

## Private Health Information Statement - Combined policy

### Corporate Gold Hospital 200 & Premium Extras

#### Navy Health Ltd

<https://navyhealth.com.au/why-navy-health/>

[query@navyhealth.com.au](mailto:query@navyhealth.com.au)

1300 306 289

#### Monthly Premium

**\$429.93<sup>#</sup>**

(before any rebate, loading or discount)

Covers dependants only (2 or more people, none of whom is an adult)

Available in Queensland

<sup>#</sup> 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 21, students up to and including the age of 31, 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 Cover for the ADF community - serving, ex-serving ADF, employees of contractors to ADF and families.

Employees of selected corporate Department of Defence contractors

### 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](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 \$200 per admission. This is limited to a maximum of \$200 per person and \$200 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

### 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. By paying an excess, you're entitled to a reduced premium, and have the option to claim back a portion of your excess payment. 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/corporate-gold-hospital-premium-extras-cover>

## 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<br>(no limit on preventative dental)  | Periodic oral examination - \$47.50<br>Scale & clean - \$84.50<br>Fluoride treatment - \$26.30 |
| Major dental   | 12                      | \$2,000 per person<br>(combined limit for major dental, endodontic & other services - <b>Sub-limits apply</b> ) | Surgical tooth extraction - \$168.80<br>Full crown veneered - \$773.80                         |
| Endodontic     | 12                      |   | Filling of one root canal - \$161.30   |

|                                |    |   |  |
|--------------------------------|----|---|--|
| Orthodontic                    | 12 | \$2,500 per person<br>1 service(s) every 3 years  | Braces for upper & lower teeth, including removal plus fitting of retainer - 80% of charge     |
| Optical                        | 6  | \$350 per person  | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge |
| Non PBS pharmaceuticals        | 2  | \$600 per person<br>(combined limit for non pbs pharmaceuticals & vaccinations)   | Per eligible prescription - \$120.00   |
| Physiotherapy                  | 2  | \$850 per person  | Initial visit - \$67.00<br>Subsequent visit - \$52.00  |
| Chiropractic                   | 2  | \$750 per person up to \$1,500 per policy<br>(combined limit for chiropractic, osteopathy & other services)                             | Initial visit - \$60.00<br>Subsequent visit - \$41.00  |
| Podiatry                       | 2  | \$500 per person  | Initial visit - \$57.00<br>Subsequent visit - \$44.00  |
| Psychology                     | 2  | \$600 per person  | Initial visit - \$110.00<br>Subsequent visit - \$80.00   |
| Acupuncture                    | 2  | \$550 per person up to \$1,100 per policy<br>(combined limit for acupuncture, remedial massage, chinese medicine & exercise physiology) | Initial visit - \$38.00<br>Subsequent visit - \$38.00  |
| Remedial massage               | 2  |   | Initial visit - \$38.00<br>Subsequent visit - \$38.00  |
| Hearing aids                   | 12 | \$1,300 per person<br>1 appliance(s) every 3 years  | Hearing aid - 100% of charge   |
| Blood glucose monitors         | 6  | \$700 per person  | Per monitor - 85% of charge  |
| Audiology                      | 2  | \$500 per person  | Initial visit - \$70.00<br>Subsequent visit - \$55.00  |
| Chinese medicine               | 2  | Combined limit - see Acupuncture  | Initial visit - \$38.00<br>Subsequent visit - \$38.00  |
| Dietetics/dietary advice       | 2  | \$500 per person  | Initial visit - \$80.00<br>Subsequent visit - \$55.00  |
| Exercise physiology            | 2  | Combined limit - see Acupuncture  | Initial visit - \$38.00<br>Subsequent visit - \$38.00  |
| Eye therapy (orthoptics)       | 2  | \$500 per person  | Initial visit - \$70.00<br>Subsequent visit - \$55.00  |
| Home nursing                   | 2  | \$1,000 per person  | Initial visit - \$60.00<br>Subsequent visit - \$60.00  |
| Occupational therapy           | 2  | \$500 per person  | Initial visit - \$60.00<br>Subsequent visit - \$40.00  |
| Orthotics (podiatric orthoses) | 2  | \$300 per person  | Orthotics supply & fit - 85% of charge   |
| Osteopathy                     | 2  | Combined limit - see Chiropractic   | Initial visit - \$60.00<br>Subsequent visit - \$41.00  |
| Speech therapy                 | 2  | \$500 per person  | Initial visit - \$110.00<br>Subsequent visit - \$55.00   |
| Vaccinations                   | 2  | Combined limit - see Non PBS pharmaceuticals  | Per service - \$120.00   |

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 **X** does not include General treatment (Extras) cover for

**X** Other treatments - check with your insurer

Other features of this general treatment cover

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

For further information about this policy see

[PrivateHealth.gov.au](http://PrivateHealth.gov.au)

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## 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/corporate-gold-hospital-premium-extras-cover>

### 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.