

Private Health Information Statement - Hospital policy

Essentials Hospital Basic Plus 250

Defence Health Limited

<http://www.defencehealth.com.au>

info@defencehealth.com.au

1800 335 425

Monthly Premium

\$212.75[#]

(before any rebate, loading or discount)

Covers one adult & dependants (2 or more people, only one of whom is an adult)

Available in Tasmania

[#] 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 children and other dependants up to and including the age of 20, students up to and including the age of 30, as well as persons with a disability who qualify as a child or other dependant or student in these age ranges.

Membership of this insurer is restricted to current or former members of the ADF and the Defence community and their families.

Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy provides accident cover - check with your insurer for details.

This policy does not provide benefits for travel or accommodation (outside of hospital).

✓ Covered

For information on what is covered under each category, see <https://privatehealth.gov.au/categories>

R Restricted

Restricted categories partially cover your hospital costs as a private patient in a public hospital. You may incur significant expenses in a private room or private hospital.

✗ Not Covered

These categories are not covered by this policy.

This policy ✓ includes cover for

✓ Bone, joint and muscle	✓ Hernia and appendix	R Hospital psychiatric services
✓ Dental surgery	✓ Joint reconstructions	R Palliative care
✓ Gastrointestinal endoscopy	✓ Tonsils, adenoids and grommets	R Rehabilitation

This policy ✗ does not include cover for

✗ Assisted reproductive services	✗ Ear, nose and throat	✗ Miscarriage and termination of pregnancy
✗ Back, neck and spine	✗ Eye (not cataracts)	✗ Pain management
✗ Blood	✗ Gynaecology	✗ Pain management with device
✗ Brain and nervous system	✗ Heart and vascular system	✗ Plastic and reconstructive surgery (medically necessary)
✗ Breast surgery (medically necessary)	✗ Implantation of hearing devices	✗ Podiatric surgery (provided by a registered podiatric surgeon - limited benefits)
✗ Cataracts	✗ Insulin pumps	✗ Pregnancy and birth
✗ Chemotherapy, radiotherapy and immunotherapy for cancer	✗ Joint replacements	✗ Skin
✗ Diabetes management (excluding insulin pumps)	✗ Kidney and bladder	✗ Sleep studies
✗ Dialysis for chronic kidney failure	✗ Lung and chest	✗ 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 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 on admission. This is limited to a maximum of \$250 per person and \$250 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
- 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](#) lets you find out more about the cost of specialist medical services.

Other features of this hospital cover

Access Gap available to reduce or eliminate out of pocket medical costs where the treating doctor, specialist, surgeon, anaesthetist, pathologist or radiologist agrees to use it.

For further information about this policy see

<https://www.defencehealth.com.au/>

Ambulance cover

Ambulance cover is provided by the State government for residents of Tasmania. This may include cover whilst interstate, except for South Australia and Queensland where no cover applies. In other states please check with Ambulance Tasmania - https://www.health.tas.gov.au/ambulance/fees_and_accounts.

Other features of this ambulance cover

Comprehensive cover for ambulance services by state-appointed ambulance providers across Australia. This includes emergency services, non-emergency dispatch, mobile intensive care and air and sea ambulance services. Non-emergency services are those that are classed as clinically necessary; for example, you need to be monitored by a paramedic during transport. Patient transfer services and transport services by Patient Transport vehicles are not ambulance services and are not claimable.

For further information about this policy see

<https://www.defencehealth.com.au/>

Disclaimer

The information contained in this Private Health Information Statement was provided by the insurer and is intended as general information. It may not take into account your particular circumstances. For information please contact the insurer.