ADF Total Package Gold
Product Guide

Effective from 1 November 2023
Subject to change.

COMPREHENSIVE COVER FOR DEFENCE FAMILIES
Health insurance that is customised for active ADF members and their families.

Your hospital cover

What's covered

All clinical categories are included under your level of cover.

These categories are:

- Rehabilitation
- Hospital psychiatric services
- Palliative care
- Brain and nervous system
- Eye (not cataracts)
- Cataracts
- Ear, nose and throat
- Tonsils, adenoids and grommets
- Bone, joint and muscle
- Joint reconstructions
- Joint replacements
- Back, neck and spine
- Podiatric surgery (by a registered podiatric surgeon)
- Kidney and bladder
- Male reproductive system
- Gynaecology
- Miscarriage and termination of pregnancy
- Pregnancy and birth
- Assisted reproductive services
- Digestive system
- Hernia and appendix
- Gastrointestinal endoscopy
- Chemotherapy, radiotherapy and immunotherapy for cancer
- Pain management
- Skin
- Breast surgery (medically necessary)
- Diabetes management (excluding insulin pumps)
- Heart and vascular system
- Lung and chest
- Blood
- Plastic and reconstructive surgery (medically necessary)
- Dental surgery
- Implantation of hearing devices
- Dialysis for chronic kidney failure
- Weight loss surgery
- Insulin pumps
- Pain management with device
- Sleep studies.

What's restricted

- No hospital services are restricted.

What's excluded

- Services not approved by Medicare such as elective cosmetic surgery.

Excess options

You can reduce your premium by electing to pay an excess if you go to hospital. Your excess choices are $0, $250 or $500 per adult.

The excess applies once per adult per financial year on any same day and overnight admissions. No excess is payable for dependent kids.

Additional benefits for covered services

- Choice of doctor and hospital
- Up to 100% of doctors' fees if your doctor chooses to use Access Gap
- 100% of agreement hospital charges (subject to your excess and any other non-health related charges applied by the hospital, e.g. television), including:
  - Shared or private room
  - Theatre fees, including labour ward
  - Intensive care, critical care and high dependency unit
  - Most drugs supplied in hospital
- Minimum benefits as set by the government for a shared room in a public hospital:
  - For treatment in a private room an additional $80 per day is payable by Defence Health
  - If the hospital charges are greater than the Defence Health benefit, you will have an out-of-pocket expense
- 100% of the listed benefit for medical devices on the Australian Government Prescribed List of Medical Devices and Human Tissue Products
- Up to $100 per day for home nursing (up to $2000 per person)

Your hospital cover *continued*

- Up to $2000 is available for private midwife services for delivery at home or in private practice. If a doctor or obstetrician is required to intervene in the delivery no benefits will be payable towards the private midwife services
- Hospital substitute treatment in your home for treatments such as wound management and intravenous therapy based on assessed clinical need
- Health programs for members with specific health risks
- In-home rehabilitation services as an alternative to hospital-stay rehabilitation based on assessed clinical need
- If you're a permanent ADF member and your child or partner goes into hospital, at selected hospitals we will pay your boarder fees so you can stay at the hospital too.

Waiting periods

From the date you join Defence Health, upgrade your cover or reduce your excess, a waiting period may apply before you can claim on new or higher benefits. The following waiting periods apply:

- 12 months for pre-existing conditions (excluding hospital psychiatric services, rehabilitation and palliative care)
- 12 months for pregnancy and birth and midwifery home/registered hospital birthing facility delivery
- 2 months for hospital psychiatric services, rehabilitation and palliative care
- 2 months for all other included services (including non-emergency ambulance)
- Cover for an accident is immediate, including ambulance services.

If you transfer to us from an equivalent level of cover with an Australian health fund, the waiting periods you've already served (on included services) will be honoured by us. All waiting periods need to be re-served after a break in cover of more than 60 days.

Pre-existing conditions

A pre-existing condition is an illness, ailment or condition where signs or symptoms existed in the six months ending on the day you joined or upgraded 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 will 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.

Ambulance treatment

Comprehensive cover for ambulance services by state-appointed ambulance providers across Australia. This includes emergency transport, on the spot treatment, mobile intensive care, air and sea ambulance.

Transport services between hospitals, repatriation to or from a state for non-clinically necessary reasons, or services by patient transport vehicles are not claimable.

What's not covered

Situations when you will not be covered include:

- Treatment not clinically necessary or approved under Medicare such as elective cosmetic surgery
- Treatment received while serving a waiting period
- Treatment provided as an outpatient at a hospital
- Treatment for which a Medicare benefit is not payable (apart from rehabilitation, hospital psychiatric services and palliative care)
- Treatment in doctors' rooms or specialist tests as an outpatient
- Doctors' fees in excess of the Medicare Benefits Schedule (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 Pharmaceutical Benefits Scheme (PBS) or hospital contract
- Personal items such as newspapers, toiletries or television
- Accommodation in an aged care facility
- Services claimable from another source such as workers compensation, third party insurance or DVA
- 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-registered podiatric surgeon (when provided by registered podiatric surgeon, hospital benefits will be paid at the insured rates and a limited benefit is payable for the podiatric surgeon's fees)
- This cover is not suitable for overseas visitors who do not have full Medicare entitlements
- Treatment in a non-agreement private hospital will incur significant out-of-pocket expenses.

Going to hospital

Before you make any decisions about your hospital choice or procedures, check exactly what your level of cover includes and that you have served any waiting periods.

Make sure you review what is and isn't covered under your level of hospital cover.

Always ask your doctor what they will charge and if they will participate in our Access Gap scheme to reduce or eliminate out-of-pocket costs for you.

Why does my specialist need to participate in Access Gap?

When you go to hospital, Defence Health and Medicare will cover the MBS fee for your procedure. The MBS fee is set by the Federal Government and caps the amount health funds can cover for your treatment.

Doctors can choose to charge more than the MBS fee and that's when you may incur the out-of-pocket cost or 'gap' payment.

What is Access Gap?

Access Gap is a billing scheme where Defence Health pays a higher benefit for your medical procedure to help reduce or eliminate your out-of-pocket expenses.

This results in one of two scenarios:

- No Gap: Defence Health covers the gap completely
- Known Gap: The maximum amount you will pay per doctor, per hospital episode.

How do I get Access Gap Cover?

When you're planning to go into hospital as an in-patient, ask your doctor if they'll agree to participate in Defence Health's Access Gap.

If they say no, you can search for doctors who may participate in our Access Gap scheme at **defencehealth.com.au** or you can obtain another referral from your GP.

Informed financial consent

Your doctor is obliged to obtain your informed financial consent to their medical charges.

This information should be discussed with you and provided in writing. It must clearly state any gap you will pay between their total charges and the Medicare rebate and private health insurance benefits.

This informed financial consent should include all the doctors involved in your treatment, including your anaesthetist, and detail any additional gap you will need to pay toward hospital or medical device charges.

Once understood and agreed by you, your signature or the signature of your guardian is required, to finalise this arrangement.

To confirm medical out-of-pocket expenses check with Medicare or your doctor.

Agreement hospitals

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**

We're here to help

For more information visit the going to hospital section at **defencehealth.com.au** or call us on 1800 335 425.

Your extras cover

Annual limits apply from 1 July.

Please read 'Things you need to know about extras' before having treatment or call us if you have any questions about out-of-pocket expenses.

Dental

Dental network

*Visit a network dentist for quality dental care at special member prices. Receive no-gap on your annual scale and clean at participating network dentists – Limit to two per person per financial year. Visit **defencehealth.com.au** for more information.*

General and preventive dental

2 Month waiting period **Annual limit – $900 per person**

Periodic oral exam (012)	Up to $37.60
Removal of calculus (114)	Up to $71.40
Bitewing x-ray (022)	Up to $22.80
Adhesive filling to one surface of a rear tooth (531)	Up to $79.40

Dependent children can get one custom-fitted mouthguard (items 151 and 153 only) 100% covered each financial year, subject to general dental limits.

Major dental

12 Month waiting period **Annual limit – $950 per person**

Surgical tooth removal (324)	Up to $157.40
Root canal obturation (417)	Up to $110.80
Veneer indirect (556)	Up to $486.40
Full crown – veneer indirect (615)	Up to $756.20
Endosseous implant (688)	Up to $950.00

Orthodontics

12 Month waiting period **Annual limit – $800 per person**

Orthodontic treatment	Up to $800.00

There is no lifetime limit. Benefits are payable on proof of payment for treatment received during the financial year.

*Some dental items are limited in the number of times they can be claimed in a year or appointment. Some are not payable in combination with others. And some may not attract a benefit at all. Check your available limits by logging onto your Member Portal, at **defencehealth.com.au***

School accidents

No waiting period **Annual limit – $600 per child dependant**

To cover any out-of-pocket expenses resulting from a school accident. Relevant extras benefits must be claimed first. This benefit excludes services claimable through Medicare.

Optical

2 Month waiting period **Annual limit – $255 per person**

Optical network

*Our optical network providers have extensive ranges of no-gap glasses and 100% back on eligible items available up to your annual limit. Plus, receive discounts on in-store contact lenses and other optical add-ons. Visit **defencehealth.com.au** for more information.*

Non-network providers

Single vision lenses	Up to $90
Ground single vision lenses	Up to $95
Bi-focal lenses	Up to $105
Multi-focal lenses	Up to $155
Frames/repairs	Up to $95
Contact lenses	Up to $180

All optical claims must include a sight correcting script.

Health and wellbeing

2 Month waiting period **Annual limit – $300 per person**

Remedial massage, acupuncture and myotherapy

Initial consultation	Up to $31
Subsequent consultation	Up to $27

Group physiotherapy

Group therapy sessions and classes	Up to $20

Includes group hydrotherapy.

Group exercise physiology

Group therapy	Up to $14

Tests and programs

Per test/program limit	Up to $120

Benefits are available for approved health screening tests (bowel screening, kidney check, mole mapping, bone density tests, mammograms, heart tests and specialist eye tests), approved quit smoking programs and nicotine replacement therapies.

Benefits are not available for tests/programs where Medicare pays a benefit. An itemised invoice with the patient's name must be provided.

Laser refractive eye surgery

12 Month waiting period **Limit $1000 per person every 2 financial years**

Benefits are payable for LASIK, PRK or SMILE eye surgery in a state recognised and registered day surgery centre.

Your extras cover *continued*

Flexi-limits

2 Month waiting period **Annual limit – $1000 per person**

Exercise physiology

Initial consultation	Up to $30
Subsequent consultation	Up to $24

Antenatal and postnatal services

Full day antenatal course	Up to $400
Antenatal consultations/classes	Up to $40
Postnatal consultations/classes	Up to $40

By a recognised midwife or physiotherapist in private practice only.

Psychology

Initial consultation	Up to $102
Subsequent consultation	Up to $77
Group therapy	Up to $32
Couple/family therapy	Up to $37

Psychology services claimable through Medicare are not eligible for benefits.

Speech therapy

Initial consultation	Up to $107
Subsequent consultation	Up to $52
Group therapy sessions	Up to $37

Occupational therapy

Initial consultation	Up to $85
Subsequent consultation	Up to $45
Group therapy sessions	Up to $27

Podiatry/chiropody

Initial consultation	Up to $47
Subsequent consultation	Up to $33

Audiology

Initial consultation	Up to $72
Subsequent consultation	Up to $52

Eye therapy

Initial consultation	Up to $65
Subsequent consultation	Up to $45

Dietitian

Initial consultation	Up to $59
Subsequent consultation	Up to $33

Physiotherapy (including one-on-one hydrotherapy)

2 Month waiting period **Annual limit – $850 per person**

Initial consultation	Up to $59
Subsequent consultation	Up to $41
Pelvic floor treatment	Up to $63
Lymphoedema treatment	Up to $85

Chiropractic/Osteopathy

2 Month waiting period **Annual limit – $750 per person**

Initial consultation	Up to $47
Subsequent consultation	Up to $33
Chiropractic x-rays (max 2 per financial year)	Up to $45

Pharmacy and vaccinations

2 Month waiting period **Annual limit – $400 per person**

Per prescription or vaccination	Up to $80

The benefit is payable on non-PBS pharmaceuticals only. It is paid on the gap between the current PBS amount and the actual charge. No benefits are payable for over-the-counter medicines. Excludes vitamins, supplements and minerals. Benefits are not payable for nicotine e-cigarettes or nicotine vaping products.

Your extras cover *continued*

Medically prescribed devices and appliances

2 – 12 Month waiting period **Annual limit – $1000 per person**

2 month waiting period	**sub-limit**
Non-sight correcting Irlen lenses	Up to $90
EpiPen	Up to $150
Appliance maintenance	Up to $100
For the repair of hearing aids and foot orthoses or for the purchase of appliance accessories like PAP machine masks.	
Rental or purchasing of appliances	Up to $150
Rental or purchase of oxygen cylinders, soft collars, toilet seat risers, shower chairs, Continuous Passive Movement machines. Rental only, any other appliance listed below.	
12 month waiting period	**sub-limit**
** Replacement or additional items are not claimable within 3 years of previous purchase.*	
Hearing aids*	Up to $1000
PAP machine* for sleep apnoea	Up to $1000
EPAP is not covered under the PAP machine benefit.	
Blood glucose monitor*	Up to $400
Foot orthotics	Up to $300
Custom-made and fitted by a specialist orthotic practitioner. Excludes over the counter orthotics.	
Orthopaedic shoes	Up to $300
Custom-made and fitted by a specialist shoemaker for identifiable foot deformities.	
Splints and braces	Up to $250
Splints,knee/leg/spinal/lumbar/sacral/wrist/ankle braces and surgical corsets. Does not cover casts.	
Mobility aids*	Up to $1000
Wheelchairs, crutches, walking frames, walking sticks, rolling walkers, seat riser cushions, reaches and adjustable canes.	
Non-cosmetic prostheses *Annual sub-limits apply:*	Up to $1000
– Wig following a medical condition	*Up to $250*
– External breast prostheses following a mastectomy (excludes post-mastectomy bra)	*Up to $250*
*– Artificial eye**	*Up to $1000*
Blood pressure monitor*	Up to $250
TENS machine*	Up to $250
Nebuliser* and spacer for breathing conditions	Up to $300
Compression garments	Up to $1000
Up to $250 per compression garment. Must be TGA approved, and specifically made to treat, manage or prevent a medical condition such as treatment of burns, post-surgical recovery, treatment for lymphoedema or prevention of deep vein thrombosis are common examples when a compression garment could be suitable.	
To assess your device or appliance claim, you may be required to submit a referral letter from your treating practitioner that details the condition being treated. We will advise you when a referral letter is required.	

Things you need to know about extras

Know your annual limits

All of the goods and services claimable under extras cover have annual per person limits.

Once the annual limit has been reached on a service, no further benefits are payable in that financial year. Most limits re-set on 1 July each year. Benefits, limits and payment conditions are assessed according to the date of service.

Benefits and limits are subject to change.

Check your available limits by logging onto your Member Portal, at **defencehealth.com.au**

If you've reached your limits, consider whether a higher level of cover is right for you. We're happy to help, just give us a call.

Claiming extras benefits

Many health care providers (like dentists, optometrists and physiotherapists) can swipe your member card on-the-spot through an electronic terminal. Your benefit is paid to the provider and you then settle any outstanding amount. A list of providers who offer on-the-spot claiming is available on our website, **defencehealth.com.au**

If your provider doesn't offer on-the-spot claiming you can:

- Claim through your Member Portal (for most services) at **defencehealth.com.au**
- Claim on your smartphone through our Mobile Claiming App
- Download and complete a claim form from our website, and either:
  - email it with your receipts to **claims@defencehealth.com.au**
  - fax it and your receipts to 1800 241 581
  - post it and a copy of the account to us: Defence Health, PO Box 7518, Melbourne, Victoria, 3004

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. When purchasing eligible items online the supplier must be recognised and a registered Australian provider or company
- Benefits are not payable when they can be claimed from another source such as workers compensation, Department of Veterans' Affairs or third party insurance
- Extras benefits are not payable where Medicare has been or is available to be claimed.

We recognise all 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. Remedial massage providers must also hold at least a Diploma of Remedial Massage to be recognised.

If you are unsure whether a practitioner is registered with us, just give us a call on 1800 335 425.

Full claiming conditions are available on our website at **defencehealth.com.au**

Extras waiting periods

When you join Defence Health or upgrade your existing cover, you may have a waiting period before you can claim new or higher benefits. Treatment received during the waiting period cannot be claimed.

Cover for an accident is immediate, including for ambulance services.

Remember, if you transfer within 60 days from an equivalent level of cover with another health fund you won't have to re-serve the waiting periods you've already completed. If you have a break in cover greater than 60 days you will have to re-serve all waiting periods.

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. We 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 visit www.ombudsman.gov.au. The Ombudsman provides free information and assistance to resolve disputes.

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

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 collects your personal information – including sensitive information about your health – in order 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 affirm that you consent, and you have the consent of any other individuals whose information is provided, to Defence Health dealing with it under our Privacy Policy.

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 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.

Code of conduct

We are committed to the Private Health Insurance Code of Conduct. You can download a copy of the code at **Private Health Insurance Code of Conduct**

Private Health Insurance™ Code of Conduct

This Product Guide is current as at 1 November 2023, and is subject to change.

It should be read carefully and retained.

Defence Health Limited – ABN 80 008 629 481 AFSL 313890

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Defence Health