

**Navy Health Ltd**

Premium Gold Hospital 750 & Premium Extras

Restricted Insurer**\$409.18 / month**

(Before Rebate, Discount & Loading)

Available in QLD

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: Only one person.**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 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: NHB/J11/QDOZ10**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: You will have to pay an excess of \$750 per admission. This is limited to a maximum of \$750 per person and \$750 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

Receive up to 100% cover at over 490 private hospitals and day facilities, in addition to all recognised public hospitals across Australia. You also have access to Member Health Support Program for home recovery, as well as unlimited ambulance cover Australia-wide, which means you are not required to take out ambulance cover elsewhere.

For further information about this policy see: <https://navyhealth.com.au/Premium-Gold-Hospital-and-Premium-Extras/>

This health insurer does not operate a preferred provider scheme.

Policy ID: NHB/J11/QDOZ10 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 \$550 per policy combined limit for acupuncture, chinese medicine, exercise physiology & remedial massage	<ul style="list-style-type: none">• Initial visit: \$38• Subsequent visit: \$38
✓ Audiology	2 \$500 per policy	<ul style="list-style-type: none">• Initial visit: \$70• Subsequent visit: \$55
✓ Blood glucose monitors	6 \$700 per policy	<ul style="list-style-type: none">• Per monitor: 85% of charge
✓ Chinese medicine	2 \$550 per policy combined limit for acupuncture, chinese medicine, exercise physiology & remedial massage	<ul style="list-style-type: none">• Initial visit: \$38• Subsequent visit: \$38

✓ Chiropractic	2	\$750 per policy combined limit for chiropractic, osteopathy & other services	<ul style="list-style-type: none"> Initial visit: \$60 Subsequent visit: \$41
✓ Dietetics/dietary advice	2	\$500 per policy	<ul style="list-style-type: none"> Initial visit: \$80 Subsequent visit: \$55
✓ Endodontic	12	\$2,000 per policy combined limit for endodontic, major dental & other services sub-limits apply	<ul style="list-style-type: none"> Filling of one root canal: \$161.3
✓ Exercise physiology	2	\$550 per policy combined limit for acupuncture, chinese medicine, exercise physiology & remedial massage	<ul style="list-style-type: none"> Initial visit: \$38 Subsequent visit: \$38
✓ Eye therapy (orthoptics)	2	\$500 per policy	<ul style="list-style-type: none"> Initial visit: \$70 Subsequent visit: \$55
✓ General dental	2	No annual limit	<ul style="list-style-type: none"> Fluoride treatment: \$26.3 Scale & clean: \$84.5 Periodic oral examination: \$47.5
✓ Hearing aids	12	\$1,300 per policy	<ul style="list-style-type: none"> Hearing aid: 100% of charge
✓ Home nursing	2	\$1,000 per policy	<ul style="list-style-type: none"> Initial visit: \$60 Subsequent visit: \$60
✓ Major dental	12	\$2,000 per policy combined limit for endodontic, major dental & other services sub-limits apply	<ul style="list-style-type: none"> Surgical tooth extraction: \$168.8 Full crown veneered: \$773.8
✓ Non PBS pharmaceuticals	2	\$600 per policy combined limit for non pbs pharmaceuticals & vaccinations	<ul style="list-style-type: none"> Per eligible prescription: \$120
✓ Occupational therapy	2	\$500 per policy	<ul style="list-style-type: none"> Initial visit: \$60 Subsequent visit: \$40
✓ Optical	6	\$350 per policy	<ul style="list-style-type: none"> Multi-focal lenses & frames: 100% of charge Single vision lenses & frames: 100% of charge
✓ Orthodontic	12	\$2,500 per policy	<ul style="list-style-type: none"> Braces for upper & lower teeth, including removal plus fitting of retainer: 80% of charge
✓ Orthotics (podiatric orthoses)	2	\$300 per policy	<ul style="list-style-type: none"> Orthotics supply & fit: 85% of charge
✓ Osteopathy	2	\$750 per policy combined limit for chiropractic, osteopathy & other services	<ul style="list-style-type: none"> Initial visit: \$60 Subsequent visit: \$41
✓ Physiotherapy	2	\$850 per policy	<ul style="list-style-type: none"> Initial visit: \$67 Subsequent visit: \$52
✓ Podiatry	2	\$500 per policy	<ul style="list-style-type: none"> Initial visit: \$57 Subsequent visit: \$44

✓ Psychology	2	\$600 per policy	<ul style="list-style-type: none">Initial visit: \$110Subsequent visit: \$80
✓ Remedial massage	2	\$550 per policy combined limit for acupuncture, chinese medicine, exercise physiology & remedial massage	<ul style="list-style-type: none">Initial visit: \$38Subsequent visit: \$38
✓ Speech therapy	2	\$500 per policy	<ul style="list-style-type: none">Initial visit: \$110Subsequent visit: \$55
✓ Vaccinations	2	\$600 per policy combined limit for non pbs pharmaceuticals & vaccinations	<ul style="list-style-type: none">Per service: \$120

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-Gold-Hospital-and-Premium-Extras/>

Ambulance cover

Ambulance cover is provided by the State government for Queensland residents (<https://www.ambulance.qld.gov.au>). This includes cover whilst interstate.

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-Gold-Hospital-and-Premium-Extras/>

Insurer Details

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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

1300 306 289

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