

# ADF Essentials Package Basic Plus- Hospital

This product is only available for singles and couples.



Health essentials done well for the Defence community

## Hospital treatment by clinical category

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

## Excess

\$250

The excess applies once per adult per financial year on any same day and overnight admissions.

## 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:

<b>12 months</b>	for pre-existing conditions (excluding hospital psychiatric services, rehabilitation and palliative care)
<b>2 months</b>	for hospital psychiatric services, rehabilitation and palliative care
<b>2 months</b>	for all other included services (including non-emergency ambulance)
<b>0 days</b>	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

## 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.

## 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:

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

## 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](https://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](https://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](https://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](https://defencehealth.com.au) or email [info@defencehealth.com.au](mailto: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](mailto: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](https://www.ombudsman.gov.au).

For general information about private health insurance, see [www.privatehealth.gov.au](https://www.privatehealth.gov.au).

### We're here to help

For more information visit the going to hospital section at [defencehealth.com.au](https://defencehealth.com.au) or call us on **1800 335 425**.





# ADF Essentials Package Basic Plus- Extras

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](https://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](https://defencehealth.com.au) for more information.

Service Category	Description	Indicative Benefit Amount	Waiting Period	Annual Limit (per person)
<b>General and preventive dental</b>	Periodic oral exam (012)	up to \$32.40	2 months	\$500
	Removal of calculus (114)	up to \$61.80		
	Bitewing x-ray (022)	up to \$19.90		
	Adhesive filling to one surface of a rear tooth (531)	up to \$66.80		
	Mouthguard (151)	up to \$72.10		
<b>Surgical tooth removal</b>	Surgical tooth removal (322)	up to \$116	12 months	
	Surgical tooth removal (324)	up to \$159.20		
<b>Optical</b>	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	\$170
<b>Flexi- limits</b>	Initial/ subsequent Pelvic floor treatment Lymphoedema treatment <i>Includes 1:1 hydrotherapy</i>	up to \$37/ \$27 up to \$27 up to \$54	2 months	\$450
	<b>Chiropractic</b> - initial/ subsequent	up to \$37/ \$26		
	<b>Osteopathy</b> - initial/ subsequent	up to \$37/ \$26		
	<b>Exercise physiology</b> - initial/ subsequent	up to \$20/ \$17		
	<b>Travel vaccinations</b> - per travel vaccination prescription <i>The benefit is payable on non-PBS travel vaccinations only. It is paid on the gap between the current PBS amount and the actual charge. No benefits are payable for over-the-counter travel vaccinations.</i>	up to \$50		
<b>Health and wellbeing</b>	<b>Remedial massage</b> - initial/ subsequent	up to \$21/ \$17	2 months	\$200
	<b>Acupuncture</b> - initial/ subsequent	up to \$21/ \$17		
	<b>Myotherapy</b> - initial/ subsequent	up to \$21/ \$17		
	<b>Group physiotherapy</b> - sessions/ classes <i>Includes group hydrotherapy</i>	up to \$14		
	<b>Group exercise physiology</b> - sessions/ classes	up to \$9		

## 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](https://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](https://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](https://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](https://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](https://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](mailto: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.

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For general information about private health insurance, see [www.privatehealth.gov.au](https://www.privatehealth.gov.au).

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