

**Defence Health Limited**
Public Hospital Basic Plus**Restricted Insurer****\$268.90 / month**

(Before Rebate, Discount & Loading)

Available in TAS

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: One adult & dependants, including non-student dependants (2 or more people, only one of whom is an adult).

Children (0 - 17), non-classified* dependant (18 - 20), students (21 - 30) and non-students (21 to 30), as well as persons with a disability who qualify as a child, non-classified* dependant, student and non-student in these age ranges.

*Non-classified dependant: We continue to keep kids covered, no questions asked, until they turn 21.

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

- 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/J2/TKIQ1Y**Source:** Private Health Information Statement (PHIS)

Hospital Cover

Covered

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 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: No excess

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 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. Full details are provided in product guides available at defencehealth.com.au or 1800 335 425.

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

Ambulance cover

Ambulance cover is provided by the State government for residents of Tasmania. This may include cover whilst interstate, except for South Australia and Queensland where no cover applies. In other states please check with Ambulance Tasmania - https://www.health.tas.gov.au/ambulance/fees_and_accounts.

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



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Call now  **1800 335 425**
Sponsor link

Defence Health Limited

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

 info@defencehealth.com.au

 **1800 335 425**

Disclaimer: This document is not a Private Health Information Statement (PHIS), and it is not intended to replace that document. The details contained in the **healthslips.com.au Policy Information** was provided by the insurer to the Australian Government. It is intended as general information. It may not take into account your circumstances. For further information contact the insurer. Information used is Licensed from the Commonwealth of Australia under a Creative Commons 3.0 licence.

Private Health Information Statement is available from the Private Health Insurance Ombudsman website at <https://privatehealth.gov.au/dynamic/Premium/PHIS/AHB/J2/TKIQ1Y>