

# Private Health Information Statement - Combined policy

| ADF Total Package Gold 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>\$275.69<sup>#</sup></b><br>(before any rebate, loading or discount) | <b>Covers only one person</b><br><b>Available in Tasmania</b> |

<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.

Membership of this insurer is restricted to current or former members of the ADF and the Defence community and their families.

Permanent ADF and active Reservists, partners and dependent children

## 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>
-  **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

|                                                                                                                                            |                                                                                                                     |                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  Assisted reproductive services                          |  Eye (not cataracts)             |  Miscarriage and termination of pregnancy                                          |
|  Back, neck and spine                                    |  Gastrointestinal endoscopy      |  Pain management                                                                   |
|  Blood                                                   |  Gynaecology                     |  Pain management with device                                                       |
|  Bone, joint and muscle                                  |  Heart and vascular system       |  Palliative care                                                                   |
|  Brain and nervous system                                |  Hernia and appendix             |  Plastic and reconstructive surgery (medically necessary)                          |
|  Breast surgery (medically necessary)                    |  Hospital psychiatric services   |  Podiatric surgery (provided by a registered podiatric surgeon – limited benefits) |
|  Cataracts                                               |  Implantation of hearing devices |  Pregnancy and birth                                                               |
|  Chemotherapy, radiotherapy and immunotherapy for cancer |  Insulin pumps                   |  Rehabilitation                                                                    |
|  Dental surgery                                          |  Joint reconstructions           |  Skin                                                                              |
|  Diabetes management (excluding insulin pumps)           |  Joint replacements              |  Sleep studies                                                                     |
|  Dialysis for chronic kidney failure                     |  Kidney and bladder              |  Tonsils, adenoids and grommets                                                    |
|  Digestive system                                        |  Lung and chest                  |  Weight loss surgery                                                               |
|  Ear, nose and throat                                    |  Male reproductive system        |                                                                                                                                                                       |

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
- 12 months for pregnancy and birth (obstetrics)
- 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

Includes home nursing, midwifery and a range of health programs. 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/>

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 - \$71.40<br>Fluoride treatment - \$21.20 |
| Major dental            | 12                      | \$950 per policy<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 policy                                                                                | Braces for upper & lower teeth, including removal plus fitting of retainer - \$800.00          |
| Optical                 | 2                       | \$255 per policy                                                                                | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge |
| Non PBS pharmaceuticals | 2                       | \$400 per policy<br>(combined limit for non pbs pharmaceuticals, vaccinations & other services) | Per eligible prescription - \$80.00                                                            |
| Physiotherapy           | 2                       | \$850 per policy                                                                                | Initial visit - \$59.00<br>Subsequent visit - \$41.00                                          |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| Chiropractic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2  | \$750 per policy<br>(combined limit for chiropractic & osteopathy)                                                                                                                                                        | Initial visit - \$47.00<br>Subsequent visit - \$33.00  |
| Podiatry                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2  | \$1,000 per policy<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 - \$47.00<br>Subsequent visit - \$33.00  |
| Psychology                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2  |                                                                                                                                                                                                                           | Initial visit - \$102.00<br>Subsequent visit - \$77.00 |
| Acupuncture                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2  | \$300 per policy<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  |
| Hearing aids                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 12 | \$1,000 per policy<br>(combined limit for hearing aids, blood glucose monitors, orthotics (podiatric orthoses) & other services)                                                                                          | Hearing aid - \$1,000.00                               |
| Blood glucose monitors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 12 |                                                                                                                                                                                                                           | Per monitor - \$400.00                                 |
| Audiology                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2  | Combined limit - see Podiatry                                                                                                                                                                                             | Initial visit - \$72.00<br>Subsequent visit - \$52.00  |
| Ante-natal/Post-natal classes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2  | Combined limit - see Podiatry                                                                                                                                                                                             | Initial visit - \$40.00<br>Subsequent visit - \$40.00  |
| Dietetics/dietary advice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2  | Combined limit - see Podiatry                                                                                                                                                                                             | Initial visit - \$59.00<br>Subsequent visit - \$33.00  |
| Exercise physiology                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2  | Combined limit - see Podiatry                                                                                                                                                                                             | Initial visit - \$30.00<br>Subsequent visit - \$24.00  |
| Eye therapy (orthoptics)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2  | Combined limit - see Podiatry                                                                                                                                                                                             | Initial visit - \$65.00<br>Subsequent visit - \$45.00  |
| Health management / Healthy lifestyle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2  | Combined limit - see Acupuncture                                                                                                                                                                                          | Health management - \$120.00                           |
| Occupational therapy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2  | Combined limit - see Podiatry                                                                                                                                                                                             | Initial visit - \$85.00<br>Subsequent visit - \$45.00  |
| Orthotics (podiatric orthoses)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 12 | Combined limit - see Hearing aids                                                                                                                                                                                         | Orthotics supply & fit - \$300.00                      |
| Osteopathy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2  | Combined limit - see Chiropractic                                                                                                                                                                                         | Initial visit - \$47.00<br>Subsequent visit - \$33.00  |
| Speech therapy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2  | Combined limit - see Podiatry                                                                                                                                                                                             | Initial visit - \$107.00<br>Subsequent visit - \$52.00 |
| Vaccinations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2  | Combined limit - see Non PBS pharmaceuticals                                                                                                                                                                              | Per service - \$80.00                                  |
| Health and Wellbeing annual limit \$300 includes: Acupuncture, Remedial Massage, Myotherapy - initial consultation: \$31.00, subsequent consultation: \$27.00, Group Physiotherapy - \$20.00 per session, Group Exercise Physiology \$14.00 per session and Health Management. Also includes cover for Laser Refractive Eye Surgery - annual limit: \$1,000 every two financial years; School Accident - annual limit: \$600. Health appliances limit also includes: Orthopaedic Shoes – sub-limit: \$300; Nebuliser – sub-limit: \$300 every three financial years; Spacer – sub-limit: \$300. |    |                                                                                                                                                                                                                           |                                                        |

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://defencehealth.com.au)

For further information about this policy see

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

## Ambulance cover

Ambulance cover is provided by the State government for residents of Tasmania. This may include cover whilst interstate, except for South Australia and Queensland where no cover applies. In other states please check with Ambulance Tasmania - [https://www.health.tas.gov.au/ambulance/fees and accounts](https://www.health.tas.gov.au/ambulance/fees%20and%20accounts).

### Other features of this ambulance cover

[PrivateHealth.gov.au](https://www.privatehealth.gov.au)

PolicyID: AHB/J17/TINB10

Date statement updated: 02 October 2025

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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.