

Premier Hospital Product Guide

Effective from 1 October 2016



Premier Hospital is designed to give you complete peace of mind. 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 Premier Hospital is for you.

Favourite features

- Enjoy peace of mind with comprehensive hospital cover, with no restrictions
- No exclusions on any Medicare-approved treatment
- 100% of agreement hospital charges

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 \$200 or \$400 per adult. The excess applies once per adult per financial year on all same day and overnight admissions. No excess is payable for dependent kids.

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 and any other non-health related charges applied by the hospital), 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 Protheses List
- Up to \$90 per day for home nursing (up to \$1800 per person)
- Up to \$1500 for midwifery delivery services, where not claimable through Medicare
- 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
- Rehabilitation in the home with access to a range of rehabilitation and healthcare services

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 not approved by Medicare, ie. where Medicare pays no benefit. Such as most cosmetic surgery.

Comprehensive ambulance cover

You get 100% cover for ambulance services by state-appointed ambulance providers across Australia. So there's no need for a separate subscription 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/hospital

Reduce your medical costs with Access Gap

Your doctor, surgeon, anaesthetist, pathologist and radiologist will all charge for their services separately.

With Defence Health cover and Medicare benefits 100% of the Medicare Benefits Schedule (MBS) fee for in-hospital services is covered. 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/accessgap

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, including ambulance service, where it is not claimable from another source such as workers compensation or third party insurance.

Switching from another fund

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; 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 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 talk 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
- ⊗ High cost drugs that aren't covered under the PBS or hospital contract
- ⊗ 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 where further care is not agreed between the hospital and Defence Health (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 (benefits will be payable for the doctor's in-hospital treatment).

This cover is not suitable for overseas visitors who do not have full Medicare entitlements.



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. They 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 at phio.info@ombudsman.gov.au. The Ombudsman provides free information and assistance to resolve disputes.

You can view more information at www.ombudsman.gov.au/making-a-complaint/contact-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 or call us and we'll send you one.

Your privacy is important to us.

Defence Health has a legal obligation to comply with the Commonwealth Privacy Act 1988 and the Australian Privacy Principles. The Defence Health privacy statement informs you about how your personal information will be collected, held, used and disclosed, how you may gain access and seek correction of that information, and how you may complain about possible breaches of privacy. A copy of the full Privacy Policy is available at defencehealth.com.au. We will always endeavour to collect your personal information directly from you, but in some circumstances, for instance where you are a dependant on the policy, we will collect your personal information from the policy holder.

We will generally collect and use your information to approve your transactions/claims, to provide services you have requested and to inform you of products, benefits and services we think may be of interest to you.

We may use or disclose your personal information for another purpose, but only if we have your prior consent, or we are required to do so to fulfil our obligations as a private health insurer, or for any other reasonably expected purpose related to the provision of your health benefits. For example, we may disclose your information to other service providers we have arrangements with or who provide services to us, or where otherwise permitted or required by law.

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 on the policy.

If you do not provide the information requested or do not consent to us requesting it from third parties, we may be unable to provide our health benefit services to you.

You can view our privacy policy on our website, defencehealth.com.au/privacy

Code of conduct

We want to make sure you get the right cover to meet your needs. We are committed to the Private Health Insurance Code of Conduct to support you in making informed decisions about your family's private health insurance.

You can download a copy of the code at defencehealth.com.au

