

Premier Extras Product Guide

Effective from 1 July 2022

Subject to change.



PREMIUM EXTRAS FOR PEOPLE WHO WANT THE BEST

All-in extras to support all-in people.

Annual limits apply from 1 July.

Please read 'Things you need to know about extras' before having treatment or call us if you have any questions about out-of-pocket expenses.

Dental

Dental network

Visit a network dentist for quality dental care at special member prices. Receive no-gap on your annual scale and clean at participating network dentists – Limit to two per person per financial year. Visit defencehealth.com.au/dental for more information.

General and preventive dental

2 Month waiting period **Annual limit – \$ Unlimited**

Periodic oral exam (O12)	Up to \$45.00
Removal of calculus (114)	Up to \$84.00
Bitewing x-ray (O22)	Up to \$27.00
Adhesive filling to one surface of a rear tooth (531)	Up to \$94.60

Dependent children can get one custom-fitted mouthguard (items 151 and 153 only) 100% covered each financial year.

Major dental

12 Month waiting period **Annual limit – \$1100 per person**

Surgical tooth removal (324)	Up to \$213.60
Root canal obturation (417)	Up to \$149.20
Veneer indirect (556)	Up to \$652.20
Full crown – veneer indirect (615)	Up to \$1011.20
Endosseous implant (688)	Up to \$1100.00

Orthodontics

12 Month waiting period **Annual limit – \$1000 per person**

Orthodontic treatment	Up to \$1000
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There is no lifetime limit on orthodontic treatment. Benefits are payable on proof of payment for treatment during the financial year.

Some dental items are limited in the number of times they can be claimed in a year or appointment. Some are not payable in combination with others. And some may not attract a benefit at all. Check your available limits by logging onto your Online Member Services account, at defencehealth.com.au/members

Ambulance treatment

2 Month waiting period **Annual limit – \$ Unlimited**

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.

Transport services between hospitals, repatriation to or from a state for non-clinically necessary reasons, or services by patient transport vehicles are not claimable.

Optical

2 Month waiting period **Annual limit – \$300 per person**

Optical network

Our optical network providers have extensive ranges of no-gap glasses and 100% back on eligible items available up to your annual limit. Plus, receive discounts on in-store contact lenses and other optical add-ons. Visit defencehealth.com.au/optical for more information.

Non-network providers

Single vision lenses	Up to \$100
Ground single vision lenses	Up to \$105
Bi-focal lenses	Up to \$115
Multi-focal lenses	Up to \$175
Frames/repairs	Up to \$125
Contact lenses	Up to \$200

All optical claims must include a sight correcting script.

Health and wellbeing

2 Month waiting period **Annual limit – \$400 per person**

Remedial massage, acupuncture and myotherapy

Initial consultation	Up to \$39
Subsequent consultation	Up to \$35

Group physiotherapy

Group therapy sessions and classes	Up to \$25
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Includes group hydrotherapy.

Group exercise physiology

Group therapy	Up to \$17
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Tests and programs

Per test/program limit	Up to \$180
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Benefits are available for approved health screening tests (bowel screening, kidney check, mole mapping, bone density tests, mammograms, heart tests and specialist eye tests), approved quit smoking programs and nicotine replacement therapies.

Benefits are not available for tests/programs where Medicare pays a benefit. An itemised invoice with the patient's name must be provided. Visit defencehealth.com.au/wellbeing for more details.

Laser refractive eye surgery

12 Month waiting period **Limit – \$1500 per person every 2 financial years**

Benefits are payable for LASIK, PRK or SMILE eye surgery in a state recognised and registered day surgery centre.

School accidents

No waiting period **Annual limit – \$800 per child dependant**

To cover any out-of-pocket expenses resulting from a school accident. Relevant extras benefits must be claimed first. This benefit excludes services claimable through Medicare.



Your extras cover *continued*

Flexi-limits

2 Month waiting period Annual limit - \$1300 per person

Exercise physiology

Initial consultation	Up to \$51
Subsequent consultation	Up to \$31

Antenatal and postnatal services

Full day antenatal course	Up to \$500
Antenatal consultations/classes	Up to \$50
Postnatal consultations/classes	Up to \$50

By a recognised midwife or physiotherapist in private practice only.

Psychology

Initial consultation	Up to \$122
Subsequent consultation	Up to \$107
Group therapy	Up to \$42
Couple/family therapy	Up to \$62

Psychology services claimable through Medicare are not eligible for benefits.

Speech therapy

Initial consultation	Up to \$110
Subsequent consultation	Up to \$62
Group therapy	Up to \$47

Occupational therapy

Initial consultation	Up to \$94
Subsequent consultation	Up to \$57
Group therapy	Up to \$32

Podiatry/chiroprody

Initial consultation	Up to \$54
Subsequent consultation	Up to \$40

Audiology

Initial consultation	Up to \$82
Subsequent consultation	Up to \$62

Eye therapy

Initial consultation	Up to \$67
Subsequent consultation	Up to \$57

Dietitian

Initial consultation	Up to \$74
Subsequent consultation	Up to \$42

Physiotherapy (including one-on-one hydrotherapy)

2 Month waiting period Annual limit - \$850 per person

Initial consultation	Up to \$64
Subsequent consultation	Up to \$51
Pelvic floor treatment	Up to \$72
Lymphoedema treatment	Up to \$97

Chiropractic/Osteopathy

2 Month waiting period Annual limit - \$750 per person

Initial consultation	Up to \$54
Subsequent consultation	Up to \$40
Chiropractic x-rays (max 2 per financial year)	Up to \$57

Pharmacy and vaccinations

2 Month waiting period Annual limit - \$500 per person

Per prescription or vaccination	Up to \$100
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The benefit is payable on non-PBS pharmaceuticals only. It is paid on the gap between the current PBS amount and the actual charge. No benefits are payable for over-the-counter medicines. Excludes vitamins, supplements and minerals. Benefits are not payable for nicotine e-cigarettes or nicotine vaping products.



Your extras cover *continued*

Medically prescribed devices and appliances

2 - 12 Month waiting period Annual limit - \$1500 per person

2 month waiting period Sub-limit

Non-sight correcting Irlen lenses Up to \$100

EpiPen Up to \$150

Appliance maintenance Up to \$100

For the repair of hearing aids and foot orthoses or for the purchase of appliance accessories like PAP machine masks.

Rental of appliances Up to \$200

Including oxygen cylinders, soft collars, toilet seat risers, shower chairs, Continuous Passive Movement machines or any other appliance listed below.

12 month waiting period Sub-limit

** Replacement or additional items are not claimable within 3 years of previous purchase.*

Hearing aids* Up to \$1500

PAP machine* for sleep apnoea
EPAP is not covered under the PAP machine benefit. Up to \$1250

Blood glucose monitor* Up to \$500

Foot orthotics
Custom-made and fitted by a specialist orthotic practitioner. Excludes over the counter orthotics. Up to \$300

Orthopaedic shoes
Custom-made and fitted by a specialist shoemaker for identifiable foot deformities. Up to \$300

Splints and braces
Splints, knee/leg/spinal/lumbar/sacral/wrist/ankle braces and surgical corsets. Does not cover casts. Up to \$300

Mobility aids*
Wheelchairs, crutches, walking frames, walking sticks, rolling walkers, seat riser cushions, reaches and adjustable canes. Up to \$1000

Joint fluid replacement injections
Synvisc, OsteoArtz, Hyalgan Up to \$300

Non-cosmetic prostheses
Annual sub-limits apply: Up to \$1250

- Wig following a medical condition Up to \$300

- External breast prostheses following a mastectomy (excludes post-mastectomy bra) Up to \$300

- Artificial eye* Up to \$1250

Blood pressure monitor* Up to \$300

TENS machine* Up to \$300

Nebuliser* and spacer for breathing conditions Up to \$300

Compression garments Up to \$1500

Up to \$300 per compression garment. Must be TGA approved, and specifically made to treat, manage or prevent a medical condition such as treatment of burns, post-surgical recovery, treatment for lymphoedema or prevention of deep vein thrombosis are common examples when a compression garment could be suitable.

Claims must include a letter from the treating practitioner indicating recommended garment and condition being treated.



Things you need to know about extras

Know your annual limits

All of the goods and services claimable under extras cover have annual per person limits.

Once the annual limit has been reached on a service, no further benefits are payable in that financial year. Most limits re-set on 1 July each year. Benefits, limits and payment conditions are assessed according to the date of service.

Benefits and limits are subject to change.

Check your available limits by logging onto your Online Member Services account, at defencehealth.com.au/members

If you've reached your limits, consider whether a higher level of cover is right for you. We're happy to help, just give us a call.

Claiming extras benefits

Many health care providers (like dentists, optometrists and physiotherapists) can swipe your member card on-the-spot through an electronic terminal. Your benefit is paid to the provider and you then settle any outstanding amount. A list of providers who offer on-the-spot claiming is available on our website, defencehealth.com.au/extrasprovider

If your provider doesn't offer on-the-spot claiming you can:

- Claim through Online Member Services (for most services) at defencehealth.com.au/members
- Claim on your smartphone through our Mobile Claiming App
- Download and complete a claim form from our website, and either:
 - email it with your receipts to claims@defencehealth.com.au
 - fax it and your receipts to 1800 241 581
 - post it and a copy of the account to us: Defence Health, PO Box 7518, Melbourne, Victoria, 3004

Please hold onto your receipts for 2 years.

Claiming conditions

The most common claiming conditions are:

- All services must be provided by an approved practitioner in private practice
- Claims must be lodged within 2 years of receiving the service
- Benefits are only payable on goods and services purchased in Australia. When purchasing eligible items online the supplier must be recognised and a registered Australian provider or company
- Benefits are not payable when they can be claimed from another source such as workers compensation, Department of Veterans' Affairs or third party insurance
- Extras benefits are not payable where Medicare has been or is available to be claimed.

We recognise all extras providers who are registered with their professional body and in the case of approved alternative therapies, those recognised by the Australian Regional Health Group. Remedial massage providers must also hold at least a Diploma of Remedial Massage to be recognised.

If you are unsure whether a practitioner is registered with us, just give us a call on 1800 335 425.

Full claiming conditions are available on our website at defencehealth.com.au/claim

Extras waiting periods

When you join Defence Health or upgrade your existing cover, you may have a waiting period before you can claim new or higher benefits. Treatment received during the waiting period cannot be claimed.

Cover for an accident is immediate, including for ambulance services.

Remember, if you transfer within 60 days from an equivalent level of cover with another health fund you won't have to re-serve the waiting periods you've already completed. If you have a break in cover greater than 60 days you will have to re-serve all waiting periods.



Our commitment to you

Our values

Our purpose is to support you, the members of the ADF and wider Defence community to manage your personal and family health care.



Trust

We will earn your trust by consistently delivering a personal experience for your needs. We are as good as our word – every time.



Excellence

Our people are proud to serve you. We will provide service and experience others won't, or can't. We actively seek ways to continuously improve our offer to you.



Ownership

We're part of the ADF family. We accept responsibility, act with initiative, and follow through. We won't let you down.



Respect

We are friendly people, here to help you make good choices. We listen with intent and offer clear explanations, to provide you with peace of mind and support.



Community

We're here for people, not profit. We are committed to making a positive difference to the health and wellbeing of the Defence community.

We value your feedback

Compliments or complaints can be made by phone on 1800 335 425 or to info@defencehealth.com.au

If we are unable to satisfy you, you can contact the Commonwealth Ombudsman on 1300 362 072 or visit www.ombudsman.gov.au. The Ombudsman provides free information and assistance to resolve disputes.

For general information about private health insurance, see www.privatehealth.gov.au

Defence Health Fund Rules

Your cover will be provided and benefits paid in accordance with the Fund Rules of Defence Health Limited. You can download a copy of the latest Fund Rules from defencehealth.com.au/fund-rules or call us and we'll send you one.

This Product Guide is current as at 1 July 2022, and is subject to change.

It should be read carefully and retained.

Defence Health Limited – ABN 80 008 629 481 AFSL 313890

Your privacy is important to us

Defence Health collects your personal information – including sensitive information about your health – in order to provide services to you.

We comply with the *Commonwealth Privacy Act 1988* and its Australian Privacy Principles in relation to the personal information that we hold about you and those on your policy.

As a member, by using our services and providing personal information to Defence Health, you affirm that you consent, and you have the consent of any other individuals whose information is provided, to Defence Health dealing with it under our Privacy Policy.

Policy holders will have access to certain personal information about dependants on the policy. Policy holders have an obligation to make dependants aged 16 years and over aware that they may contact us if they do not wish us to share their personal information with the policy holder or others insured on the policy. Upon request, we will make reasonable efforts to keep their personal information private from others insured on the policy, but this may be subject to limited exceptions.

We'll usually collect your personal information directly from you, but may also collect it from others such as your health care professionals, your previous insurer, another insured person on the policy or the policyholder if you are a dependant. We may also collect personal information from third parties and public sources.

We collect your personal information so that we can use it for our reasonable business purposes and provide products and services to our members. We engage with a range of third parties in order to operate our business and provide services. We may disclose personal information to third parties for these purposes. Some third party providers may be located overseas including in Ireland, parts of western Europe or USA.

Whenever we send you marketing material, we will always inform you how you can opt out of our mailing list. We will implement your request free of charge within a reasonable timeframe.

Our full Privacy Policy is available at defencehealth.com.au/privacy or you can call us on 1800 335 425 for a copy. It explains how we handle your personal information, how you can access or correct that information, how to make a privacy complaint and how we will deal with it, and how to opt-out of direct marketing from us.

Code of conduct

We are committed to the Private Health Insurance Code of Conduct.

You can download a copy of the code at defencehealth.com.au

