



## Defence Health Limited Defence Hospital Basic Plus

Restricted Insurer

Corporate Policy

**\$127.67 / month**

(Before Rebate, Discount &amp; 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, an Age-based Discount or an insurer discount. Check with your insurer for details.

**This policy covers:** Only one person.

**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:** Members of the ADF, Reservists, Ex-serving, their immediate families and Defence corporate employees

- This policy exempts you from the Medicare Levy Surcharge.
- This policy provides accident cover - check with insurer for details.
- This policy provides benefits for travel or accommodation outside of hospital - check with insurer for details.

Policy ID: AHB/J26/TKVE10

Source: Private Health Information Statement (PHIS)

## Hospital Cover

✓ Covered

R Restricted Cover

✗ Not Covered

### This policy **includes** cover for

- |                                                           |                                 |                                  |
|-----------------------------------------------------------|---------------------------------|----------------------------------|
| ✓ Bone, joint and muscle                                  | ✓ Gastrointestinal endoscopy    | R Palliative care                |
| ✓ Chemotherapy, radiotherapy and immunotherapy for cancer | ✓ Hernia and appendix           | R Rehabilitation                 |
| ✓ Dental surgery                                          | R Hospital psychiatric services | ✓ Skin                           |
| ✓ Ear, nose and throat                                    | ✓ Joint reconstructions         | ✓ Tonsils, adenoids and grommets |

### This policy **does not include** cover for

- |                                                 |                                   |                                                                  |
|-------------------------------------------------|-----------------------------------|------------------------------------------------------------------|
| ✗ Assisted reproductive services                | ✗ Digestive system                | ✗ Miscarriage and termination of pregnancy                       |
| ✗ Back, neck and spine                          | ✗ Eye (not cataracts)             | ✗ Pain management                                                |
| ✗ Blood                                         | ✗ Gynaecology                     | ✗ Pain management with device                                    |
| ✗ Brain and nervous system                      | ✗ Heart and vascular system       | ✗ Plastic and reconstructive surgery (medically necessary)       |
| ✗ Breast surgery (medically necessary)          | ✗ Implantation of hearing devices | ✗ Podiatric surgery (provided by a registered podiatric surgeon) |
| ✗ Cataracts                                     | ✗ Insulin pumps                   | ✗ Pregnancy and birth                                            |
| ✗ Diabetes management (excluding insulin pumps) | ✗ Joint replacements              | ✗ Sleep studies                                                  |
| ✗ Dialysis for chronic kidney failure           | ✗ 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](https://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 \$500 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
- 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

Access Gap available to reduce or eliminate out of pocket medical costs where the treating doctor, specialist, surgeon, anesthetist, 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/>

## 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](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](mailto: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/J26/TKVE10>