

Defence
Health



We look after our own.

Member Guide

September 2025



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Welcome

Thanks for joining Defence Health

This Member Guide is a brief introduction to the key points of our products and services, and how you can make the most of them.

At Defence Health, we look after our own. We get you. And we get what you need from your health fund. That's why we're not for profit, so that all our resources can be dedicated to benefitting our members.

We're here to support families of veterans and those who currently defend our country. We understand the specific needs of ADF members and their families, and have created our health insurance offering with those needs in mind.

If you'd like to find out even more, visit the Defence Health website at defencehealth.com.au or call us on 1800 335 425. We are always happy to explain things or provide help for your individual circumstances.

Welcome to Defence Health.

Getting started with Defence Health

If you've just joined, here are a few things you can do to get your membership up and running smoothly.

1

Review your welcome letter and certificate of cover

Check it is all correct and return any forms we've asked for.

2

Register for the Member Portal

1. Visit defencehealth.com.au and click the 'Log in/Register' button at the top of the page
2. Click 'Register' and enter your details and click 'next' then enter your email address and click on 'Email verification code'
3. Check your email and enter the 6-digit code into the registration form. Click 'Submit' and you'll see 'code accepted'
4. The password field will appear. Set and confirm your password, tick the declaration box and click 'Register'. You're now registered and just need to sign in.

3

Download our mobile claiming app

for Apple or Android to enjoy fast and simple claiming from your smart device.



Apple and the Apple logo are trademarks of Apple Inc., registered in the US and other countries.

To download the app, search for 'Defence Health' in your device's store.

4

Email address

Make sure we have your email address so that we can communicate with you quickly and easily. You can update your contact details and communications preferences through your Member Portal.

Member Portal



Your Member Portal is where you'll find all your current membership details. It's where we securely send important documents; where you can make payments or update your bank details; and view your limits, past claims and make new claims.

You'll need to register before logging in to the portal for the first time. The policy holder can then manage the level of access and control others on the membership can have online.

| | |
|---|---|
| Make a claim | ✓ |
| Make a premium payment | ✓ |
| View limits, past claims and available benefits | ✓ |
| View documents | ✓ |
| Change your cover | ✓ |
| Add or remove a person | ✓ |
| Edit payment details | ✓ |
| View and update personal details. | ✓ |

You'll also find lots of useful information on our website.

- ▶ agreement hospitals (hospitals that we have contract arrangements with, so you get the best possible deal)
- ▶ doctors who may offer reduced medical treatment prices (Access Gap Cover)
- ▶ extras providers (we recognise all those 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)
- ▶ product information
- ▶ things to know about going to hospital
- ▶ how to claim
- ▶ health insurance industry information
- ▶ terminology explained.





Ambulance cover

As a Defence Health member you will receive comprehensive cover for all treatment provided by state-appointed ambulance providers across Australia. So there's no need for a separate ambulance subscription.

Let us know if you have a concession card, Health Care card or DVA Veteran card as this could affect the cost of ambulance transport to the fund (billing varies from state to state).

Transport Services by Patient Transport Vehicles are not ambulance services and are not claimable.

If you have a trip in an ambulance and you receive a bill, please forward it to us and we can pay your ambulance provider directly.

Making the most of your cover

We like to stay in touch by email, mail or SMS. Be sure to keep an eye out for important information about your cover.

We always want to help you get the most out of your cover. Here are a few things you can do to ensure just that.

- ▶ Check to make sure you've served any relevant waiting periods
- ▶ Make sure you're aware of any exclusions or restrictions on your cover (find these in your product guide)
- ▶ **Check you are covered for what you need**
- ▶ If you're going to hospital, go to a Defence Health agreement hospital. There will be significant out-of-pocket expenses at a non-agreement hospital
- ▶ Check if your doctor will offer Access Gap Cover - this can help minimise out-of-pocket expenses.
Remember you can call us if you want to talk about your hospital cover and options
- ▶ To claim extras on the spot, swipe your member card at the provider or use our mobile claiming app.
- ▶ Take advantage of our optical network for a great range of stylish no-gap glasses
- ▶ At a network dentist, you'll get quality dental care at special member prices
- ▶ Keep in touch if you're planning to leave the ADF. We've got a number of cover options for you and resources to assist your transition to civilian life
- ▶ To connect with the Defence Health family, like us on Facebook. Visit facebook.com/defencehealth 
- ▶ Check out our blog, Health HQ, for articles on health, wellbeing and more. Visit defencehealth.com.au

How to claim for extras

Easy. On-the-spot claiming

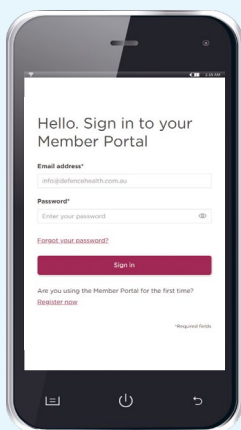
The easiest way to claim is to swipe your member card on-the-spot using a HICAPS or iSoft terminal available at most extras providers. Your Defence Health benefit will be applied to the service and all you do is pay any remaining gap. You can find a list of providers who offer on-the-spot claiming on our website.

Simple. Member app

Our mobile claiming app is available to download in the App Store and Google Play Store.

Fast. Online claims

For the fastest refund, you can claim selected extras online. Register for your Member Portal today to claim online.



Other ways to claim

You can also submit your claim by email, or post. Download a claim form on our website or give us a call and we'll send one to you.



Email

claims@defencehealth.com.au










Post

PO Box 7518, Melbourne, 3004

Things to remember when claiming

- 1 Claims must be lodged within two years of the date of service
- 2 Receipts must be fully itemised and show your full name and date of service
- 3 When emailing or submitting a claim online, keep your original receipts for two years
- 4 Benefits will be deposited directly to your bank account – register your bank account details in the Member Portal
- 5 Most extras limits are annual, and are re-set on 1 July each year

Please note that extras benefits are not payable for services provided:

| | |
|--|---|
| In a public hospital |  |
| By a practitioner who is not in private practice |  |
| Where a Medicare benefit is payable |  |
| By an alternative therapist who is not recognised by us, or registered with the Australian Regional Health Group |  |
| By a family member or business partner |  |
| By a practitioner or supplier outside of Australia |  |
| While your membership is suspended or in arrears |  |

If you need to see the same type of health service provider twice in one day, benefits will only be payable if the services are for two separate conditions.

For a full list of claiming conditions, please refer to our website.

Going to hospital?

Let us make it as easy as possible for you, so you can focus on your health and recovery.

Call us before you go to hospital and we'll talk you through planning your visit, what's covered, how to minimise costs using our Access Gap program, and how to claim costs. Or download the Going to Hospital and Access Gap brochures from our website.

Claiming for hospital treatment

If you go to hospital there will be a number of charges relating to your treatment. The hospital will charge for your accommodation and use of its facilities (even if you do not stay overnight). Your doctor and other practitioners (such as pathologists or anaesthetists) will charge for the medical services they provide while you are an admitted patient.

Hospital charges

You should take your member card with you if you are going to hospital.

In most cases when you are discharged from hospital Defence Health will settle your accommodation account directly with the hospital.

If your hospital stay:

- ▶ was subject to any waiting periods, or
- ▶ involved the payment of an excess, or
- ▶ involved any personal expenses such as telephone calls or newspapers, or
- ▶ non health related charges applied by hospital

then you will be responsible for these expenses and the hospital may ask you for payment on admission or discharge. If the clinical category of treatment is excluded from your hospital cover, you will have significant out-of-pocket expenses.

Members with Public Hospital cover will have significant out-of-pocket expenses if treated in a private hospital.

Your excess (if you have one) will vary depending on your product. Check your certificate of cover to find out if an excess will apply.

If you have an excess, it will apply to same day procedures as well as overnight admissions. No excess is payable for children. If you are unsure how your excess applies please give us a call.

Please note that charges for treatment in a hospital emergency department and treatment received overseas are not covered.

Doctors' charges

As a private hospital patient, Medicare will pay 75% of your doctors' fees, as determined on the Medicare Benefits Schedule (MBS) and Defence Health will pay the remaining 25% of the MBS fee. However, many doctors charge more than the MBS fee.

Your doctor must advise of any amounts payable by you so you can give your informed financial consent to the treatment.

You should ask your doctor to use Access Gap Cover to help minimise or avoid any out-of-pocket expenses on your in-hospital doctors' fees.

Access Gap enables Defence Health to provide a higher benefit in return for your doctor agreeing to charge a no-gap or reduced-gap fee. If your doctor will not use Access Gap you have the right to find a doctor who will. You can search for an Access Gap doctor on our website.

Access Gap accounts are sent directly to us by the doctor. All other medical accounts should be sent to Medicare first and then forwarded to us with the Medicare statement.

Medical benefits are not payable for treatment by a family member or business partner.

Things to know before you claim

Waiting periods

Waiting periods protect all members by ensuring that individuals cannot make a large claim shortly after joining and then cancel their membership. This would make premiums more expensive for everyone.

If you are transferring from another fund with a break in cover of 60 days or less, any waiting periods already served will be honoured by Defence Health. You'll only need to serve waiting periods for any additional benefits if you have upgraded your cover. All waiting periods are waived for ADF personnel who join within 120 days of discharging. To check the waiting periods that specifically apply to you, view your policy details in the Member Portal.

The standard waiting period for most treatment, including rehabilitation, hospital psychiatric services and palliative care, is 2 months.

Longer waiting periods apply for the following:

- 12 months for a pre-existing condition (excluding rehabilitation, hospital psychiatric services and palliative care)
- 12 months for pregnancy and birth
- 12 months for laser refractive eye surgery
- 12 months for the supply of hearing aids, blood glucose monitors, blood pressure monitors, TENS machines, PAP machines, nebulisers and spacers, mobility aids, foot orthoses, orthopaedic shoes, compression garments, non-cosmetic prostheses, splints and braces
- 12 months for major dental treatment including orthodontics.

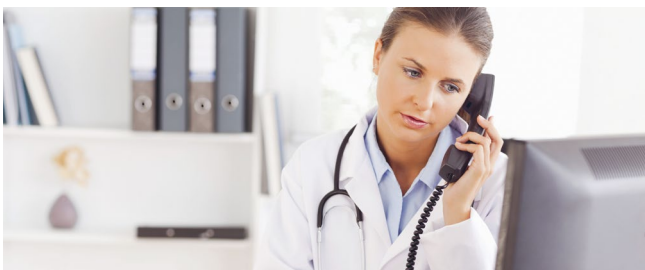
Cover for an accident is immediate, including ambulance services, where it is not claimable from another source such as workers compensation or third party insurance.

Pre-existing conditions

If you have had your current cover for less than 12 months and need treatment, it's important to check with us whether the pre-existing condition waiting period will apply.

A pre-existing condition is an ailment, illness or condition where signs or symptoms existed in the six months prior to you joining or upgrading your cover; whether you or your doctor knew of them or not.

The only person authorised to decide whether you have a pre-existing condition is a medical or other health practitioner appointed by Defence Health.



This independent practitioner will consider the opinion and evidence presented by your doctors before making an informed judgement. This judgement considers whether or not symptoms were present at the time of joining, and is not limited to a previous diagnosis being made.

Claims auditing

All documents submitted in connection with a claim become the property of Defence Health. If your claims are selected for audit, we may contact you or your provider for additional information. You are required to make your claim within two years of the treatment date and keep the original receipts for two years.

Compensation and damages

Benefits are not payable for injuries or illness for which you have received compensation, or may be entitled to receive compensation.

However, we may consider your financial situation and make a provisional payment towards your medical expenses until compensation is paid.

Any provisional payment is made on the condition that you will repay Defence Health as soon as your compensation or damages claim is settled.

Managing your premiums

There are a few things you need to know to make managing your premiums easy

1

Most members pay their premiums fortnightly by direct debit in line with their pay. Premiums are paid in advance. If for some reason payment is in arrears, benefits cannot be paid, so be sure to call us to help sort out your situation.

2

If your membership does fall more than 60 days in arrears, we may cancel your membership. When arrears are paid, we may reinstate your policy at your request with continuity of entitlements.

3



Under private health insurance legislation, we can make changes to your premiums once a year. They must be approved by the Federal Health Minister before they are applied. They usually take effect from 1 April.

4

Please notify us within 60 days of changing your address. Healthcare costs and therefore our premiums may vary from state to state. So we may need to adjust your premium.

5

Premium guarantee – if you pay your premiums up to 12 months in advance before a rate change takes effect, you will not have to pay the increased rate until your next payment date.

Excess

You can reduce your premium by choosing to pay an excess if you are admitted to hospital. If you have an excess it is payable for a same-day or overnight hospital admission. Your excess is shown on your certificate of cover. The rules surrounding the application of the excess are in the product guide on our website. And remember there's no excess for kids.



Need more help?

Please visit our website for more information.

Managing your membership

Whether you're moving house, getting married or switching banks, soon it will be easy to update your membership through the Member Portal. You can also give us a call and a friendly team member will help you out.

Membership authority and adding or removing people

All our communications are addressed to the policyholder. Only the policyholder can add or remove others from the policy and obtain information about claims made on the policy. You can authorise your partner (or another adult on the policy) to:

- request policy details and other personal information
- change or update policy details, and
- submit claims.

If you separate from your partner, the partner who is not the policyholder may remove themselves from the policy and take out a new policy. Dependants aged 16 years and older can request that their information be kept private on the membership. Please refer to your obligations in our privacy notice (page 22).

Adding a newborn

Add your newborn to your policy within 60 days of the birth and cover will be immediate with no waiting periods. If you need cover from the date of birth, you can also backdate the cover date within 60 days of the birth. If it is your first baby, we will transfer your singles or couples policy to a family policy.

Change of address

Please notify us within 60 days of changing your address. Healthcare costs vary from state to state and we may need to adjust your premium.

Changing level of cover



You can change your level of cover at any time. Call us to talk through the best options for you. When upgrading, you'll still be entitled to the benefits of your previous level of cover during the waiting period.

Additional/replacement cards

To request additional or replacement cards, just give us a call or log in to your Member Portal. Treat your member card like a credit card. If you misplace it, notify us immediately so that we can cancel it and issue a new one.



Cooling off period

If for any reason you change your mind within the first 30 days of joining and have not made a claim, simply write to us and we will cancel your policy and refund any premiums you have paid.

Suspending your membership

With our agreement you may suspend your cover if you:

- ▶ are posted or travelling overseas
- ▶ are a Reservist on continuous full-time service
- ▶ face financial hardship
- ▶ receive a prison sentence.

However, it is important that you notify us of your situation as soon as possible and that your premium payments are up-to-date.

To avoid additional waiting periods, your membership should be reactivated within 30 days of the agreed suspension period. Please note that benefits are not payable for treatment received during the period of suspension.

You can download a membership suspension form at **defencehealth.com.au** or request one by calling us on 1800 335 425.

Tax warning

The Medicare Levy Surcharge is payable by high income earners during any period of suspended hospital cover. Please go to our website for more information about the Medicare Levy Surcharge.

Overseas posting

You may suspend your cover if you're an ADF member on an accompanied posting (as your dependants will be covered by the ADF). The suspension period is for a minimum of 28 days and a maximum of two years. But you can apply for an extension to that period if necessary. Please contact us prior to your departure and within one month of returning to Australia. Proof of return date (such as a boarding pass) will be required.

ADF Reservists

Reservists on CFTS for more than 28 days may suspend or vary their cover to include dependants only for the duration of the service. Please contact us within one month of ceasing CFTS to resume your cover without waiting periods.

International travel

Your health insurance does not cover you for medical expenses incurred overseas. To cover yourself when travelling for leisure you should take out travel insurance for your entire period of travel.

You can suspend your cover for a minimum of 28 days and a maximum of two years for overseas travel. Please contact us prior to your departure and within one month of return to Australia. Proof of return date (such as a boarding pass) will be required.

Financial hardship

If you experience financial hardship we may agree to suspend your cover for a period of between three and 12 months. This type of suspension is limited to three occasions in a lifetime and is available after at least 12 months of holding hospital cover. If you have combined hospital and extras cover, both components must be suspended together.

Imprisonment

Cover may be suspended for a maximum of 24 months due to a prison sentence.

As your needs change

Defence Health takes a lifetime view of your health and wellbeing, for you and your family. Whether you are planning a family, looking for more back on extras or need the security of comprehensive hospital, we have a cover option for you. From time to time you should review your cover to make sure you have the most appropriate cover at each stage of your life.

Grown up kids

We'll cover kids on your policy until they're 21-30 if they're single and studying fulltime. If your adult children are single and not studying fulltime, we have options available to keep them covered. Call us to find out more.



ADF

Because we understand the ADF lifestyle, we know how to cater to your needs throughout your career. And when it comes time to leave the ADF, we have a few options available to make it as easy as possible. So keep us updated as your serving status changes and we can recommend the best cover for you and your family.

Health programs

Depending on your level of cover, Defence Health members have access to programs and services that help you look after your health and wellbeing. These programs have been designed to provide members with the highest level of care, and add value to your membership through different stages of life. These include health programs, home nursing, hospital in the home and midwifery, as well as a range of products with different benefits to suit everyone.

DVA Veteran Gold and White Card holders

If you have a DVA Veteran Gold or White Card, you're eligible for a reduced premium (excluding Basic Plus hospital cover or standalone extras). And we have options for Gold Card holders who only want cover for their family.

Surviving family offer

We're here to support families with their personal healthcare. We're also here for you in times of grief. Families of ADF members will continue to have access to their exclusive ADF cover should the serving member die while on service.

To find out even more about your cover, our products and services, and health insurance in general, visit our website.



Handy to know

Government initiatives

Government initiatives can affect the amount you are paying for private health insurance.

Australian Government Rebate on Private Health Insurance

This rebate subsidises your health insurance premiums. The amount of rebate you receive depends on your age and income. If your income changes in the future, you may receive a higher or lower rebate than you receive now. The income thresholds are normally indexed annually. See our website for the current income thresholds and relevant rebates or login to the Member Portal to alter your rebate.

Lifetime Health Cover

Lifetime Health Cover is a Federal Government initiative that penalises people who take out hospital insurance later in life. If you take out hospital insurance by 1 July following your 31st birthday and maintain it, you will pay lower premiums compared to someone who joins when they are older.

People who join later than age 31 will have a 2% loading added to their premium for each year they remained without cover. The maximum loading is 70%.

Once you have taken out hospital cover, you are allowed up to two years and 364 days in your lifetime without cover. After this period, the 2% loading is added to the premium for each year you continued without hospital cover. If you attract a loading, it will remain in place for 10 years.

The loading does not attract the Australian Government rebate on private health insurance.

Where a policy has two adults and the loading applies to one of them, that person's loading will be applied to half the premium.

Lifetime Health Cover and the ADF

Special exemptions apply to permanent members of the ADF on discharge in recognition of their health cover during their period of service. However, a Lifetime Health Cover loading will still apply to a civilian partner if they delay taking out hospital cover until after they turn 31.

Medicare Levy Surcharge

The Medicare Levy Surcharge (MLS) is an additional tax on high income earners who do not have hospital cover. This does not affect any Defence Health member with hospital cover.

If you only hold extras cover, or you cancel your hospital cover, then you could be affected by the MLS.

The MLS is an additional 1%, 1.25% or 1.5% surcharge applied to your taxable income. The rate applied is determined according to indexed income thresholds. See our website for the current income thresholds.

Single, permanent ADF members are exempt from the MLS.

Permanent ADF members with a civilian spouse/partner will need to consider whether the MLS will affect them, because it is calculated on a couple's combined taxable income.

For more information go to www.ato.gov.au

Defence Health Fund Rules

All members are bound by the Fund Rules of Defence Health. Your cover will be accepted and benefits paid in accordance with those rules. You can download the latest Fund Rules from defencehealth.com.au or call us and we will send them to you.



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 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, 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.

Private Health Insurance Code of Conduct

Under the Private Health Insurance Code of Conduct,
Defence Health agrees to:

- Provide information to you in plain language ✓
- Ensure that policy documentation is full and complete ✓
- Ensure that all staff providing information on health insurance are appropriately trained and able to provide clear explanations ✓
- Ensure information exchanged between you and Defence Health is protected in accordance with privacy principles ✓
- Provide you with easy access to our internal issues and complaints handling system and advise you of your rights to take an issue to the Commonwealth Ombudsman ✓
- Continue to improve our standards of practice and service ✓

A copy of the Code of Conduct
may be obtained from
privatehealthcareaustralia.org.au
or by phoning 1800 335 425







Making a compliment or complaint

Defence Health values your feedback. Our complaints handling procedures are based on Australian and International Standards to ensure we deal with your concerns efficiently and consistently. You can call us on 1800 335 425, email or write to us with any compliments or complaints.



If you are unhappy with our response, you can contact the Commonwealth Ombudsman to make a complaint at www.ombudsman.gov.au or call 1300 362 072. The Ombudsman provides free information and assistance to resolve disputes.

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

Contact Us



Phone

1800 335 425

Monday to Thursday
8:30am – 8:00pm AEDT/AEST

Friday
8:30am – 6:00pm AEDT/AEST



Web

defencehealth.com.au



[/DefenceHealth](https://www.facebook.com/DefenceHealth)



Email

info@defencehealth.com.au

claims@defencehealth.com.au



Fax

1300 665 096 (general)

1800 241 581 (claims)



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