

Private Health Information Statement - Hospital policy

Public Hospital Basic Plus		
Defence Health Limited http://www.defencehealth.com.au info@defencehealth.com.au 1800 335 425	Monthly Premium \$280.10[#] (before any rebate, loading or discount)	Covers 2 adults (and no-one else) Available in South Australia Closed to new members

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.

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

R Assisted reproductive services	R Eye (not cataracts)	R Miscarriage and termination of pregnancy
R Back, neck and spine	R Gastrointestinal endoscopy	R Pain management
R Blood	R Gynaecology	R Pain management with device
R Bone, joint and muscle	R Heart and vascular system	R Palliative care
R Brain and nervous system	R Hernia and appendix	R Plastic and reconstructive surgery (medically necessary)
R Breast surgery (medically necessary)	R Hospital psychiatric services	R Podiatric surgery (provided by a registered podiatric surgeon – limited benefits)
R Cataracts	R Implantation of hearing devices	R Pregnancy and birth
R Chemotherapy, radiotherapy and immunotherapy for cancer	R Insulin pumps	R Rehabilitation
R Dental surgery	R Joint reconstructions	R Skin
R Diabetes management (excluding insulin pumps)	R Joint replacements	R Sleep studies
R Dialysis for chronic kidney failure	R Kidney and bladder	R Tonsils, adenoids and grommets
R Digestive system	R Lung and chest	R Weight loss surgery
R Ear, nose and throat	R 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 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: No excess

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

[Hospital Accommodation](#)

We pay the minimum benefit set by the government towards hospital accommodation. If you elect to be admitted as a private patient this minimum benefit is equivalent to the cost of a shared room in a public hospital, meaning you will incur an out-of-pocket cost for a private room. If you're treated in a private hospital, you are likely to incur substantial out-of-pocket costs as the minimum benefit will not cover the costs of the private hospital.

[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 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. Full details are provided in product guides available at defencehealth.com.au or 1800 335 425.

[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.