

Private Health Information Statement - General treatment policy

**Value Extras**

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

**Monthly Premium**  
**\$192.73<sup>#</sup>**  
(before any rebate or insurer discount)

Covers two adults & dependants,  
including non-student dependants  
(3 or more people, only 2 of whom  
are adults)  
**Available in South Australia**

# 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, students up to and including the age of 30 and non-students up to and including the age of 30, as well as persons with a disability who qualify as a child, student or non-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

This policy can only be purchased with certain hospital policies.

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                      | \$900 per person<br>(combined limit for major dental & endodontic)                                                                                                                                                      | Surgical tooth extraction - \$124.70<br>Full crown veneered - \$801.60                         |
| Endodontic              | 12                      |                                                                                                                                                                                                                         | Filling of one root canal - \$117.40                                                           |
| Orthodontic             | 12                      | \$800 per person                                                                                                                                                                                                        | Braces for upper & lower teeth, including removal plus fitting of retainer - \$800.00          |
| Optical                 | 2                       | \$255 per person                                                                                                                                                                                                        | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge |
| Non PBS pharmaceuticals | 2                       | \$400 per person<br>(combined limit for non pbs pharmaceuticals, vaccinations & other services)                                                                                                                         | Per eligible prescription - \$80.00                                                            |
| Physiotherapy           | 2                       | \$600 per person                                                                                                                                                                                                        | Initial visit - \$52.00<br>Subsequent visit - \$39.00                                          |
| Chiropractic            | 2                       | \$550 per person<br>(combined limit for chiropractic & osteopathy)                                                                                                                                                      | Initial visit - \$45.00<br>Subsequent visit - \$32.00                                          |
| Podiatry                | 2                       | \$900 per person<br>(combined limit for podiatry, psychology, audiology, ante-natal/post-natal classes, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), occupational therapy & speech therapy) | Initial visit - \$45.00<br>Subsequent visit - \$32.00                                          |
| Psychology              | 2                       |                                                                                                                                                                                                                         | Initial visit - \$87.00<br>Subsequent visit - \$72.00                                          |
| Acupuncture             | 2                       | \$300 per person<br>(combined limit for acupuncture, remedial massage, health management / healthy lifestyle & other services)                                                                                          | Initial visit - \$31.00<br>Subsequent visit - \$27.00                                          |
| Remedial massage        | 2                       |                                                                                                                                                                                                                         | Initial visit - \$31.00<br>Subsequent visit - \$27.00                                          |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Hearing aids                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 12 | \$1,000 per person<br>(combined limit for hearing aids, blood glucose monitors & other services - <b>Sub-limits apply</b> ) | Hearing aid - \$1,000.00                              |
| Blood glucose monitors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 12 |                                                                                                                             | Per monitor - \$400.00                                |
| Audiology                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2  | Combined limit - see Podiatry                                                                                               | Initial visit - \$69.00<br>Subsequent visit - \$47.00 |
| Ante-natal/Post-natal classes                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2  | Combined limit - see Podiatry                                                                                               | Initial visit - \$30.00<br>Subsequent visit - \$30.00 |
| Dietetics/dietary advice                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2  | Combined limit - see Podiatry                                                                                               | Initial visit - \$57.00<br>Subsequent visit - \$31.00 |
| Exercise physiology                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2  | Combined limit - see Podiatry                                                                                               | Initial visit - \$29.00<br>Subsequent visit - \$23.00 |
| Eye therapy (orthoptics)                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2  | Combined limit - see Podiatry                                                                                               | Initial visit - \$62.00<br>Subsequent visit - \$42.00 |
| Health management / Healthy lifestyle                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2  | Combined limit - see Acupuncture                                                                                            | Health management - \$100.00                          |
| Occupational therapy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2  | Combined limit - see Podiatry                                                                                               | Initial visit - \$72.00<br>Subsequent visit - \$42.00 |
| Osteopathy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2  | Combined limit - see Chiropractic                                                                                           | Initial visit - \$45.00<br>Subsequent visit - \$32.00 |
| Speech therapy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2  | Combined limit - see Podiatry                                                                                               | Initial visit - \$92.00<br>Subsequent visit - \$47.00 |
| Vaccinations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2  | Combined limit - see Non PBS pharmaceuticals                                                                                | Per service - \$80.00                                 |
| Health and Wellbeing annual limit \$300 includes: Acupuncture, Remedial Massage, Health Management, Myotherapy - initial consultation: \$31.00, subsequent consultation: \$27.00, Group Physiotherapy - \$18.00 per session and Group Exercise Physiology - \$13.00 per session. Also covers: School accident - annual limit: \$600. Health appliances limit also includes: Orthopaedic shoes – sub-limit: \$250; Nebuliser – sub-limit: \$250 every three financial years; Spacer – sub-limit: \$250. |    |                                                                                                                             |                                                       |

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

No lifetime limit on orthodontics. All benefits are per person. Benefits reset on 1 July each year. Details and claim conditions are in product guides available at [defencehealth.com.au](https://www.defencehealth.com.au)

For further information about this policy see

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

## Ambulance cover

In South Australia 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.