

Private Health Information Statement - General treatment policy

**Standard Extras**

**Defence Health Limited**  
<http://www.defencehealth.com.au>  
[info@defencehealth.com.au](mailto:info@defencehealth.com.au)  
1800 335 425

**Monthly Premium**  
**\$56.28 #**  
(before any rebate or insurer discount)

Covers one adult & dependants (2 or more people, only one of whom is an adult)  
  
Available in All States  
Closed to new members

# 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.

This policy covers children and other dependants up to and including the age of 20, students up to and including the age of 30, 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 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                       | \$400 per person<br>(combined limit for general dental, major dental, endodontic & orthodontic)                  | Periodic oral examination - \$30.00<br>Scale & clean - \$55.00<br>Fluoride treatment - \$14.80 |
| Major dental                                                                                                                                                                                                  | 12                      |                                                                                                                  | Surgical tooth extraction - \$81.60<br>Full crown veneered - \$400.00                          |
| Endodontic                                                                                                                                                                                                    | 12                      |                                                                                                                  | Filling of one root canal - \$121.90                                                           |
| Orthodontic                                                                                                                                                                                                   | 12                      |                                                                                                                  | Braces for upper & lower teeth, including removal plus fitting of retainer - \$400.00          |
| Optical                                                                                                                                                                                                       | 2                       | \$150 per person                                                                                                 | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge |
| Non PBS pharmaceuticals                                                                                                                                                                                       | 2                       | \$250 per person                                                                                                 | Per eligible prescription - \$50.00                                                            |
| Physiotherapy                                                                                                                                                                                                 | 2                       | \$450 per person<br>(combined limit for physiotherapy, chiropractic, ante-natal/post-natal classes & osteopathy) | Initial visit - \$30.00<br>Subsequent visit - \$22.00                                          |
| Chiropractic                                                                                                                                                                                                  | 2                       |                                                                                                                  | Initial visit - \$30.00<br>Subsequent visit - \$22.00                                          |
| Acupuncture                                                                                                                                                                                                   | 2                       | \$150 per person<br>(combined limit for acupuncture, remedial massage & other services)                          | Initial visit - \$19.00<br>Subsequent visit - \$15.00                                          |
| Remedial massage                                                                                                                                                                                              | 2                       |                                                                                                                  | Initial visit - \$19.00<br>Subsequent visit - \$15.00                                          |
| Ante-natal/Post-natal classes                                                                                                                                                                                 | 2                       | Combined limit - see Physiotherapy                                                                               | Initial visit - \$10.00<br>Subsequent visit - \$10.00                                          |
| Osteopathy                                                                                                                                                                                                    | 2                       | Combined limit - see Physiotherapy                                                                               | Initial visit - \$30.00<br>Subsequent visit - \$22.00                                          |
| Vaccinations                                                                                                                                                                                                  | 2                       | \$250 per person                                                                                                 | Per service - \$50.00                                                                          |
| Health and Wellbeing annual limit \$150 includes: Acupuncture, Remedial Massage, Myotherapy - initial consultation: \$19.00, subsequent consultation: \$15.00, and Group Physiotherapy - \$10.00 per session. |                         |                                                                                                                  |                                                                                                |

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

|                                 |                     |                                                     |
|---------------------------------|---------------------|-----------------------------------------------------|
| <b>X</b> Blood glucose monitors | <b>X</b> Podiatry   | <b>X</b> Other treatments - check with your insurer |
| <b>X</b> Hearing aids           | <b>X</b> Psychology |                                                     |

#### Other features of this general treatment cover

All benefits are per person. Benefits reset on 1 July each year. Details and claim conditions are provided in product guides available at [defencehealth.com.au](https://www.defencehealth.com.au) or 1800 335 425.

For further information about this policy see

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

## Ambulance cover

In All States 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.

State schemes provide ambulance services for residents of Tasmania

([https://www.health.tas.gov.au/ambulance/fees\\_and\\_accounts](https://www.health.tas.gov.au/ambulance/fees_and_accounts)) and Queensland (<https://www.ambulance.qld.gov.au/>).

#### 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.