

## Private Health Information Statement - Combined policy

### Saver Bronze+ Hospital & 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

**\$533.94<sup>#</sup>**

(before any rebate, loading or discount)

Covers two adults & dependants (3 or more people, only 2 of whom are adults)

Available in Western Australia

<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.

### 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

✓ 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	✓ Implantation of hearing devices	✓ Podiatric surgery (provided by a registered podiatric surgeon - limited benefits)
✓ Dental surgery	✓ Joint reconstructions	✓ Skin
✓ Diabetes management (excluding insulin pumps)	✓ Kidney and bladder	✓ Tonsils, adenoids and grommets
✓ Digestive system	✓ Lung and chest	R Hospital psychiatric services
✓ Ear, nose and throat	✓ Male reproductive system	R Rehabilitation

#### 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

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.

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. For services that are listed as restricted, you are covered as a private patient in a public hospital. If you are treated in a private hospital for a restricted service, you may be significantly out of pocket. For services that are listed as excluded, no benefits are payable.

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

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>

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 - \$47.50 Scale & clean - \$84.50 Fluoride treatment - \$26.30
Major dental	12	\$2,000 per person (combined limit for major dental, endodontic & other services - <b>Sub-limits apply</b> )	Surgical tooth extraction - \$168.80 Full crown veneered - \$773.80
Endodontic	12		Filling of one root canal - \$161.30

Orthodontic	12	\$2,500 per person 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 Multi-focal lenses & frames - 100% of charge
Non PBS pharmaceuticals	2	\$600 per person (combined limit for non pbs pharmaceuticals & vaccinations)	Per eligible prescription - \$120.00
Physiotherapy	2	\$850 per person	Initial visit - \$67.00 Subsequent visit - \$52.00
Chiropractic	2	\$750 per person up to \$1,500 per policy (combined limit for chiropractic, osteopathy & other services)	Initial visit - \$60.00 Subsequent visit - \$41.00
Podiatry	2	\$500 per person	Initial visit - \$57.00 Subsequent visit - \$44.00
Psychology	2	\$600 per person	Initial visit - \$110.00 Subsequent visit - \$80.00
Acupuncture	2	\$550 per person up to \$1,100 per policy (combined limit for acupuncture, remedial massage, chinese medicine & exercise physiology)	Initial visit - \$38.00 Subsequent visit - \$38.00
Remedial massage	2		Initial visit - \$38.00 Subsequent visit - \$38.00
Hearing aids	12	\$1,300 per person 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 Subsequent visit - \$55.00
Chinese medicine	2	Combined limit - see Acupuncture	Initial visit - \$38.00 Subsequent visit - \$38.00
Dietetics/dietary advice	2	\$500 per person	Initial visit - \$80.00 Subsequent visit - \$55.00
Exercise physiology	2	Combined limit - see Acupuncture	Initial visit - \$38.00 Subsequent visit - \$38.00
Eye therapy (orthoptics)	2	\$500 per person	Initial visit - \$70.00 Subsequent visit - \$55.00
Home nursing	2	\$1,000 per person	Initial visit - \$60.00 Subsequent visit - \$60.00
Occupational therapy	2	\$500 per person	Initial visit - \$60.00 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 Subsequent visit - \$41.00
Speech therapy	2	\$500 per person	Initial visit - \$110.00 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 person 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)

PolicyID: NHB/J51/WEZB2D

Date statement issued: 01 April 2026

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## Ambulance cover

In Western Australia 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/saver-bronze-hospital-and-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.