COVID-19 Frequently Asked Questions

The health, safety and wellbeing of our members, community and staff is our focus during the COVID-19 pandemic. It is important to collectively take steps to flatten the rate of infection. Slowing the spread of the virus will save lives.

Defence Health has introduced the COVID-19 Support Program to help members during this pandemic

Support in these exceptional circumstances includes:

- **Suspending the 1 April 2020 premium increase until further notice for all members.** You do not need to take any action; this has been automatically applied to your policy.

- **Covering all eligible members with a Defence Health Hospital policy who may require COVID-19 related treatment.** To determine if you are eligible, please contact member services on 1800 335 425.

- **Extending Extras claiming criteria to include ‘telehealth’ consultations** for members requiring ongoing or newly referred dietetics consultations, psychology, speech pathology, occupational therapy, or physiotherapy sessions over video or phone (conditions apply).

- **Temporary changes to our financial hardship suspension rules**, allowing eligible members who joined Defence Health less than 12 months ago but on or before 1 March 2020 to suspend their policy for a minimum 3 months and up to 6 months.

- **Extending the option of financial hardship suspension to Extras-only and Young Adult Support Plan policy holders.**

- **Temporary extension of the lifetime cap of three suspensions to four.**

- **Allowing those who’ve returned from suspension within last 12 months to suspend their policy again for a further 3 to 6 months during the pandemic.**

- **Members who have already paid their excess in full for hospital admissions between 1 March and 30 June 2020, that have been moved due to COVID-19 into the next financial year, will not be charged excess in the next financial year for the delayed admission(s).** Members in this situation need to call us to ensure no excess charge is applied (1800 335 425). Please note, the excess will apply to any other admissions that were not delayed as a result of COVID-19.

- **Maintaining Reservists’ current ADF package or Reservist discount** until further notice, with no requirement to provide a declaration of service (recognising days served may be reduced due to pandemic).

- **Extending ex-serving members transition discounts by 6 months.**

I am a member and experiencing financial hardship due to the pandemic; will I lose my cover?

Defence Health understands the financial impact the pandemic is having on our members. If you are experiencing financial hardship, we recommend you contact our Member Services team to discuss the COVID-19 Member Support Program that we have put in place to provide some relief 1800 335 425.
What role are private hospitals playing in the pandemic?
On 31 March, the government announced the integration of Australia’s 657 private hospitals with the public sector to ensure maximum and coordinated capacity to deal with the COVID-19 pandemic. This is important and ensures the entire hospital network (including doctors and nurses) will be resourced and ready to respond. The private hospitals are making a critical contribution to our ability to respond to the current crisis and they will continue to be vital after the crisis has passed when we expect a surge in elective surgery.

While elective surgery is being deferred, private admissions for essential surgery, medical and mental health care are continuing. Vital treatment for conditions such as heart attacks and acute appendicitis are continuing.

I have hospital cover; will I be covered if I need to get treated for COVID-19 in a private hospital?
If you are diagnosed with COVID-19, you will receive treatment, regardless of your level of cover, in a designated COVID-19 facility, which may be in a public or private hospital.

As the government recently announced the integration of public and private hospitals to ensure we have maximum resources to deal with the COVID-19 pandemic, we are yet to fully understand the process and how it will shape choice of public or private hospital treatment for COVID-19. We are working with the Government, the regulator and the health insurance industry’s peak representative body to ensure the health needs of Australians are met.

In the meantime, to provide peace of mind for our members, Defence Health will cover all existing members with active hospital cover who may require COVID-19 related treatment. Regardless of the hospital product you are on e.g. Everyday Hospital Bronze Plus or Essentials Hospital Basic Plus, we will cover COVID-19 related treatment in a private hospital.
We remain committed to supporting our members through the coming months and will keep you updated as the situation changes.

Why do I need my private health insurance cover?
- The details around public and private treatment for COVID-19 are not yet fully known. We are working closely with the Government, the regulator and the health insurance industry’s peak representative body and will keep you updated once the situation is known.
- Members can still use their Extras cover to access ‘telehealth’ benefits for ongoing or newly referred dietetics consultations, psychology, speech pathology, occupational therapy, or physiotherapy sessions over video or phone (conditions apply). Benefits are subject to the usual waiting periods and annual limits that apply to your cover.
- You may also require your cover for private hospital treatment if the unexpected happens; e.g. an accident, injury or illness.
- The Medicare Levy Surcharge and Lifetime Health Cover loading may apply to you if you choose to drop your hospital insurance.
- To avoid waiting periods in the future, you need to maintain your hospital cover.

If you are concerned that you will be unable to make premium payments, please call us to discuss on 1800 335 425.
How do I claim for a telehealth consultation services?
Eligible telehealth claims can be made via all the usual claim channels. Members can make Extras claims via the mobile claim app, through the member portal or by calling 1800 335 425.

Why do I need my extras cover?
We’ve expanded our Extras claiming criteria to allow for consultations over video or phone. Effective 13 March 2020, Defence Health members with eligible Extras cover may claim for clinical psychology, physiotherapy, dietetics, occupational therapy or speech pathology delivered by teleconsultation. Allied health teleconsultation services must satisfy certain criteria to be considered for reimbursement. We recommend you contact our Member Services to discuss your telehealth options on 1800 335 425.
Emergency dental consultations are still taking place.
If you choose to cancel your extras cover, waiting periods will have to be re-served when you rejoin at a later date.

I am an ADF Reservist and am unable to meet the required days served, will I lose my ADF package or Reservist discount?
No. Effective 27 March 2020, all existing ADF Reservists on an ADF package or Reservist discount will remain on it until further notice. Defence Health recognises the pandemic may limit days served and will not require Reservists to provide a declaration of service until further notice.

I am currently receiving the ADF transition discount; do I need to do anything to have this extended?
No. If you are an existing member receiving the transitional discount, it will automatically be extended by 6 months.

Who should be tested for COVID-19?
Due to pressure on resources, health authorities have applied very tight testing criteria. The national testing guidelines (as at 7 April) are that your doctor will arrange a test if you develop fever or respiratory symptoms and meet at least one of the following criteria:

- you have returned from overseas in the last 14 days
- you have been in close contact with someone diagnosed with COVID-19 in the last 14 days
- you were a passenger or crew on a cruise ship in the 14 days before developing symptoms
- you are a health care, aged care, or residential care worker
- you have lived in an area where there is a higher risk of community transmission.

People in high risk settings may also be tested if two or more people within the setting develop symptoms. Some States and Territories may have additional testing criteria based on their cases.

Can I claim for COVID-19 testing through my health insurance?
No, testing for the virus (when required) is covered by Medicare.
What is the best way to slow the spread of the virus?
Good personal hygiene is the first step (frequently wash hands or use sanitiser; cough or sneeze into your elbow (or a tissue followed by immediate disposal) and keep your distance from other people. Other measures include:
• following all Government announcements
• maintaining social distancing measures
• following self-isolation restrictions.

What should I do if I become unwell?
If you develop flu-like symptoms you should call the COVID-19 triage hotline on 1800 020 080 (or phone your GP). Making a call first is important in reducing the spread of the virus. If you have mild symptoms, you may then be directed to one of ‘pop-up’ respiratory clinics. The clinics are staffed by doctors and nurses who can assess, test and diagnose respiratory illness. This service is publicly funded as part of the government’s COVID-19 National Health Plan. Tele-health services are also being funded by the government. If a doctor advises you to isolate yourself at home, or if you are deemed a ‘vulnerable person’ (for example, older than 70, indigenous and older than 50, pregnant or new parent, or immuno-compromised) you may be able to access these services for free under Medicare.