20 Endosseous implant (688) Up to \$950.00

Orthodontics





Up to \$800.00 There is no lifetime limit. Benefits are payable on proof of

payment for treatment received during the financial year.

Some dental items are limited in the number of times they can be claimed in a year or appointment. 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 Online Member Services account, at defencehealth.com.au

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.

Optical



2 Month waiting period



Annual limit - \$255 per person

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.

Non-network providers

Up to \$90 Single vision lenses Ground single vision lenses Up to \$95 Bi-focal lenses Up to \$105 Multi-focal lenses Up to \$155 Frames/repairs Up to \$95 Up to \$180 Contact lenses

All optical claims must include a sight correcting script.

Health and wellbeing



2 Month waiting period



Annual limit - \$300 per person

Remedial massage, acupuncture and myotherapy

Initial consultation Up to \$31 Subsequent consultation Up to \$27

Group physiotherapy

Group therapy sessions and classes Up to \$20

Includes group hydrotherapy.

Group exercise physiology

Group therapy Up to \$14

Tests and programs

Per test/program limit

Up to \$120

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.

Laser refractive eye surgery



12 Month waiting period



Benefits are payable for LASIK, PRK or SMILE eye surgery in a state recognised and registered day surgery centre.

Your extras cover continued

Flexi-limits

2 Month waiting period

Annual limit - \$1000 per person

Exercise physiology

Initial consultation Up to \$30 Subsequent consultation Up to \$24

Antenatal and postnatal services

Full day antenatal course Up to \$400
Antenatal consultations/classes Up to \$40
Postnatal consultations/classes Up to \$40
By a recognised midwife or physiotherapist in private practice only.

Psychology

Initial consultation Up to \$102
Subsequent consultation Up to \$77
Group therapy Up to \$32
Couple/family therapy Up to \$37

Psychology services claimable through Medicare are not eligible for benefits.

Speech therapy

Initial consultation Up to \$107
Subsequent consultation Up to \$52
Group therapy sessions Up to \$37

Occupational therapy

Initial consultation Up to \$85
Subsequent consultation Up to \$45
Group therapy sessions Up to \$27

Podiatry/chiropody

Initial consultation Up to \$47 Subsequent consultation Up to \$33

Audiology

Initial consultation Up to \$72 Subsequent consultation Up to \$52

Eye therapy

Initial consultation Up to \$65 Subsequent consultation Up to \$45

Dietitian

Initial consultation Up to \$59
Subsequent consultation Up to \$33

Physiotherapy (including one-on-one hydrotherapy)

Annual limit - \$850 per person
Initial consultation

Up to \$59

Subsequent consultation

Up to \$41

Pelvic floor treatment

Up to \$63

Lymphoedema treatment

Up to \$85

Chiropractic/Osteopathy

Month waiting period Annual limit - \$750 per person
Initial consultation Up to \$47
Subsequent consultation Up to \$33
Chiropractic x-rays (max 2 per financial year)
Up to \$45

Pharmacy and vaccinations

2 Month waiting period Annual limit - \$400 per person

Per prescription or vaccination

Up to \$80

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.



Medically prescribed devices and appliances 2 - 12 Month waiting period Annual limit - \$1000 per person 2 month waiting period sub-limit Non-sight correcting Irlen lenses Up to \$90 EpiPen Up to \$150 Appliance maintenance Up to \$100 For the repair of hearing aids and foot orthoses or for the purchase of appliance accessories like PAP machine masks. Rental of appliances Up to \$150 Including oxygen cylinders, soft collars, toilet seat risers, shower chairs, Continuous Passive Movement machines or any other appliance listed below. 12 month waiting period sub-limit * Replacement or additional items are not claimable within 3 years of previous purchase. Hearing aids* Up to \$1000 PAP machine* for sleep apnoea Up to \$1000 EPAP is not covered under the PAP machine benefit. Up to \$400 Blood glucose monitor* Foot orthotics Up to \$300 Custom-made and fitted by a specialist orthotic practitioner. Excludes over the counter orthotics. Up to \$300 Orthopaedic shoes Custom-made and fitted by a specialist shoemaker for identifiable foot deformities. Splints and braces Up to \$250 Splints,knee/leg/spinal/lumbar/sacral/wrist/ankle braces and surgical corsets. Does not cover casts. Mobility aids* Up to \$1000 Wheelchairs, crutches, walking frames, walking sticks, rolling walkers, seat riser cushions, reaches and adjustable canes. Non-cosmetic prostheses Up to \$1000 Annual sub-limits apply: - Wig following a medical condition Up to \$250 - External breast prostheses *Up to \$250* following a mastectomy (excludes post-mastectomy bra) Up to \$1000 - Artificial eye* Up to \$250 Blood pressure monitor* TENS machine* Up to \$250 Nebuliser* and spacer Up to \$300 for breathing conditions Compression garments Up to \$1000 Up to \$250 per compression garment. Must be TGA approved, and specifically made to treat, manage or prevent a medical

thrombosis are common examples when a compression garment could be suitable.

To assess your device or appliance claim, you may be required to submit a referral letter from your treating practitioner that details the condition being treated. We will advise you when a referral letter is required.

condition such as treatment of burns, post-surgical recovery, treatment for lymphoedema or prevention of deep vein

Things you need to know about extras

Know your annual limits

All of the goods and services claimable under extras cover have annual per person limits.

Once the annual 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 Online Member Services account, at **defencehealth.com.au**

If you've reached your limits, consider whether a higher level of cover is right for you. We're happy to help, just give us a call.

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 doesn't offer on-the-spot claiming you can:

- Claim through Online Member Services (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
 - fax it and your receipts to 1800 241 581
 - post it and a copy of the account to us: Defence Health, PO Box 7518, Melbourne, Victoria, 3004

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. 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, those recognised by the Australian Regional Health Group. Remedial massage providers must also hold at least a Diploma of Remedial Massage to be recognised.

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

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.



Our commitment to you

Our values

Our purpose is to support you, the members of the ADF and wider Defence community to manage your personal and family health care.



Trust

We will earn your trust by consistently delivering a personal experience for your needs. We are as good as our word – every time.



Excellence

Our people are proud to serve you. We will provide service and experience others won't, or can't. We actively seek ways to continuously improve our offer to you.



Ownership

We're part of the ADF family. We accept responsibility, act with initiative, and follow through. We won't let you down.



Respect

We are friendly people, here to help you make good choices. We listen with intent and offer clear explanations, to provide you with peace of mind and support.



Community

We're here for people, not profit. We are committed to making a positive difference to the health and wellbeing of the Defence community.

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 call us and we'll send you one.

This Product Guide is current as at 1 July 2022, 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 – in order 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 affirm that you consent, and you have the consent of any other individuals whose information is provided, to Defence Health dealing with it under our Privacy Policy.

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 may 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 may 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, parts of western Europe or USA.

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 **defencehealth.com.au**



