ADF Top Hospital cover

ADF Top Hospital provides comprehensive cover in all hospitals throughout Australia. That means treatment where and when you need it and allows you to avoid public hospital waiting lists.

Defence Health ADF Top Hospital cover does not exclude any Medicare-approved treatment which means no costly surprises.

What’s more, we have agreements with over 500 hospitals to minimise your out-of-pocket expenses. That’s one of the largest lists of agreement hospitals in Australia. You can search through them on our website at defencehealth.com.au

Lower your premiums with an excess

With ADF Top Hospital you have the option to reduce your premium by electing to pay an excess if you go to hospital. The excess applies to same day procedures as well as overnight admissions.

If you choose an excess, it is payable once only per policy, per financial year on an adult admission to hospital. No excess is payable for dependent children.

You can choose an excess of $300, $500 or $800 for ADF families, and $250 or $400 for a policy covering your partner or child.

Health and wellness programs

We realise that hospital cover is also about keeping you out of hospital so we have a range of health and wellness services that are designed to help you manage your health care more effectively. These include chronic disease management programs, home nursing, midwifery, and other hospital services that can be performed in the home. The next page has more information on these programs.

Going to hospital and your medical treatment

Sometimes going to hospital is the only option and that means that there are costs for both your hospital accommodation and the costs of treatment from your doctor. The charges from your doctor are referred to as ‘medical expenses’ and are separate to your hospital costs.

ADF Top Hospital cover gives you:

- 100% cover for agreement hospital charges. These include:
  - Shared or private room accommodation
  - Theatre fees, including labour ward
  - Intensive care, critical care and high dependency unit
  - Most drugs supplied in hospital

  Note: Treatment in a non-agreement private hospital will incur significant out-of-pocket expenses.

- No exclusions on any Medicare-approved treatment
- Choice of doctor and hospital
- 100% ambulance cover when treatment is provided by a state appointed ambulance service – including mobile intensive care, air and sea ambulance
- Up to 100% for prostheses on the Federal Government’s Prostheses Listing
- Up to 100% of doctors’ fees (medical expenses) if your doctor agrees/chooses to use Access Gap.
Health and wellness benefits

Defence Health offers programs and services to help look after your health and wellbeing outside of hospital. These services are made available if they are assessed as clinically appropriate for you.

Chronic care

Our chronic disease management programs are designed for members who have had a hospital admission relating to coronary artery disease or type 2 diabetes.

The programs provide telephone-based support focussed on keeping your recovery on track. The program coordinators work with your treating practitioner to ensure the support supplements your existing health treatment.

Home nursing

Defence Health will pay up to $1,400 per person per financial year (payable at $70 per day) for home nursing provided as an alternative to hospitalisation. The service must be provided by a registered nurse in private practice and certified by a medical practitioner.

Hospital substitute

Defence Health has agreements with a number of health care providers to deliver certain services in your home. Such services include wound management, intravenous therapy, administration of blood products and ambulatory sleep studies. We cannot guarantee that a participating provider will be available in your area.

Midwifery

We will pay up to $550 for midwife attendance at delivery and up to $240 per person per financial year for pre and post-natal visits ($20 per pre-natal visit and $40 per post-natal visit). Your midwife must be registered and in private practice.

Midwifery benefits are not payable if a doctor is required to intervene in the delivery. Benefits will be payable for the doctor’s in-hospital treatment instead.

What’s not covered?

ADF Top Hospital will not pay for:
- Treatment received while serving a waiting period
  - 2 months for most hospital treatment
  - 12 months for a pre-existing condition (excluding psychiatric, rehabilitation and palliative care for which the waiting period is 2 months)
  - 12 months for obstetric (pregnancy) related treatment
  - Cover for an accident is immediate provided it is not claimable from another source such as workers compensation or third party insurance
- Treatment provided at an emergency department of a hospital
- Treatment for which a Medicare benefit is not payable. However, we do cover rehabilitation, psychiatric and palliative care hospital treatments
- Treatment not clinically necessary such as cosmetic surgery
- Doctors’ fees in excess of the MBS fee, unless covered by Access Gap
- Pharmaceuticals provided on discharge, or unrelated to the reason for hospitalisation
- Exceptional (high-cost) drugs
- Personal items such as newspapers, toiletries, pay-TV or crutches.
- Accommodation in an aged care facility
- A hospital stay beyond 35 days that is not supported by an acute care certificate. This will incur out-of-pocket expenses
- Surgery provided by a non-accredited podiatric surgeon. For podiatric surgery provided by an accredited podiatric surgeon, hospital benefits will be paid at the insured rates.

Non-resident limitations

ADF Top Hospital is suitable only for residents with full Medicare entitlements. It is not suitable for visitors from overseas, including visitors from countries with Australian Government reciprocal health care arrangements.
Making the most of your hospital cover

Hospital cover starts when you are admitted as an inpatient to hospital – either for same-day or overnight treatment. It covers your accommodation and up to 100% towards your doctors’ fees and prostheses costs.

Reduce your medical costs

Your doctor, surgeon, anaesthetist, pathologist or radiologist will all charge for their services separately to your hospital accommodation charge. Their fees are known as medical expenses.

These medical expenses are assessed against the Medicare Benefits Schedule (MBS) fees, which are set by the government. If you are admitted to hospital as a private patient, Medicare will pay 75% of the MBS fee for your medical expenses. Defence Health will pay the remaining 25% of the MBS fee.

Some doctors charge more than the MBS fee. This can result in significant out-of-pocket expenses. Defence Health hospital cover can help reduce or avoid these extra expenses through Access Gap and No-Gap agreements.

Access Gap – minimise out-of-pocket medical expenses

If you need to go to hospital, ask your doctor to use Defence Health Access Gap cover. It is a major feature of our hospital cover that can save you money.

Under this direct billing arrangement, Defence Health will pay a higher amount to your doctor if he or she agrees to charge a no-gap or low-gap fee to you. If your doctor agrees, the most you will be out-of-pocket is $400 for each Medicare item number or $800 for obstetric services.

Your doctor must inform you of the total of any out-of-pocket expenses you will have to meet before you go to hospital. We strongly encourage you to ask your doctor to use Access Gap.

You can search for doctors who may participate in Access Gap on our website at defencehealth.com.au.

No-gap agreements

Defence Health has negotiated no-gap agreements with a number of diagnostic service providers, such as radiologists and pathologists.

If you receive these services in hospital from a provider with whom we have a no-gap agreement, they will send the bill directly to Defence Health for payment.

When Access Gap or no-gap agreements do not apply

If your doctor does not choose to use Access Gap or is not one of our no-gap radiologists or pathologists then we are not permitted to cover more than the 25% difference between the Medicare rebate and the MBS fee.

Claiming hospital benefits

In most cases, Defence Health will settle your account directly with the hospital when you are discharged. If your hospital stay is affected by an excess or a waiting period, the hospital will require you to pay the additional charge either at admission or on discharge. Benefits are not payable for services that are claimable from another source such as workers compensation or third party insurance.

Your hospital cover does not provide benefits when you are treated in doctors’ rooms or require specialist tests as an outpatient.
Premier Extras provides comprehensive cover for a wide range of services with our highest individual annual limits.

Favourite features
- No annual limit on general dental treatment, up to $1000 back on orthodontics and no lifetime limit, and up to $1100 back on major dental per person.
- 100% up to $300 per person at our optical partners.
- 100% back on initial consultations.
- Generous benefits for a wide range of alternative therapies.
- Cover for laser refractive eye surgery with up to $1500 back per person every 2 financial years.
- Up to $1500 back per person per year on health appliances such as hearing aids, blood glucose monitors and CPAP machines.
- 100% cover for state-appointed ambulance services.

Dental
Some dental items are limited in the number of times they can be claimed in a year. Some items are not payable in combination with others. And some may not attract a benefit at all.

General dental
- Periodic oral exam (012): Up to $48
- Removal of calculus (114): Up to $85
- Bitewing x-ray (022): Up to $35
- Adhesive filling to one surface of a rear tooth (531): Up to $100
- Mouthguard (151): Up to $105

Major dental
- Surgical tooth removal (323): Up to $200
- Root canal obturation (417): Up to $150
- Veneer indirect (583): Up to $650
- Full crown - veneer indirect (615): Up to $1000
- Endosseous implant (688): Up to $1100
- Course of non-surgical periodontal treatment (281): Up to $600

Orthodontics
- Complete course of orthodontic treatment (881): Up to $1000

Unlike other funds there is no lifetime limit. You get $1000 every financial year until your treatment is complete.

Ambulance Treatment
100% cover for treatment provided by a state-appointed ambulance service in Australia including emergency services, non-emergency dispatch, mobile intensive care, air and sea ambulance services.

Optical
- Month waiting period
- Annual limit – $300 per person

Optical network partners
100%
Our optical network providers have extensive ranges of no-gap glasses. Visit specsavers.com.au or vsp-australia.com.au for locations.

Specsavers
VSP Vision Care

Single vision glasses
- 2 pairs no-gap
- 1 pair no-gap

Bi/Multifocal glasses
- 1 pair no-gap
- Discounted

Contacts (in store)
- 10% off
- Discounted

Frames
- Discounted

Non-preferred providers

Single vision lenses: Up to $100
Ground single vision lenses: Up to $105
Bifocal lenses: Up to $115
Multifocal lenses: Up to $175
Frames: Up to $125
Contact lenses: Up to $200

A sight-correcting script must accompany the claim.

Physiotherapy (including hydrotherapy)
- Month waiting period
- Annual limit – $800 per person

Initial consultation: 100%
Subsequent consultation: Up to $50
Group therapy sessions and classes: Up to $20

Chiropractic/Osteopathy
- Month waiting period
- Annual limit – $550 per person up to $1100 per policy

Initial consultation: 100%
Subsequent consultation: Up to $42
Chiropractic xrays (max 2): Up to $60

Alternative therapies & exercise physiology
- Month waiting period
- Annual limit – $400 per person up to $800 per policy

Per consultation: Up to $38

Where the provider is recognised by the Australian Regional Health Group the following alternative therapies are payable: acupuncture, homeopathy, aromatherapy, myotherapy, naturopathy, remedial massage, remedial therapy, Chinese herbal medicine and western herbal medicine. No benefit payable for any prescribed medicines, herbal or dietary preparations.

Antenatal & postnatal services
- Month waiting period
- Annual limit – $500 per person

Antenatal course: Up to $500
Antenatal consultations/classes: Up to $50
Postnatal consultations/classes: Up to $50

By a midwife or physiotherapist in private practice only. Treatment that has been claimed through Medicare cannot be covered.
### Pharmacy and vaccinations

<table>
<thead>
<tr>
<th>Description</th>
<th>Monthly waiting period</th>
<th>Annual limit per person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing aids*</td>
<td>2 months</td>
<td>$1500</td>
</tr>
<tr>
<td>CPAP machine* for sleep apnoea</td>
<td>12 months</td>
<td>Up to $1250</td>
</tr>
<tr>
<td>Blood glucose monitor*</td>
<td>12 months</td>
<td>Up to $500</td>
</tr>
<tr>
<td>Foot orthotics</td>
<td>12 months</td>
<td>Up to $300</td>
</tr>
<tr>
<td>Orthopaedic shoes</td>
<td>12 months</td>
<td>Up to $300</td>
</tr>
<tr>
<td>Splints and braces</td>
<td>2 months</td>
<td>Up to $300</td>
</tr>
<tr>
<td>Mobility aids*</td>
<td>36 months</td>
<td>Up to $1000</td>
</tr>
<tr>
<td>Non-cosmetic prostheses</td>
<td>2 months</td>
<td>Up to $1500</td>
</tr>
<tr>
<td>Wig following a medical condition</td>
<td>2 months</td>
<td>Up to $300</td>
</tr>
<tr>
<td>External breast prostheses for following a mastectomy</td>
<td>2 months</td>
<td>Up to $300</td>
</tr>
<tr>
<td>Artificial eye*</td>
<td>2 months</td>
<td>Up to $1250</td>
</tr>
<tr>
<td>Blood pressure monitor*</td>
<td>2 months</td>
<td>Up to $300</td>
</tr>
<tr>
<td>TENS machine*</td>
<td>2 months</td>
<td>Up to $300</td>
</tr>
<tr>
<td>Nebuliser and spacer for breathing conditions</td>
<td>2 months</td>
<td>Up to $300</td>
</tr>
</tbody>
</table>

The benefit is payable on non-PBS pharmaceuticals and is the prescription amount less the current PBS amount.

### School accidents

<table>
<thead>
<tr>
<th>Description</th>
<th>Waiting period</th>
<th>Annual limit per person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-sight correcting Irlen lenses</td>
<td>2 months</td>
<td>Up to $100</td>
</tr>
<tr>
<td>EpiPen</td>
<td>2 months</td>
<td>Up to $150</td>
</tr>
<tr>
<td>Hearing aids and foot orthoses repair</td>
<td>2 months</td>
<td>Up to $100</td>
</tr>
<tr>
<td>Rental of appliances including oxygen cylinders, soft collars, toilet seat risers, shower chairs, Continuous Passive Movement machines or any other appliance listed above</td>
<td>2 months</td>
<td>Up to $200</td>
</tr>
</tbody>
</table>

### Medically prescribed devices & supports

<table>
<thead>
<tr>
<th>Description</th>
<th>Monthly waiting period</th>
<th>Annual limit per person</th>
</tr>
</thead>
<tbody>
<tr>
<td>36 month waiting period</td>
<td>36 months</td>
<td>$1500 per person</td>
</tr>
<tr>
<td>12 month waiting period</td>
<td>12 months</td>
<td>$1250 per person</td>
</tr>
<tr>
<td>Foot orthotics</td>
<td>12 months</td>
<td>$500 per person</td>
</tr>
<tr>
<td>Orthopaedic shoes</td>
<td>12 months</td>
<td>$300 per person</td>
</tr>
<tr>
<td>Mobility aids*</td>
<td>36 months</td>
<td>$1000 per policy</td>
</tr>
<tr>
<td>Non-cosmetic prostheses</td>
<td>2 months</td>
<td>$1500 per person</td>
</tr>
<tr>
<td>Wig following a medical condition</td>
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<td>2 months</td>
<td>$300 per policy</td>
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<td>Artificial eye*</td>
<td>2 months</td>
<td>$1250 per policy</td>
</tr>
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<td>Blood pressure monitor*</td>
<td>2 months</td>
<td>$300 per policy</td>
</tr>
<tr>
<td>TENS machine*</td>
<td>2 months</td>
<td>$300 per policy</td>
</tr>
<tr>
<td>Nebuliser and spacer for breathing conditions</td>
<td>2 months</td>
<td>$300 per policy</td>
</tr>
<tr>
<td>Compression garments for purpose-made garments that aid burn management, post-surgical recovery, lymphoedema treatment and deep vein thrombosis prevention</td>
<td>2 months</td>
<td>$300 per policy</td>
</tr>
</tbody>
</table>

The benefit is payable on non-PBS pharmaceuticals and is the prescription amount less the current PBS amount.

### Psychology

<table>
<thead>
<tr>
<th>Description</th>
<th>Monthly waiting period</th>
<th>Annual limit per person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial consultation</td>
<td>2 months</td>
<td>100%</td>
</tr>
<tr>
<td>Subsequent consultation</td>
<td>2 months</td>
<td>Up to $100</td>
</tr>
<tr>
<td>Group therapy</td>
<td>2 months</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Couple/family therapy</td>
<td>2 months</td>
<td>Up to $60</td>
</tr>
</tbody>
</table>

### Speech therapy

<table>
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<tr>
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<td>2 months</td>
<td>100%</td>
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<tr>
<td>Subsequent consultation</td>
<td>2 months</td>
<td>Up to $55</td>
</tr>
<tr>
<td>Group therapy</td>
<td>2 months</td>
<td>Up to $30</td>
</tr>
</tbody>
</table>

### Occupational therapy

<table>
<thead>
<tr>
<th>Description</th>
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<tbody>
<tr>
<td>Initial consultation</td>
<td>2 months</td>
<td>100%</td>
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<tr>
<td>Subsequent consultation</td>
<td>2 months</td>
<td>Up to $55</td>
</tr>
<tr>
<td>Group therapy</td>
<td>2 months</td>
<td>Up to $30</td>
</tr>
</tbody>
</table>

### Podiatry/chiropody

<table>
<thead>
<tr>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Initial consultation</td>
<td>2 months</td>
<td>100%</td>
</tr>
<tr>
<td>Subsequent consultation</td>
<td>2 months</td>
<td>Up to $42</td>
</tr>
</tbody>
</table>

### Audiology

<table>
<thead>
<tr>
<th>Description</th>
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<tr>
<td>Initial consultation</td>
<td>2 months</td>
<td>100%</td>
</tr>
<tr>
<td>Subsequent consultation</td>
<td>2 months</td>
<td>Up to $60</td>
</tr>
</tbody>
</table>

### Eye therapy

<table>
<thead>
<tr>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Initial consultation</td>
<td>2 months</td>
<td>100%</td>
</tr>
<tr>
<td>Subsequent consultation</td>
<td>2 months</td>
<td>Up to $45</td>
</tr>
</tbody>
</table>

### Laser refractive eye surgery

<table>
<thead>
<tr>
<th>Description</th>
<th>Monthly waiting period</th>
<th>Annual limit per person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial consultation</td>
<td>12 months</td>
<td>$1500 every 2 years</td>
</tr>
</tbody>
</table>

Up to $1500 per person is payable for LASIK or PRK eye surgery in a recognised day surgery centre.

### Dietitian

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Initial consultation</td>
<td>2 months</td>
<td>100%</td>
</tr>
<tr>
<td>Subsequent consultation</td>
<td>2 months</td>
<td>Up to $40</td>
</tr>
</tbody>
</table>

*Treatment claimed through Medicare cannot be covered.*
Things you need to know about extras

Knowing your annual limits
Most of the goods or services claimable under extras cover have annual per person limits. Some categories may include policy maximums.

Once the annual limit has been reached, no further benefits are payable in that year. Limits are re-set on 1 July each year. Benefit payments will resume for treatment received after the beginning of the next financial year.

You can easily monitor your available limits via the Member Area of our website.

Claiming extras benefits
We recognise all those extras providers who are registered with their professional body and in the case of approved alternative therapies, those recognised by ARHG.

Many health care providers (like dentists, optometrists and physiotherapists) can swipe your membership card on-the-spot through an electronic terminal. The benefit payable is automatically credited to them and you then settle any outstanding amount. A list of providers who offer on-the-spot claiming is available on our website.

If your provider doesn’t offer on-the-spot claiming you can claim using one of the following convenient options:
- For the simplest process claim via your smartphone through our Mobile Claiming App
- For the fastest refund claim online through the secure Member Area of our website
- Or complete a claim form then:
  - Email it with your receipts to claims@defencehealth.com.au
  - Fax it and your receipts to 1800 241 581
  - Post it and your original accounts or receipts to us: Defence Health, PO Box 7518, Melbourne, Victoria, 3004

Claim forms can be downloaded from our website or you can call us and we’ll send you one.

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
- Benefits are only payable where Medicare benefits are not payable
- Benefits are not payable when they can be claimed from another source

If you are unsure whether a practitioner is registered with us, just give us a call.

Full claiming conditions are available online

Extras waiting periods
A waiting period is the time after joining or upgrading, until you claim.
- 12 months for major dental and orthodontic treatment
- 12 months for laser refractive eye surgery
- 12 months for most devices, aids & appliances
- 36 months for hearing aids
- 2 months for all other services

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

Remember, if you transfer from an equivalent level of cover with another health fund and have served your waiting periods, you won’t have a waiting period with us.