

Private Health Information Statement - General treatment policy

Lifestyle Extras

Defence Health Limited  
http://www.defencehealth.com.au  
info@defencehealth.com.au  
1800 335 425

Monthly Premium  
\$72.00 #  
(before any rebate or insurer discount)

Covers only one person  
Available in NSW & ACT

# You may be entitled to an Australian Government rebate on the above premium. Your premium may also include 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.

General Treatment Cover

Visit a network dentist for quality dental care at special member prices. Plus, network optical providers offer no-gap glasses and discounts on other optical purchases up to the optical limit. See <https://www.defencehealth.com.au/Health-Insurance/Find-Providers-and-Hospitals>.

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 - \$37.60<br>Scale & clean - \$70.80<br>Fluoride treatment - \$20.60 |
| Major dental            | 12                      | \$700 per policy<br>(combined limit for major dental & endodontic)                                 | Surgical tooth extraction - \$124.70<br>Full crown veneered - \$700.00                         |
| Endodontic              | 12                      |                                                                                                    | Filling of one root canal - \$117.40                                                           |
| Orthodontic             | 12                      | \$700 per policy                                                                                   | Braces for upper & lower teeth, including removal plus fitting of retainer - \$700.00          |
| Optical                 | 2                       | \$225 per policy                                                                                   | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge |
| Non PBS pharmaceuticals | 2                       | \$150 per policy<br>(combined limit for non pbs pharmaceuticals & vaccinations)                    | Per eligible prescription - \$60.00                                                            |
| Physiotherapy           | 2                       | \$450 per policy<br>(combined limit for physiotherapy & exercise physiology)                       | Initial visit - \$97.00<br>Subsequent visit - \$79.00                                          |
| Chiropractic            | 2                       | \$400 per policy<br>(combined limit for chiropractic & osteopathy)                                 | Initial visit - \$66.00<br>Subsequent visit - \$43.00                                          |
| Podiatry                | 2                       | \$250 per policy<br>(combined limit for podiatry, orthotics (podiatric orthoses) & other services) | Initial visit - \$68.00<br>Subsequent visit - \$55.00                                          |
| Psychology              | 2                       | \$300 per policy<br>(combined limit for psychology & other services)                               | Initial visit - \$200.00<br>Subsequent visit - \$165.00                                        |
| Acupuncture             | 2                       | \$250 per policy<br>(combined limit for acupuncture, remedial massage & other services)            | Initial visit - \$76.00<br>Subsequent visit - \$62.00                                          |
| Remedial massage        | 2                       |                                                                                                    | Initial visit - \$60.00<br>Subsequent visit - \$52.00                                          |
| Hearing aids            | 12                      | \$1,000 per policy                                                                                 | Hearing aid - \$1,000.00                                                                       |

|                                       |    |                                                                                                                                                                              |                                                         |
|---------------------------------------|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| Blood glucose monitors                | 12 | \$300 per policy<br>(combined limit for blood glucose monitors, health management / healthy lifestyle & other services)                                                      | Per monitor - \$50.00                                   |
| Audiology                             | 2  | \$400 per policy<br>(combined limit for audiology, ante-natal/post-natal classes, dietetics/dietary advice, eye therapy (orthoptics), occupational therapy & speech therapy) | Initial visit - \$145.00<br>Subsequent visit - \$115.00 |
| Ante-natal/Post-natal classes         | 2  |                                                                                                                                                                              | Initial visit - \$40.00<br>Subsequent visit - \$40.00   |
| Dietetics/dietary advice              | 2  |                                                                                                                                                                              | Initial visit - \$105.00<br>Subsequent visit - \$68.00  |
| Exercise physiology                   | 2  | Combined limit - see Physiotherapy                                                                                                                                           | Initial visit - \$77.00<br>Subsequent visit - \$54.00   |
| Eye therapy (orthoptics)              | 2  | Combined limit - see Audiology                                                                                                                                               | Initial visit - \$118.00<br>Subsequent visit - \$112.00 |
| Health management / Healthy lifestyle | 2  | Combined limit - see Blood glucose monitors                                                                                                                                  | Health management - \$20.00                             |
| Occupational therapy                  | 2  | Combined limit - see Audiology                                                                                                                                               | Initial visit - \$103.00<br>Subsequent visit - \$81.00  |
| Orthotics (podiatric orthoses)        | 12 | Combined limit - see Podiatry                                                                                                                                                | Orthotics supply & fit - \$100.00                       |
| Osteopathy                            | 2  | Combined limit - see Chiropractic                                                                                                                                            | Initial visit - \$80.00<br>Subsequent visit - \$65.00   |
| Speech therapy                        | 2  | Combined limit - see Audiology                                                                                                                                               | Initial visit - \$155.00<br>Subsequent visit - \$91.00  |
| Vaccinations                          | 2  | Combined limit - see Non PBS pharmaceuticals                                                                                                                                 | Per service - \$60.00                                   |

Myotherapy added to a combined Remedial Massage and Acupuncture limit, with initial consultation up to \$68, subsequent consultation up to \$58. Group Physiotherapy sessions up to \$29 and Group Exercise Physiology sessions up to \$18, both part of combined Physiotherapy and Exercise Physiology limit. Benefits covered for Online Cognitive Behavioural Therapy Courses, up to \$50 per course combined with Psychology limit. Tests & Programs benefits for Nicotine Replacement and Quit Smoking Programs up to \$45 sharing a combined limit with Blood Glucose Monitors (Medically Prescribed Devices) with benefits for Blood Pressure Monitor up to \$50, Tens Machine up to \$80, Compression Garments up to \$60. Benefits payable for Private Hospital Emergency Department services up to \$100 payable towards any attendance or facility fees charged by the Private Hospital where the member has attended a Private Accident and Emergency Department. Accredited Counsellors and Mental Health Social Workers are included as approved providers under Psychology, refer to Product Guides for further information.

This policy **✗ does not include** General treatment (Extras) cover for

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

### Other features of this general treatment cover

Myotherapy grouped with combined Acupuncture and Remedial massage limit. Benefits covered for Online Cognitive Behavioural Therapy Courses are under Psychology limit. Tests and Programs, Blood pressure monitors, TENS machines and compression garments are grouped with Blood glucose monitors. Private Hospital Emergency Department Benefit up to \$100.

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

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

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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.