

# Private Health Information Statement - Hospital policy

| Everyday Hospital Bronze Plus 500                                                                                                                                                                          |                                                                                                   |                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>Defence Health Limited</b><br><a href="http://www.defencehealth.com.au">http://www.defencehealth.com.au</a><br><a href="mailto:info@defencehealth.com.au">info@defencehealth.com.au</a><br>1800 335 425 | <b>Monthly Premium</b><br><b>\$144.96<sup>#</sup></b><br>(before any rebate, loading or discount) | <b>Covers only one person</b><br><b>Available in NSW &amp; ACT</b> |

# You may be entitled to an Australian Government rebate on the above premium. Your premium may also include a Lifetime Health Cover loading, an age-based discount or an insurer discount. Check with your insurer for details.

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

|                                                           |                              |                                                                                     |
|-----------------------------------------------------------|------------------------------|-------------------------------------------------------------------------------------|
| ✓ Back, neck and spine                                    | ✓ Ear, nose and throat       | ✓ Miscarriage and termination of pregnancy                                          |
| ✓ Blood                                                   | ✓ Eye (not cataracts)        | ✓ Pain management                                                                   |
| ✓ Bone, joint and muscle                                  | ✓ Gastrointestinal endoscopy | ✓ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits) |
| ✓ Brain and nervous system                                | ✓ Gynaecology                | ✓ Skin                                                                              |
| ✓ Breast surgery (medically necessary)                    | ✓ Hernia and appendix        | ✓ Sleep studies                                                                     |
| ✓ Chemotherapy, radiotherapy and immunotherapy for cancer | ✓ Joint reconstructions      | ✓ Tonsils, adenoids and grommets                                                    |
| ✓ Dental surgery                                          | ✓ Kidney and bladder         | R Hospital psychiatric services                                                     |
| ✓ Diabetes management (excluding insulin pumps)           | ✓ Lung and chest             | R Palliative care                                                                   |
| ✓ Digestive system                                        | ✓ Male reproductive system   | R Rehabilitation                                                                    |

This policy **✗ does not include** cover for

|                                       |                                   |                                                            |
|---------------------------------------|-----------------------------------|------------------------------------------------------------|
| ✗ Assisted reproductive services      | ✗ Implantation of hearing devices | ✗ Plastic and reconstructive surgery (medically necessary) |
| ✗ Cataracts                           | ✗ Insulin pumps                   | ✗ Pregnancy and birth                                      |
| ✗ Dialysis for chronic kidney failure | ✗ Joint replacements              | ✗ Weight loss surgery                                      |
| ✗ Heart and vascular system           | ✗ Pain management with device     |                                                            |

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 on admission. This is limited to a maximum of \$500 per person and \$500 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. Go to [defencehealth.com.au](https://defencehealth.com.au) or call 1800 335 425 for details.

[For further information about this policy see](#)

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

## Ambulance cover

In NSW & ACT this policy provides:

**Emergency:** Unlimited with a waiting period of 2 months.

**Non-emergency:** Unlimited transport with a waiting period of 2 months.

**Call-out fees:** will be paid for each attendance, including emergency treatment without transport to hospital.

### 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.