

## Private Health Information Statement - General treatment policy

### Healthy Living Extras

#### Navy Health Ltd

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

[query@navyhealth.com.au](mailto:query@navyhealth.com.au)

1300 306 289

#### Monthly Premium

**\$113.31<sup>#</sup>**

(before any rebate or insurer discount)

Covers one adult & dependants (2 or more people, only one of whom is an adult)

Available in Western Australia

<sup>#</sup> 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 and other dependants up to and including the age of 21, students up to and including the age of 31, as well as persons with a disability who qualify as a child or other dependant or student in these age ranges.

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 - \$42.00 Scale & clean - \$68.00 Fluoride treatment - \$21.00
Major dental	12	\$1,500 per person (combined limit for major dental, endodontic & other services - <b>Sub-limits apply</b> )	Surgical tooth extraction - \$135.00 Full crown veneered - \$619.00
Endodontic	12		Filling of one root canal - \$129.00
Orthodontic	12	\$2,000 per person 1 service(s) every 3 years	Braces for upper & lower teeth, including removal plus fitting of retainer - 70% of charge
Optical	6	\$260 per person	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Non PBS pharmaceuticals	2	\$500 per person (combined limit for non pbs pharmaceuticals & vaccinations)	Per eligible prescription - \$120.00
Physiotherapy	2	\$600 per person	Initial visit - \$55.00 Subsequent visit - \$42.00
Chiropractic	2	\$550 per person up to \$1,100 per policy (combined limit for chiropractic, osteopathy & other services)	Initial visit - \$48.00 Subsequent visit - \$35.00
Podiatry	2	\$300 per person	Initial visit - \$45.00 Subsequent visit - \$35.00
Psychology	2	\$400 per person	Initial visit - \$90.00 Subsequent visit - \$70.00
Acupuncture	2	\$320 per person up to \$640 per policy (combined limit for acupuncture, remedial massage, chinese medicine & exercise physiology)	Initial visit - \$32.00 Subsequent visit - \$32.00
Remedial massage	2		Initial visit - \$32.00 Subsequent visit - \$32.00
Hearing aids	12	\$900 per person 1 appliance(s) every 3 years	Hearing aid - 100% of charge
Blood glucose monitors	6	\$400 per person	Per monitor - 85% of charge

Audiology	2	\$300 per person	Initial visit - \$60.00 Subsequent visit - \$40.00
Chinese medicine	2	Combined limit - see Acupuncture	Initial visit - \$32.00 Subsequent visit - \$32.00
Dietetics/dietary advice	2	\$300 per person	Initial visit - \$60.00 Subsequent visit - \$40.00
Exercise physiology	2	Combined limit - see Acupuncture	Initial visit - \$32.00 Subsequent visit - \$32.00
Eye therapy (orthoptics)	2	\$300 per person	Initial visit - \$60.00 Subsequent visit - \$35.00
Home nursing	2	\$1,000 per person	Initial visit - \$60.00 Subsequent visit - \$60.00
Occupational therapy	2	\$400 per person	Initial visit - \$45.00 Subsequent visit - \$33.00
Orthotics (podiatric orthoses)	2	\$200 per person	Orthotics supply & fit - 85% of charge
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - \$48.00 Subsequent visit - \$35.00
Speech therapy	2	\$300 per person	Initial visit - \$90.00 Subsequent visit - \$40.00
Vaccinations	2	Combined limit - see Non PBS pharmaceuticals	Per service - \$120.00

Other treatments covered include: Laser Eye Surgery (\$1,200 per person per benefit year), Medically Prescribed Appliances (includes Blood Glucose Monitors) (\$400 per person per benefit year) and CPAP Devices (\$600 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/healthy-living-extras-cover>

### Ambulance cover

In Western Australia this policy provides:

**Emergency:** Unlimited with a waiting period of 2 months.

**Non-emergency:** Unlimited transport with a waiting period of 2 months, or 2 months for pre-existing conditions.

**Call-out fees:** will be paid for each attendance, including emergency treatment without transport to hospital.

### 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/healthy-living-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.