

**Navy Health Ltd**  
**Premium Extras****Restricted Insurer****\$124.44 / month**  
(Before Rebate, Discount & Loading)  
Available in SA

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

**This policy covers:** Dependants only (2 or more people, none of whom is an adult).

Children (0 - 17), non-classified\* dependant (18 - 21) and students (22 - 31), as well as persons with a disability who qualify as a child, non-classified\* dependant and student in these age ranges.

\*Non-classified dependant: A non classified dependant is defined by Navy Health as a child, legally adopted child or step-child who is unmarried and who is younger than 21 years of age.

**Restricted insurer:** Membership of this insurer is restricted to Cover for the ADF community - serving, ex-serving ADF, employees of contractors to ADF and families.

This health insurer does not operate a preferred provider scheme.

**Policy ID: NHB/I10/SFDE0D****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>\$550 per person up to \$1,100 per policy</b> combined limit for acupuncture, chinese medicine, exercise physiology & remedial massage	<ul style="list-style-type: none"><li>Initial visit: \$38</li><li>Subsequent visit: \$38</li></ul>
✓ Audiology	2	<b>\$500 per person</b>	<ul style="list-style-type: none"><li>Initial visit: \$70</li><li>Subsequent visit: \$55</li></ul>
✓ Blood glucose monitors	6	<b>\$700 per person</b>	<ul style="list-style-type: none"><li>Per monitor: 85% of charge</li></ul>
✓ Chinese medicine	2	<b>\$550 per person up to \$1,100 per policy</b> combined limit for acupuncture, chinese medicine, exercise physiology & remedial massage	<ul style="list-style-type: none"><li>Initial visit: \$38</li><li>Subsequent visit: \$38</li></ul>
✓ Chiropractic	2	<b>\$750 per person up to \$1,500 per policy</b> combined limit for chiropractic, osteopathy & other services	<ul style="list-style-type: none"><li>Initial visit: \$60</li><li>Subsequent visit: \$41</li></ul>
✓ Dietetics/dietary advice	2	<b>\$500 per person</b>	<ul style="list-style-type: none"><li>Initial visit: \$80</li><li>Subsequent visit: \$55</li></ul>
✓ Endodontic	12	<b>\$2,000 per person</b> combined limit for endodontic, major dental & other services sub-limits apply	<ul style="list-style-type: none"><li>Filling of one root canal: \$161.3</li></ul>

✓ Exercise physiology	2	<b>\$550 per person up to \$1,100 per policy</b> combined limit for acupuncture, chinese medicine, exercise physiology & remedial massage	<ul style="list-style-type: none"> <li>Initial visit: \$38</li> <li>Subsequent visit: \$38</li> </ul>
✓ Eye therapy (orthoptics)	2	<b>\$500 per person</b>	<ul style="list-style-type: none"> <li>Initial visit: \$70</li> <li>Subsequent visit: \$55</li> </ul>
✓ General dental	2	<b>No annual limit</b>	<ul style="list-style-type: none"> <li>Fluoride treatment: \$26.3</li> <li>Scale &amp; clean: \$84.5</li> <li>Periodic oral examination: \$47.5</li> </ul>
✓ Hearing aids	12	<b>\$1,300 per person</b>	<ul style="list-style-type: none"> <li>Hearing aid: 100% of charge</li> </ul>
✓ Home nursing	2	<b>\$1,000 per person</b>	<ul style="list-style-type: none"> <li>Initial visit: \$60</li> <li>Subsequent visit: \$60</li> </ul>
✓ Major dental	12	<b>\$2,000 per person</b> combined limit for endodontic, major dental & other services sub-limits apply	<ul style="list-style-type: none"> <li>Surgical tooth extraction: \$168.8</li> <li>Full crown veneered: \$773.8</li> </ul>
✓ Non PBS pharmaceuticals	2	<b>\$600 per person</b> combined limit for non pbs pharmaceuticals & vaccinations	<ul style="list-style-type: none"> <li>Per eligible prescription: \$120</li> </ul>
✓ Occupational therapy	2	<b>\$500 per person</b>	<ul style="list-style-type: none"> <li>Initial visit: \$60</li> <li>Subsequent visit: \$40</li> </ul>
✓ Optical	6	<b>\$350 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>
✓ Orthodontic	12	<b>\$2,500 per person</b>	<ul style="list-style-type: none"> <li>Braces for upper &amp; lower teeth, including removal plus fitting of retainer: 80% of charge</li> </ul>
✓ Orthotics (podiatric orthoses)	2	<b>\$300 per person</b>	<ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: 85% of charge</li> </ul>
✓ Osteopathy	2	<b>\$750 per person up to \$1,500 per policy</b> combined limit for chiropractic, osteopathy & other services	<ul style="list-style-type: none"> <li>Initial visit: \$60</li> <li>Subsequent visit: \$41</li> </ul>
✓ Physiotherapy	2	<b>\$850 per person</b>	<ul style="list-style-type: none"> <li>Initial visit: \$67</li> <li>Subsequent visit: \$52</li> </ul>
✓ Podiatry	2	<b>\$500 per person</b>	<ul style="list-style-type: none"> <li>Initial visit: \$57</li> <li>Subsequent visit: \$44</li> </ul>
✓ Psychology	2	<b>\$600 per person</b>	<ul style="list-style-type: none"> <li>Initial visit: \$110</li> <li>Subsequent visit: \$80</li> </ul>
✓ Remedial massage	2	<b>\$550 per person up to \$1,100 per policy</b> combined limit for acupuncture, chinese medicine, exercise physiology & remedial massage	<ul style="list-style-type: none"> <li>Initial visit: \$38</li> <li>Subsequent visit: \$38</li> </ul>
✓ Speech therapy	2	<b>\$500 per person</b>	<ul style="list-style-type: none"> <li>Initial visit: \$110</li> <li>Subsequent visit: \$55</li> </ul>
✓ Vaccinations	2	<b>\$600 per person</b> combined limit for non pbs pharmaceuticals & vaccinations	<ul style="list-style-type: none"> <li>Per service: \$120</li> </ul>

Other treatments covered include: Laser Eye Surgery (\$1,500 per person per benefit year), Medically Prescribed Appliances (includes Blood Glucose Monitors) (\$700 per person per benefit year), CPAP Devices (\$1,000 per benefit year) and School Accidents (\$800 per person per benefit year). Members can access special offers from any of Navy Health's preferred optical providers: OPSM, Laubman & Pank, Specsavers, Teachers Eye Care, Eyebenefit and Q Optical Network (QON). General treatment benefit year runs from 1 July to 30 June.

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

- ✗ Ante-natal/Post-natal classes
- ✗ Health management / Healthy lifestyle

**Other features of this general treatment cover:** Telehealth services available for Physiotherapy, Psychology, Dietetics and Speech Therapy.

**For further information about this policy see:** <https://navyhealth.com.au/premium-extras-cover>

## 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, or 2 months for pre-existing conditions.

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



**Other features of this ambulance cover:** We cover 100% of the cost of ambulance services within Australia, provided it is provided by a state based run Ambulance service, by either air/sea or land. We do not provide benefits for privately run patient transport services.

**For further information about this policy see:** <https://navyhealth.com.au/premium-extras-cover>

## Insurer Details

**Navy Health Ltd**  
**Premium Extras**

Restricted Insurer

**\$124.44 / month**  
(Before Rebate, Discount & Loading)  
Available in SACall now  **1300 306 289**  
Sponsor link**Navy Health Ltd** <https://navyhealth.com.au/why-navy-health/> [query@navyhealth.com.au](mailto:query@navyhealth.com.au) **1300 306 289**

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Private Health Information Statement is available from the Private Health Insurance Ombudsman website at <https://privatehealth.gov.au/dynamic/Premium/PHIS/NHB/I10/SFDE0D>