

**Navy Health Ltd****Saver Bronze+ Hospital & Premium Extras****Restricted Insurer****\$403.88 / month**

(Before Rebate, Discount &amp; 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:** One adult & dependants (2 or more people, only one 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 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/J51/QEZE1D****Source:** Private Health Information Statement (PHIS)

## Hospital Cover

Covered

Restricted Cover

Not Covered

**This policy includes cover for**

- |                                                           |                                   |                                                                  |
|-----------------------------------------------------------|-----------------------------------|------------------------------------------------------------------|
| ✓ Blood                                                   | ✓ Eye (not cataracts)             | ✓ Miscarriage and termination of pregnancy                       |
| ✓ Bone, joint and muscle                                  | ✓ Gastrointestinal endoscopy      | ✓ Pain management                                                |
| ✓ Brain and nervous system                                | ✓ Gynaecology                     | ✓ Palliative care                                                |
| ✓ Breast surgery (medically necessary)                    | ✓ Hernia and appendix             | ✓ Plastic and reconstructive surgery (medically necessary)       |
| ✓ Chemotherapy, radiotherapy and immunotherapy for cancer | R Hospital psychiatric services   | ✓ Podiatric surgery (provided by a registered podiatric surgeon) |
| ✓ Dental surgery                                          | ✓ Implantation of hearing devices | R Rehabilitation                                                 |
| ✓ Diabetes management (excluding insulin pumps)           | ✓ Joint reconstructions           | ✓ Skin                                                           |
| ✓ Digestive system                                        | ✓ Kidney and bladder              | ✓ Tonsils, adenoids and grommets                                 |
| ✓ Ear, nose and throat                                    | ✓ Lung and chest                  |                                                                  |
|                                                           | ✓ Male reproductive system        |                                                                  |

**This policy does not include cover for**

- |                                       |                               |                       |
|---------------------------------------|-------------------------------|-----------------------|
| ✗ Assisted reproductive services      | ✗ Heart and vascular system   | ✗ Pregnancy and birth |
| ✗ Back, neck and spine                | ✗ Insulin pumps               | ✗ Sleep studies       |
| ✗ Cataracts                           | ✗ Joint replacements          | ✗ Weight loss surgery |
| ✗ Dialysis for chronic kidney failure | ✗ Pain management with device |                       |

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 of \$500 per admission. This is limited to a maximum of \$500 per person and \$500 per policy per year.

Excess payments do not apply to hospital admissions for dependants.

**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**

If you're young, fit, healthy and looking for simple hospital cover, consider Saver Bronze+ Hospital. It has the services you're usually likely to use – like treatment for accidents, wisdom teeth, knee reconstructions and more. You are also covered for 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/saver-bronze-hospital-and-premium-extras-cover>

This health insurer does not operate a preferred provider scheme.

Policy ID: NHB/J51/QEZE1D 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 person up to \$1,100 per policy<br>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 | \$500 per person                                                                                                                      | <ul style="list-style-type: none"><li>• Initial visit: \$70</li><li>• Subsequent visit: \$55</li></ul> |
| ✓ Blood glucose monitors            | 6 | \$700 per person                                                                                                                      | <ul style="list-style-type: none"><li>• Per monitor: 85% of charge</li></ul>                           |
| ✓ Chinese medicine                  | 2 | \$550 per person up to \$1,100 per policy<br>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 | \$750 per person up to \$1,500 per policy<br>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  | \$500 per person                                                                                                                      | <ul style="list-style-type: none"> <li>Initial visit: \$80</li> <li>Subsequent visit: \$55</li> </ul>                                                        |
| ✓ Endodontic                     | 12 | \$2,000 per person<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: \$161.3</li> </ul>                                                                         |
| ✓ Exercise physiology            | 2  | \$550 per person up to \$1,100 per policy<br>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  | \$500 per person                                                                                                                      | <ul style="list-style-type: none"> <li>Initial visit: \$70</li> <li>Subsequent visit: \$55</li> </ul>                                                        |
| ✓ General dental                 | 2  | No annual limit                                                                                                                       | <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 | \$1,300 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 | \$2,000 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: \$168.8</li> <li>Full crown veneered: \$773.8</li> </ul>                                   |
| ✓ Non PBS pharmaceuticals        | 2  | \$600 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  | \$500 per person                                                                                                                      | <ul style="list-style-type: none"> <li>Initial visit: \$60</li> <li>Subsequent visit: \$40</li> </ul>                                                        |
| ✓ Optical                        | 6  | \$350 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 | \$2,500 per person                                                                                                                    | <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  | \$300 per person                                                                                                                      | <ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: 85% of charge</li> </ul>                                                                  |
| ✓ Osteopathy                     | 2  | \$750 per person up to \$1,500 per policy<br>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  | \$850 per person                                                                                                                      | <ul style="list-style-type: none"> <li>Initial visit: \$67</li> <li>Subsequent visit: \$52</li> </ul>                                                        |
| ✓ Podiatry                       | 2  | \$500 per person                                                                                                                      | <ul style="list-style-type: none"> <li>Initial visit: \$57</li> <li>Subsequent visit: \$44</li> </ul>                                                        |
| ✓ Psychology                     | 2  | \$600 per person                                                                                                                      | <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><br>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><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 (\$1,500 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/saver-bronze-hospital-and-premium-extras-cover>

## 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/saver-bronze-hospital-and-premium-extras-cover>

## Insurer Details

**Navy Health Ltd**

Saver Bronze+ Hospital &amp; Premium Extras

Restricted Insurer

**\$403.88 / month**

(Before Rebate, Discount &amp; Loading)

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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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