

Private Health Information Statement - Hospital policy

Defence Hospital Bronze Plus

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

Monthly Premium
\$130.00 #
(before any rebate, loading or discount)

Covers only one person
Available in Tasmania

You may be entitled to an Australian Government rebate on the above premium. Your premium may also include a Lifetime Health Cover loading, an age-based discount 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.

Members of the ADF, Reservists, Ex-serving, their immediate families and Defence corporate employees

Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy provides accident cover and benefits for travel or accommodation (outside of hospital) - check with your insurer for details.

 **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

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

This policy  **does not include** cover for

 Assisted reproductive services	 Heart and vascular system	 Pain management with device
 Cataracts	 Insulin pumps	 Pregnancy and birth

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: You will have to pay an excess on admission. This is limited to a maximum of \$750 per person and \$750 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
- 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

Access Gap available to reduce or eliminate out of pocket medical costs where the treating doctor, specialist, surgeon, anesthetist, pathologist or radiologist agrees to use it. Go to defencehealth.com.au or call 1800 335 425 for details.

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.

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.