



**Navy Health Ltd**  
**Healthy Living Extras**

Restricted Insurer

**\$151.04 / month**  
(Before Rebate, Discount & Loading)  
Available in NT

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

**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/I20/DFFM20

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>\$320 per person up to \$640 per policy</b><br>combined limit for acupuncture, chinese medicine, exercise physiology & remedial massage | <ul style="list-style-type: none"><li>Initial visit: \$32</li><li>Subsequent visit: \$32</li></ul> |
| ✓ Audiology                         | 2  | <b>\$300 per person</b>                                                                                                                    | <ul style="list-style-type: none"><li>Initial visit: \$60</li><li>Subsequent visit: \$40</li></ul> |
| ✓ Blood glucose monitors            | 6  | <b>\$400 per person</b>                                                                                                                    | <ul style="list-style-type: none"><li>Per monitor: 85% of charge</li></ul>                         |
| ✓ Chinese medicine                  | 2  | <b>\$320 per person up to \$640 per policy</b><br>combined limit for acupuncture, chinese medicine, exercise physiology & remedial massage | <ul style="list-style-type: none"><li>Initial visit: \$32</li><li>Subsequent visit: \$32</li></ul> |
| ✓ Chiropractic                      | 2  | <b>\$550 per person up to \$1,100 per policy</b><br>combined limit for chiropractic, osteopathy & other services                           | <ul style="list-style-type: none"><li>Initial visit: \$48</li><li>Subsequent visit: \$35</li></ul> |
| ✓ Dietetics/dietary advice          | 2  | <b>\$300 per person</b>                                                                                                                    | <ul style="list-style-type: none"><li>Initial visit: \$60</li><li>Subsequent visit: \$40</li></ul> |
| ✓ Endodontic                        | 12 | <b>\$1,500 per person</b><br>combined limit for endodontic, major dental & other services<br>sub-limits apply                              | <ul style="list-style-type: none"><li>Filling of one root canal: \$129</li></ul>                   |
| ✓ Exercise physiology               | 2  | <b>\$320 per person up to \$640 per policy</b><br>combined limit for acupuncture, chinese medicine, exercise physiology & remedial massage | <ul style="list-style-type: none"><li>Initial visit: \$32</li><li>Subsequent visit: \$32</li></ul> |

|                                  |    |                                                                                                                                     |                                                                                                                                                              |
|----------------------------------|----|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Eye therapy (orthoptics)       | 2  | \$300 per person                                                                                                                    | <ul style="list-style-type: none"> <li>Initial visit: \$60</li> <li>Subsequent visit: \$35</li> </ul>                                                        |
| ✓ General dental                 | 2  | No annual limit                                                                                                                     | <ul style="list-style-type: none"> <li>Fluoride treatment: \$21</li> <li>Scale &amp; clean: \$68</li> <li>Periodic oral examination: \$42</li> </ul>         |
| ✓ Hearing aids                   | 12 | \$900 per person                                                                                                                    | <ul style="list-style-type: none"> <li>Hearing aid: 100% of charge</li> </ul>                                                                                |
| ✓ Home nursing                   | 2  | \$1,000 per person                                                                                                                  | <ul style="list-style-type: none"> <li>Initial visit: \$60</li> <li>Subsequent visit: \$60</li> </ul>                                                        |
| ✓ Major dental                   | 12 | \$1,500 per person<br>combined limit for endodontic, major dental & other services<br>sub-limits apply                              | <ul style="list-style-type: none"> <li>Surgical tooth extraction: \$135</li> <li>Full crown veneered: \$619</li> </ul>                                       |
| ✓ Non PBS pharmaceuticals        | 2  | \$500 per person<br>combined limit for non pbs pharmaceuticals & vaccinations                                                       | <ul style="list-style-type: none"> <li>Per eligible prescription: \$120</li> </ul>                                                                           |
| ✓ Occupational therapy           | 2  | \$400 per person                                                                                                                    | <ul style="list-style-type: none"> <li>Initial visit: \$45</li> <li>Subsequent visit: \$33</li> </ul>                                                        |
| ✓ Optical                        | 6  | \$260 per person                                                                                                                    | <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 | \$2,000 per person                                                                                                                  | <ul style="list-style-type: none"> <li>Braces for upper &amp; lower teeth, including removal plus fitting of retainer: 70% of charge</li> </ul>              |
| ✓ Orthotics (podiatric orthoses) | 2  | \$200 per person                                                                                                                    | <ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: 85% of charge</li> </ul>                                                                  |
| ✓ Osteopathy                     | 2  | \$550 per person up to \$1,100 per policy<br>combined limit for chiropractic, osteopathy & other services                           | <ul style="list-style-type: none"> <li>Initial visit: \$48</li> <li>Subsequent visit: \$35</li> </ul>                                                        |
| ✓ Physiotherapy                  | 2  | \$600 per person                                                                                                                    | <ul style="list-style-type: none"> <li>Initial visit: \$55</li> <li>Subsequent visit: \$42</li> </ul>                                                        |
| ✓ Podiatry                       | 2  | \$300 per person                                                                                                                    | <ul style="list-style-type: none"> <li>Initial visit: \$45</li> <li>Subsequent visit: \$35</li> </ul>                                                        |
| ✓ Psychology                     | 2  | \$400 per person                                                                                                                    | <ul style="list-style-type: none"> <li>Initial visit: \$90</li> <li>Subsequent visit: \$70</li> </ul>                                                        |
| ✓ Remedial massage               | 2  | \$320 per person up to \$640 per policy<br>combined limit for acupuncture, chinese medicine, exercise physiology & remedial massage | <ul style="list-style-type: none"> <li>Initial visit: \$32</li> <li>Subsequent visit: \$32</li> </ul>                                                        |
| ✓ Speech therapy                 | 2  | \$300 per person                                                                                                                    | <ul style="list-style-type: none"> <li>Initial visit: \$90</li> <li>Subsequent visit: \$40</li> </ul>                                                        |
| ✓ Vaccinations                   | 2  | \$500 per person<br>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 (\$1,200 per person per benefit year), Medically Prescribed Appliances (includes Blood Glucose Monitors) (\$400 per person per benefit year) and CPAP Devices (\$600 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/healthy-living-extras-cover>

## Ambulance cover

In NT 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/healthy-living-extras-cover>

## Insurer Details

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Healthy Living Extras

Restricted Insurer

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Call 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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