

**Defence Health Limited**  
**ADF Total Package Gold 500**

Restricted Insurer

Corporate Policy

**\$564.90 / month**

(Before Rebate, Discount &amp; Loading)

Available in SA

You may be entitled to an Australian Government Rebate on the above premium. Your premium may also include a Lifetime Health Cover Loading or an insurer discount. Check with your insurer for details.

**This policy covers:** Two adults (and no-one else).

**Restricted insurer:** Membership of this insurer is restricted to current or former members of the ADF and the Defence community and their families.

**Corporate policy:** Permanent ADF and active Reservists, partners and dependent children

- This policy exempts you from the Medicare Levy Surcharge.
- This policy provides accident cover - check with insurer for details.
- This policy does not provide benefits for travel or accommodation outside of hospital.

**Policy ID:** AHB/J17/SIMP20**Source:** Private Health Information Statement (PHIS)

## Hospital Cover

✓ Covered

R Restricted Cover

✗ Not Covered

**This policy includes cover for**

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

The benefits paid for hospital treatment will depend on the type of cover you purchase and whether your fund has an agreement in place with the hospital in which you are treated. See 'Agreement Hospitals' on [privatehealth.gov.au](http://privatehealth.gov.au) for which hospitals have arrangements with your insurer – <https://privatehealth.gov.au/dynamic/agreementhospitals>.

Under this policy, you may have to pay out-of-pocket costs above what you get from Medicare or your private health insurer. Before you go to hospital, you should ask your doctors, hospital and health insurer about any out-of-pocket costs that may apply to you.

#### The following payments may also apply for hospital admissions

**Excess:** You will have to pay an excess on admission. This is limited to a maximum of \$500 per person and \$1000 per policy per year.

**Co-payments:** No co-payments

#### The following waiting periods for hospital admissions apply to new or upgrading members

##### Waiting periods:

- 2 months for palliative care, rehabilitation and hospital psychiatric treatments, even if pre-existing
- 12 months for other pre-existing conditions
- 12 months for pregnancy and birth (obstetrics)
- 2 months for all other treatments

##### Gap Cover

This provider offers 'known gap' or 'no gap' cover for medical bills for this product. The Medical Costs Finder (<https://www.health.gov.au/resources/apps-and-tools/medical-costs-finder>) lets you find out more about the cost of specialist medical services.

##### Other features of this hospital cover

Includes home nursing, midwifery and a range of health programs. Access Gap available to reduce or eliminate out of pocket medical costs where the treating doctor, specialist, surgeon, anaesthetist, pathologist or radiologist agrees to use it. Go to [defencehealth.com.au](https://defencehealth.com.au) or call 1800 335 425 for details.

**For further information about this policy see:** <https://www.defencehealth.com.au/>

Visit a network dentist for quality dental care at special member prices. Plus, network optical providers offer no-gap glasses and discounts on other optical purchases up to the optical limit. See <https://www.defencehealth.com.au/Health-Insurance/Find-Providers-and-Hospitals>.

Policy ID: AHB/J17/SIMP20 Source: [Private Health Information Statement \(PHIS\)](#)

## Extras Cover

#### This policy **includes** General treatment (Extras) cover for

| Treatment & waiting period (months) |   | Benefit limits per 12 months unless otherwise stated                                                                                                                                                                           | Examples of maximum benefits                                                                           |
|-------------------------------------|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| ✓ Acupuncture                       | 2 | <b>\$300 per person</b><br>combined limit for acupuncture, health management / healthy lifestyle, remedial massage & other services                                                                                            | <ul style="list-style-type: none"><li>• Initial visit: \$31</li><li>• Subsequent visit: \$27</li></ul> |
| ✓ Ante-natal/Post-natal classes     | 2 | <b>\$1,000 per person</b><br>combined limit for ante-natal/post-natal classes, audiology, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), occupational therapy, podiatry, psychology & speech therapy | <ul style="list-style-type: none"><li>• Initial visit: \$40</li><li>• Subsequent visit: \$40</li></ul> |
| ✓ Audiology                         | 2 | <b>\$1,000 per person</b><br>combined limit for ante-natal/post-natal classes, audiology, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), occupational therapy, podiatry, psychology & speech therapy | <ul style="list-style-type: none"><li>• Initial visit: \$72</li><li>• Subsequent visit: \$52</li></ul> |

|                                                |    |                                                                                                                                                                                                                                |                                                                                                                                                              |
|------------------------------------------------|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ <b>Blood glucose monitors</b>                | 12 | <b>\$1,000 per person</b><br>combined limit for blood glucose monitors, hearing aids, orthotics (podiatric orthoses) & other services                                                                                          | <ul style="list-style-type: none"> <li>Per monitor: \$400</li> </ul>                                                                                         |
| ✓ <b>Chiropractic</b>                          | 2  | <b>\$750 per person</b><br>combined limit for chiropractic & osteopathy                                                                                                                                                        | <ul style="list-style-type: none"> <li>Initial visit: \$47</li> <li>Subsequent visit: \$33</li> </ul>                                                        |
| ✓ <b>Dietetics/dietary advice</b>              | 2  | <b>\$1,000 per person</b><br>combined limit for ante-natal/post-natal classes, audiology, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), occupational therapy, podiatry, psychology & speech therapy | <ul style="list-style-type: none"> <li>Initial visit: \$59</li> <li>Subsequent visit: \$33</li> </ul>                                                        |
| ✓ <b>Endodontic</b>                            | 12 | <b>\$950 per person</b><br>combined limit for endodontic & major dental                                                                                                                                                        | <ul style="list-style-type: none"> <li>Filling of one root canal: \$117.4</li> </ul>                                                                         |
| ✓ <b>Exercise physiology</b>                   | 2  | <b>\$1,000 per person</b><br>combined limit for ante-natal/post-natal classes, audiology, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), occupational therapy, podiatry, psychology & speech therapy | <ul style="list-style-type: none"> <li>Initial visit: \$30</li> <li>Subsequent visit: \$24</li> </ul>                                                        |
| ✓ <b>Eye therapy (orthoptics)</b>              | 2  | <b>\$1,000 per person</b><br>combined limit for ante-natal/post-natal classes, audiology, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), occupational therapy, podiatry, psychology & speech therapy | <ul style="list-style-type: none"> <li>Initial visit: \$65</li> <li>Subsequent visit: \$45</li> </ul>                                                        |
| ✓ <b>General dental</b>                        | 2  | <b>No annual limit</b>                                                                                                                                                                                                         | <ul style="list-style-type: none"> <li>Fluoride treatment: \$21.2</li> <li>Scale &amp; clean: \$71.4</li> <li>Periodic oral examination: \$37.6</li> </ul>   |
| ✓ <b>Health management / Healthy lifestyle</b> | 2  | <b>\$300 per person</b><br>combined limit for acupuncture, health management / healthy lifestyle, remedial massage & other services                                                                                            | <ul style="list-style-type: none"> <li>Health management: \$120</li> </ul>                                                                                   |
| ✓ <b>Hearing aids</b>                          | 12 | <b>\$1,000 per person</b><br>combined limit for blood glucose monitors, hearing aids, orthotics (podiatric orthoses) & other services                                                                                          | <ul style="list-style-type: none"> <li>Hearing aid: \$1000</li> </ul>                                                                                        |
| ✓ <b>Major dental</b>                          | 12 | <b>\$950 per person</b><br>combined limit for endodontic & major dental                                                                                                                                                        | <ul style="list-style-type: none"> <li>Surgical tooth extraction: \$124.7</li> <li>Full crown veneered: \$801.6</li> </ul>                                   |
| ✓ <b>Non PBS pharmaceuticals</b>               | 2  | <b>\$400 per person</b><br>combined limit for non pbs pharmaceuticals, vaccinations & other services                                                                                                                           | <ul style="list-style-type: none"> <li>Per eligible prescription: \$80</li> </ul>                                                                            |
| ✓ <b>Occupational therapy</b>                  | 2  | <b>\$1,000 per person</b><br>combined limit for ante-natal/post-natal classes, audiology, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), occupational therapy, podiatry, psychology & speech therapy | <ul style="list-style-type: none"> <li>Initial visit: \$85</li> <li>Subsequent visit: \$45</li> </ul>                                                        |
| ✓ <b>Optical</b>                               | 2  | <b>\$255 per person</b>                                                                                                                                                                                                        | <ul style="list-style-type: none"> <li>Multi-focal lenses &amp; frames: 100% of charge</li> <li>Single vision lenses &amp; frames: 100% of charge</li> </ul> |
| ✓ <b>Orthodontic</b>                           | 12 | <b>\$800 per person</b>                                                                                                                                                                                                        | <ul style="list-style-type: none"> <li>Braces for upper &amp; lower teeth, including removal plus fitting of retainer: \$800</li> </ul>                      |

|                                         |    |                                                                                                                                                                                                                                |                                                                                                            |
|-----------------------------------------|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| ✓ <b>Orthotics (podiatric orthoses)</b> | 12 | <b>\$1,000 per person</b><br>combined limit for blood glucose monitors, hearing aids, orthotics (podiatric orthoses) & other services                                                                                          | <ul style="list-style-type: none"> <li>• Orthotics supply &amp; fit: \$300</li> </ul>                      |
| ✓ <b>Osteopathy</b>                     | 2  | <b>\$750 per person</b><br>combined limit for chiropractic & osteopathy                                                                                                                                                        | <ul style="list-style-type: none"> <li>• Initial visit: \$47</li> <li>• Subsequent visit: \$33</li> </ul>  |
| ✓ <b>Physiotherapy</b>                  | 2  | <b>\$850 per person</b>                                                                                                                                                                                                        | <ul style="list-style-type: none"> <li>• Initial visit: \$59</li> <li>• Subsequent visit: \$41</li> </ul>  |
| ✓ <b>Podiatry</b>                       | 2  | <b>\$1,000 per person</b><br>combined limit for ante-natal/post-natal classes, audiology, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), occupational therapy, podiatry, psychology & speech therapy | <ul style="list-style-type: none"> <li>• Initial visit: \$47</li> <li>• Subsequent visit: \$33</li> </ul>  |
| ✓ <b>Psychology</b>                     | 2  | <b>\$1,000 per person</b><br>combined limit for ante-natal/post-natal classes, audiology, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), occupational therapy, podiatry, psychology & speech therapy | <ul style="list-style-type: none"> <li>• Initial visit: \$102</li> <li>• Subsequent visit: \$77</li> </ul> |
| ✓ <b>Remedial massage</b>               | 2  | <b>\$300 per person</b><br>combined limit for acupuncture, health management / healthy lifestyle, remedial massage & other services                                                                                            | <ul style="list-style-type: none"> <li>• Initial visit: \$31</li> <li>• Subsequent visit: \$27</li> </ul>  |
| ✓ <b>Speech therapy</b>                 | 2  | <b>\$1,000 per person</b><br>combined limit for ante-natal/post-natal classes, audiology, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), occupational therapy, podiatry, psychology & speech therapy | <ul style="list-style-type: none"> <li>• Initial visit: \$107</li> <li>• Subsequent visit: \$52</li> </ul> |
| ✓ <b>Vaccinations</b>                   | 2  | <b>\$400 per person</b><br>combined limit for non pbs pharmaceuticals, vaccinations & other services                                                                                                                           | <ul style="list-style-type: none"> <li>• Per service: \$80</li> </ul>                                      |

Health and Wellbeing annual limit \$300 includes: Acupuncture, Remedial Massage, Myotherapy - initial consultation: \$31.00, subsequent consultation: \$27.00, Group Physiotherapy - \$20.00 per session, Group Exercise Physiology \$14.00 per session and Health Management. Also includes cover for Laser Refractive Eye Surgery - annual limit: \$1,000 every two financial years; School Accident - annual limit: \$600. Health appliances limit also includes: Orthopaedic Shoes – sub-limit: \$300; Nebuliser – sub-limit: \$300 every three financial years; Spacer – sub-limit: \$300.

**This policy does not include General treatment (Extras) cover for**

✗ Chinese medicine

✗ Home nursing

**Other features of this general treatment cover:** No lifetime limit on orthodontics. All benefits are per person. Benefits reset on 1 July each year. Details and claim conditions are in product guides available at [defencehealth.com.au](https://defencehealth.com.au)

**For further information about this policy see:** <https://www.defencehealth.com.au/>

#### Ambulance cover

In SA this policy provides:

Emergency: Unlimited with a waiting period of 2 months.

Non-emergency: Unlimited transport with a waiting period of 2 months.

Call-out fees: Will be paid for each attendance, including emergency treatment without transport to hospital.

**Other features of this ambulance cover:** Comprehensive 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. Non-emergency services are those that are classed as clinically necessary; for example, you need to be monitored by a paramedic during transport. Patient transfer services and transport services by Patient Transport vehicles are not ambulance services and are not claimable.

**For further information about this policy see:** <https://www.defencehealth.com.au/>

#### Insurer Details



##### **Defence Health Limited**

ADF Total Package Gold 500

Restricted Insurer Corporate Policy

**\$564.90 / month**

(Before Rebate, Discount & Loading)

Available in SA

Call now  1800 335 425 Sponsor link

##### **Defence Health Limited**

 <http://www.defencehealth.com.au>

 [info@defencehealth.com.au](mailto:info@defencehealth.com.au)

 1800 335 425

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