Private Health Information Statement - Combined policy

Premium Gold Hospital 200 & Healthy Living Extras

Navy Health Ltd	Monthly Premium	
https://navyhealth.com.au/why-navy-health/ query@navyhealth.com.au 1300 306 289	$361.23 # (before any rebate, loading or discount)	Covers only one person Available in Tasmania Closed to new members

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.

Membership of this insurer is restricted to Cover for the ADF community - serving, ex-serving ADF, employees of contractors to ADF and 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

✓ Assisted reproductive services	✓ Eye (not cataracts)	✓ Miscarriage and termination of pregnancy
✓ Back, neck and spine	✓ Gastrointestinal endoscopy	✓ Pain management
✓ Blood	✓ Gynaecology	✓ Pain management with device
✓ Bone, joint and muscle	✓ Heart and vascular system	✓ Palliative care
✓ Brain and nervous system	✓ Hernia and appendix	✓ Plastic and reconstructive surgery (medically necessary)
✓ Breast surgery (medically necessary)	✓ Hospital psychiatric services	✓ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits)
✓ Cataracts	✓ Implantation of hearing devices	✓ Pregnancy and birth
✓ Chemotherapy, radiotherapy and immunotherapy for cancer	✓ Insulin pumps	✓ Rehabilitation
✓ Dental surgery	✓ Joint reconstructions	✓ Skin
✓ Diabetes management (excluding insulin pumps)	✓ Joint replacements	✓ Sleep studies
✓ Dialysis for chronic kidney failure	✓ Kidney and bladder	✓ Tonsils, adenoids and grommets
✓ Digestive system	✓ Lung and chest	✓ Weight loss surgery
✓ Ear, nose and throat	✓ 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 $200 per admission. This is limited to a maximum of $200 per person and $200 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

Hospital Accommodation

Covered as a private patient in a private hospital for any included services on your policy. Navy Health's cover includes hospital accommodation fees, intensive care fees, theatre fees, and up to 100% of the Medicare Benefits Scheduled fee (MBS) for day admissions or overnight stays.

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

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.

General Treatment Cover

This health insurer does not operate a preferred provider scheme.

This policy ✓ **includes** General treatment (Extras) cover for

Treatment	*Waiting period (months)*	*Benefit limits (per 12 months unless otherwise stated)*	*Examples of maximum benefits*
General dental	2	No annual limit (no limit on preventative dental)	Periodic oral examination - $42.00 Scale & clean - $68.00 Fluoride treatment - $21.00
Major dental	12	$1,500 per policy (combined limit for major dental, endodontic & other services - **Sub-limits apply**)	Surgical tooth extraction - $135.00 Full crown veneered - $619.00
Endodontic	12		Filling of one root canal - $129.00
Orthodontic	12	$2,000 per policy 1 service(s) every 3 years	Braces for upper & lower teeth, including removal plus fitting of retainer - 70% of charge
Optical	6	$260 per policy	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Non PBS pharmaceuticals	2	$500 per policy (combined limit for non pbs pharmaceuticals & vaccinations)	Per eligible prescription - $120.00
Physiotherapy	2	$600 per policy	Initial visit - $55.00 Subsequent visit - $42.00

Chiropractic	2	$550 per policy (combined limit for chiropractic, osteopathy & other services)	Initial visit - $48.00 Subsequent visit - $35.00
Podiatry	2	$300 per policy	Initial visit - $45.00 Subsequent visit - $35.00
Psychology	2	$400 per policy	Initial visit - $90.00 Subsequent visit - $70.00
Acupuncture	2	$320 per policy (combined limit for acupuncture, remedial massage, chinese medicine & exercise physiology)	Initial visit - $32.00 Subsequent visit - $32.00
Remedial massage	2		Initial visit - $32.00 Subsequent visit - $32.00
Hearing aids	12	$900 per policy 1 appliance(s) every 3 years	Hearing aid - 100% of charge
Blood glucose monitors	6	$400 per policy	Per monitor - 85% of charge
Audiology	2	$300 per policy	Initial visit - $60.00 Subsequent visit - $40.00
Chinese medicine	2	Combined limit - see Acupuncture	Initial visit - $32.00 Subsequent visit - $32.00
Dietetics/dietary advice	2	$300 per policy	Initial visit - $60.00 Subsequent visit - $40.00
Exercise physiology	2	Combined limit - see Acupuncture	Initial visit - $32.00 Subsequent visit - $32.00
Eye therapy (orthoptics)	2	$300 per policy	Initial visit - $60.00 Subsequent visit - $35.00
Home nursing	2	$1,000 per policy	Initial visit - $60.00 Subsequent visit - $60.00
Occupational therapy	2	$400 per policy	Initial visit - $45.00 Subsequent visit - $33.00
Orthotics (podiatric orthoses)	2	$200 per policy	Orthotics supply & fit - 85% of charge
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - $48.00 Subsequent visit - $35.00
Speech therapy	2	$300 per policy	Initial visit - $90.00 Subsequent visit - $40.00
Vaccinations	2	Combined limit - see Non PBS pharmaceuticals	Per service - $120.00
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

✗ Other treatments - check with your insurer

Other features of this general treatment cover

Telehealth services available for Physiotherapy, Psychology, Dietetics and Speech Therapy.

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

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.

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.