Top Hospital is designed to give you peace of mind and no worries. Comprehensive hospital cover gives you our best protection. It covers everything Medicare does, including pregnancy and assisted reproductive services. So if you and your family’s wellbeing is a priority then Top Hospital is for you.

Favourite features
- Comprehensive ambulance cover
- Enjoy peace of mind with comprehensive hospital cover
- No exclusions on any Medicare-approved treatment
- No excess for kids
- Your kids stay covered to age 21. And if they’re single and studying full-time to age 25

Your hospital cover

Excess options
You can reduce your premium by electing to pay an excess if you go to hospital.

Your excess options are $300, $500 or $800 for couples and families, and $250 or $400 for singles. The excess applies once per policy per financial year on all same day and overnight admissions. No excess is payable for dependent children.

Your hospital cover gives you
- Choice of doctor and hospital
- No exclusions on any Medicare-approved treatment
- 100% of agreement hospital charges (subject to your excess), including:
  - Shared or private room
  - Theatre fees, including labour ward
  - Intensive care, critical care and high dependency unit
  - Most drugs supplied in hospital
- 100% of public hospital charges (subject to your excess)
- Up to 100% of doctors’ fees if your doctor chooses to use Access Gap
- Up to 100% for prostheses on the Australian Government Prostheses List
- Health programs, for services not covered by Medicare, which include up to $1000 for midwife attendance at delivery, and up to $70 per day for home nursing ($1800 max)
- Get hospital substitute treatment in your home for treatments such as wound management, and intravenous therapy, through selected hospitals

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

What’s covered
- Joint reconstructions and repairs
- Joint replacements
- Colonoscopies and arthroscopies
- Heart and artery related services
- Pregnancy related services
- Assisted reproductive services (e.g. IVF and GIFT)
- Psychiatric and rehabilitation services
- And all other Medicare-approved treatments

What’s restricted
- No hospital services are restricted

What’s excluded
- Services where Medicare pays no benefit (e.g. most cosmetic surgery)

Comprehensive ambulance cover
You get 100% cover for ambulance services by state-appointed ambulance providers across Australia. And there’s no limit on the number of times you can use the ambulance service when needed, including emergency services, non-emergency dispatch, mobile intensive care and air and sea ambulance services.

Transport services by Patient Transport vehicles are not ambulance services and are not claimable.
Things you need to know about hospital

Making the most of your cover

Where you’re treated affects your benefits
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

Reduce your medical costs with Access Gap
Your doctor, surgeon, anaesthetist, pathologist and radiologist will all charge for their services separately. Between Medicare and Defence Health we will cover 100% of the Medicare Benefits Schedule (MBS) fee for the in-hospital services covered by your policy. But some doctors charge above the MBS fee and this can result in significant out-of-pocket medical costs.

Defence Health can help reduce or eliminate these extra medical costs if your doctor agrees to use our Access Gap scheme. Always ask your doctor what they will charge and if they will participate in our Access Gap scheme to reduce or eliminate the medical costs.

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

Hospital waiting periods
When you join Defence Health or upgrade your existing cover, you may have a waiting period before you can claim benefits. The following waiting periods apply:

- 12 months for pre-existing conditions (excluding psychiatric, rehabilitation and palliative care)
- 12 months for pregnancy related treatment
- 2 months for psychiatric, rehabilitation and palliative care
- 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 to serve a waiting period with us.

Pre-existing conditions
A pre-existing condition is an illness, ailment or condition where signs or symptoms existed in the six months prior to you joining or upgrading to a higher level of cover.

If you need treatment in the first 12 months of joining for a condition that could be pre-existing, we may 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 speak to us before going into hospital.

What’s not covered
Situations where you will not be covered include:

- Hospital services listed as an exclusion
- Treatment received while serving a waiting period
- Treatment provided at an emergency department of a hospital
- Treatment for which a Medicare benefit is not payable (apart from rehabilitation, psychiatric treatments and palliative care)
- Treatment not clinically necessary such as cosmetic surgery
- Treatment in doctors’ rooms or specialist tests as an outpatient
- Doctors’ fees in excess of the MBS fee, unless covered by Access Gap
- Pharmaceuticals provided on discharge or unrelated to the reason for hospitalisation
- Exceptionally expensive drugs
- Personal items such as newspapers, toiletries or TV
- Accommodation in an aged care facility
- Services claimable from another source such as workers compensation or third party insurance
- Hospital stays beyond 35 days that are not supported by an acute care certificate (this will incur out-of-pocket expenses)
- Surgery by a non-accredited podiatric surgeon (when provided by an accredited podiatric surgeon, hospital benefits will be paid at the insured rates and a limited benefit is payable for the podiatric surgeon’s fees)
- Private midwifery fees if a doctor is required to intervene in the delivery (but benefits will be payable for the doctor’s in-hospital treatment).

Need more help?
Call us on 1800 335 425 or go to defencehealth.com.au

This Product Guide is current as at 1 April 2015, and is subject to change. It should be read carefully and retained. You can view our Privacy Policy online at defencehealth.com.au

Defence Health Limited – ABN 80 008 629 481 AFSL 313890
Annual limit – $400 per person

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 $31.50
- Removal of calculus (114) – Up to $57.00
- Bitewing x-ray – first exposure (022) – Up to $22.30
- Adhesive filling to one surface of a rear tooth (531) – Up to $58.70
- Mouthguard (151) – Up to $66.80

Major dental

- Surgical tooth removal (323) – Up to $125
- Root canal obturation (417) – Up to $115
- Veneer indirect (583) – Up to $320
- Full crown – veneer indirect (615) – Up to $400
- Endosseous implant (688) – Up to $400

Orthodontics

- Complete course of orthodontic treatment (881) – Up to $400

Unlike other funds there is no lifetime limit. You get $400 every financial year until your treatment is complete.

Passive removable appliance (811) – Up to $156

Optical

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.

<table>
<thead>
<tr>
<th>Specsavers</th>
<th>VSP Vision Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single vision glasses</td>
<td>2 pairs no-gap</td>
</tr>
<tr>
<td>Bi/Multifocal glasses</td>
<td>Discounted</td>
</tr>
<tr>
<td>Frames</td>
<td>10% off</td>
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<tr>
<td>Contacts (in store)</td>
<td>10% off</td>
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Benefits at non-network providers are limited: up to $80 for single vision lenses, up to $95 for ground single vision lenses, up to $105 for bi-focal lenses, up to $120 for multi-focal lenses, up to $95 for frames and up to $120 for contact lenses.

A sight-correcting script must accompany the claim. The no-gap glasses deals are based on standard lens options. Other lens choices are likely to involve an out-of-pocket cost. For the two pairs no-gap glasses deal, the second pair must be from the same or lower priced range and must be for the same prescription.

Physiotherapy (including hydrotherapy), Chiropractic/Osteopathy

- Initial consultation – Up to $28
- Subsequent consultation – Up to $22
- Group therapy sessions and classes – Up to $10
- Ante/post natal class (max 10) – Up to $10
  (or full day ante-natal class up to $100)

Alternative therapies

- Per consultation – Up to $18

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 medications, herbal or dietary preparations.

Pharmacy and vaccinations

- Per prescription or vaccination – Up to $50

The benefit is payable on non-PBS pharmaceuticals only and applies to the cost in excess of the current PBS amount.

100% cover for ambulance services by state-appointed ambulance providers across Australia. This includes emergency services, non-emergency dispatch, mobile intensive care and air and sea ambulance services.

Transport services by Patient Transport vehicles are not ambulance services and are not claimable.
Things you need to know about extras

Knowing your annual limits

The goods or services claimable under extras cover have annual per person limits.

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

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:

- The simplest process is to 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. 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
- Benefits are only payable where Medicare benefits are not payable
- Benefits are not payable when they can be claimed from another source

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.

If you are unsure whether a practitioner is registered with us, visit Find an Extras Provider on our website or just give us a call.

Full claiming conditions are available online.

Extras waiting periods

When you join Defence Health or upgrade your existing cover, you may have a waiting period before you can claim benefits. The following waiting periods apply:

- 12 months for major dental and orthodontic treatment
- 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 to serve a waiting period with us.

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