

Private Health Information Statement - General treatment policy

Premium Extras

Navy Health Ltd

<https://navyhealth.com.au/why-navy-health/>

query@navyhealth.com.au

1300 306 289

Monthly Premium

\$250.12[#]

(before any rebate or insurer discount)

Covers 2 adults (and no-one else)

Available in Queensland

[#] 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.

Membership of this insurer is restricted to Cover for the ADF community - serving, ex-serving ADF, employees of contractors to ADF and families.

General Treatment Cover

This health insurer does not operate a preferred provider scheme.

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 (no limit on preventative dental) | Periodic oral examination - \$47.50 Scale & clean - \$84.50 Fluoride treatment - \$26.30 |
| Major dental | 12 | \$2,000 per person (combined limit for major dental, endodontic & other services - Sub-limits apply) | Surgical tooth extraction - \$168.80 Full crown veneered - \$773.80 |
| Endodontic | 12 | | Filling of one root canal - \$161.30 |
| Orthodontic | 12 | \$2,500 per person 1 service(s) every 3 years | Braces for upper & lower teeth, including removal plus fitting of retainer - 80% of charge |
| Optical | 6 | \$350 per person | Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge |
| Non PBS pharmaceuticals | 2 | \$600 per person (combined limit for non pbs pharmaceuticals & vaccinations) | Per eligible prescription - \$120.00 |
| Physiotherapy | 2 | \$850 per person | Initial visit - \$67.00 Subsequent visit - \$52.00 |
| Chiropractic | 2 | \$750 per person up to \$1,500 per policy (combined limit for chiropractic, osteopathy & other services) | Initial visit - \$60.00 Subsequent visit - \$41.00 |
| Podiatry | 2 | \$500 per person | Initial visit - \$57.00 Subsequent visit - \$44.00 |
| Psychology | 2 | \$600 per person | Initial visit - \$110.00 Subsequent visit - \$80.00 |
| Acupuncture | 2 | \$550 per person up to \$1,100 per policy (combined limit for acupuncture, remedial massage, chinese medicine & exercise physiology) | Initial visit - \$38.00 Subsequent visit - \$38.00 |
| Remedial massage | 2 | | Initial visit - \$38.00 Subsequent visit - \$38.00 |
| Hearing aids | 12 | \$1,300 per person 1 appliance(s) every 3 years | Hearing aid - 100% of charge |
| Blood glucose monitors | 6 | \$700 per person | Per monitor - 85% of charge |
| Audiology | 2 | \$500 per person | Initial visit - \$70.00 Subsequent visit - \$55.00 |

| | | | |
|--------------------------------|---|--|--|
| Chinese medicine | 2 | Combined limit - see Acupuncture | Initial visit - \$38.00 Subsequent visit - \$38.00 |
| Dietetics/dietary advice | 2 | \$500 per person | Initial visit - \$80.00 Subsequent visit - \$55.00 |
| Exercise physiology | 2 | Combined limit - see Acupuncture | Initial visit - \$38.00 Subsequent visit - \$38.00 |
| Eye therapy (orthoptics) | 2 | \$500 per person | Initial visit - \$70.00 Subsequent visit - \$55.00 |
| Home nursing | 2 | \$1,000 per person | Initial visit - \$60.00 Subsequent visit - \$60.00 |
| Occupational therapy | 2 | \$500 per person | Initial visit - \$60.00 Subsequent visit - \$40.00 |
| Orthotics (podiatric orthoses) | 2 | \$300 per person | Orthotics supply & fit - 85% of charge |
| Osteopathy | 2 | Combined limit - see Chiropractic | Initial visit - \$60.00 Subsequent visit - \$41.00 |
| Speech therapy | 2 | \$500 per person | Initial visit - \$110.00 Subsequent visit - \$55.00 |
| Vaccinations | 2 | Combined limit - see Non PBS pharmaceuticals | Per service - \$120.00 |

Other treatments covered include: Laser Eye Surgery (\$1,500 per person per benefit year), Medically Prescribed Appliances (includes Blood Glucose Monitors) (\$700 per person per benefit year), CPAP Devices (\$1,000 per benefit year) and School Accidents (\$800 per person per benefit year). Members can access special offers from any of Navy Health's preferred optical providers: OPSM, Laubman & Pank, Specsavers, Teachers Eye Care, Eyebenefit and Q Optical Network (QON). General treatment benefit year runs from 1 July to 30 June.

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

Telehealth services available for Physiotherapy, Psychology, Dietetics and Speech Therapy.

For further information about this policy see

<https://navyhealth.com.au/premium-extras-cover>

Ambulance cover

Ambulance cover is provided by the State government for Queensland residents (<https://www.ambulance.qld.gov.au/>). This includes cover whilst interstate.

Other features of this ambulance cover

We cover 100% of the cost of ambulance services within Australia, provided it is provided by a state based run Ambulance service, by either air/sea or land. We do not provide benefits for privately run patient transport services.

For further information about this policy see

<https://navyhealth.com.au/premium-extras-cover>

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.