



**Navy Health Ltd**  
**Core Silver+ Hospital & Premium Extras**

Restricted Insurer

**\$650.64 / month**  
(Before Rebate, Discount & Loading)  
Available in VIC

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:** 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 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/J61/VEUL20

Source: Private Health Information Statement (PHIS)

## Hospital Cover

✓ Covered

R Restricted Cover

✗ Not Covered

**This policy includes cover for**

- |                                                           |                                   |                                                                  |
|-----------------------------------------------------------|-----------------------------------|------------------------------------------------------------------|
| ✓ Back, neck and spine                                    | ✓ Eye (not cataracts)             | ✓ Miscarriage and termination of pregnancy                       |
| ✓ Blood                                                   | ✓ Gastrointestinal endoscopy      | ✓ Pain management                                                |
| ✓ Bone, joint and muscle                                  | ✓ Gynaecology                     | ✓ Pain management with device                                    |
| ✓ Brain and nervous system                                | ✓ Heart and vascular system       | ✓ 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 | ✓ Rehabilitation                                                 |
| ✓ Diabetes management (excluding insulin pumps)           | ✓ Insulin pumps                   | ✓ Skin                                                           |
| ✓ Digestive system                                        | ✓ Joint reconstructions           | ✓ Sleep studies                                                  |
| ✓ Ear, nose and throat                                    | ✓ Kidney and bladder              | ✓ Tonsils, adenoids and grommets                                 |
|                                                           | ✓ Lung and chest                  |                                                                  |
|                                                           | ✓ Male reproductive system        |                                                                  |

**This policy does not include cover for**

- |                                  |                                       |                       |
|----------------------------------|---------------------------------------|-----------------------|
| ✗ Assisted reproductive services | ✗ Dialysis for chronic kidney failure | ✗ Pregnancy and birth |
| ✗ Cataracts                      | ✗ Joint replacements                  | ✗ Weight loss surgery |

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 \$1000 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**

Core Silver+ Hospital is a hospital policy that offers you a great balance of coverage and price and is perfect for individuals or families with varying health needs. 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/core-silver-hospital-and-premium-extras-cover>

This health insurer does not operate a preferred provider scheme.  
Policy ID: NHB/J61/VEUL20 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  | <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>                                                        |
| ✓ Chiropractic                   | 2  | <b>\$750 per person up to \$1,500 per policy</b><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  | <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><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  | <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>                                                        |
| ✓ 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><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  | <b>\$600 per person</b><br>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><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 | \$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>  |
| ✓ Speech therapy   | 2 | \$500 per person                                                                                                                      | <ul style="list-style-type: none"><li>Initial visit: \$110</li><li>Subsequent visit: \$55</li></ul> |
| ✓ Vaccinations     | 2 | \$600 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 (\$1,500 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/core-silver-hospital-and-premium-extras-cover>

## Ambulance cover

In VIC 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/core-silver-hospital-and-premium-extras-cover>

## Insurer Details

**Navy Health Ltd**

Core Silver+ Hospital &amp; Premium Extras

Restricted Insurer

**\$650.64 / month**

(Before Rebate, Discount &amp; Loading)

Available in VIC

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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