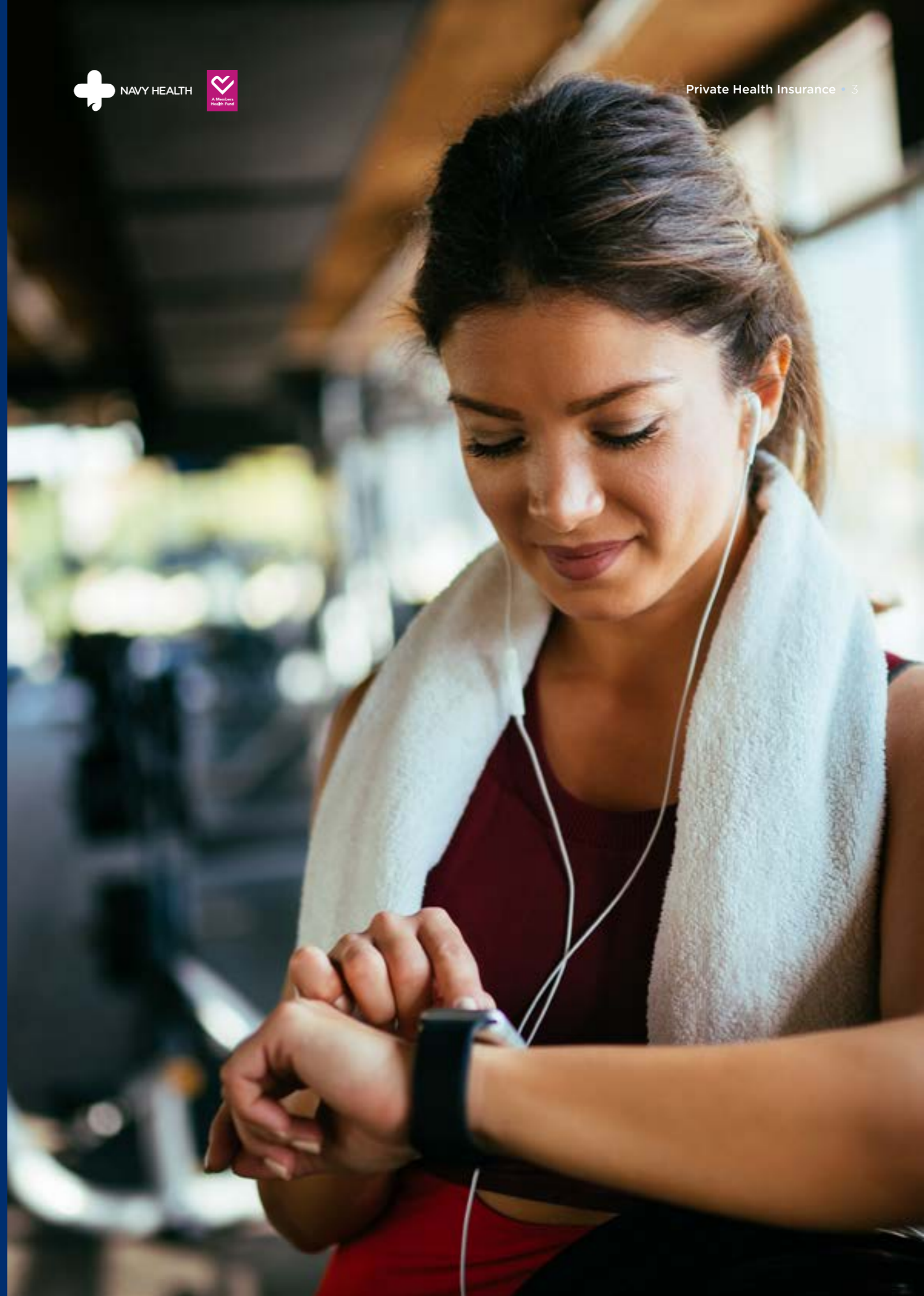




Important Information About Your Policy

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Membership Types

Single membership

Cover is for one adult only.

Couple membership

Cover is for the member with a spouse/partner.

Family membership

Cover is for the member with a spouse/partner, plus;

- any unmarried children until they turn 22 years of age or enter into a de facto relationship.
- any unmarried children between the age of 22 and 31 years who are undertaking a full-time course of study at a publicly funded or private sector tertiary institution which requires a full-time study workload in Australia.

You should advise Navy Health of any unborn children before the expected due date (if possible). To ensure no waiting periods will apply for newborn children, they must be added within two months of birth (and backdated to date of birth).

Please note: a dependant who is no longer eligible for cover under a parent's membership is able to take out membership in their own right. If the new cover is started within 30 days at an equivalent level, no additional waiting periods will apply.

Single parent family

Cover is for one adult and dependants.

Dependants only

Cover is for dependants only. The adult listed as the member is not covered under the policy.

Military memberships

A 'military family' is the spouse/partner and/or dependants of the serving person. However, the serving person will not be listed or covered by the policy.

Young adult membership

A Young Adult Membership is for non-student dependants over 22 years of age. They will remain covered under the existing family Hospital cover (at no extra charge) as long as they are covered on their own Extras cover.

A Young Adult Membership applies until the dependant turns 27 years of age, marries, or enters into a de facto relationship.

It's important to note that a non-student dependant must take up any extras cover within 30 days of being ineligible to continue under a parent's membership. Continuity of hospital cover carried over from a parent's membership will be provided as long as the parent's membership is still current.

A dependant can take up membership in their own right at any time after being ineligible to continue under their parent's cover, however some waiting periods may apply unless membership is taken up within 30 days. The new membership will take effect from the day after they become ineligible on their parent's membership.

For more information please call **1300 306 289** or go to navyhealth.com.au

Membership Information

When does membership commence?

Your membership commences from your chosen start date.

How can I change my membership?

Any changes to the status of membership (i.e. level of cover, adding or deleting dependants) cannot be undertaken without Navy Health receiving written or verbal notification of the change.

Likewise, the change cannot be taken as being actioned without the member receiving written acknowledgement from Navy Health.

The application forms supplied by Navy Health can be used for that purpose or the member can use the Navy Health website.

The easiest method of changing details is by calling our Member Services team on **1300 306 289** or emailing query@navyhealth.com.au and informing us of your change.

Cover changes

Transferring to a higher level of cover will result in the member and any persons covered having to serve new waiting periods. Whilst these waiting periods are in force, benefits will still be payable at the previous level of cover. Higher benefits are not payable for pre-existing ailments or conditions (regardless of whether or not they have been diagnosed) until a waiting period of 12 months has been served. This also applies to Pregnancy & Birth and Assisted Reproductive Services.

When are contributions payable?

Payment of contributions is always in advance. Direct debit payments can be made on a fortnightly, monthly, quarterly, six monthly or yearly basis. Partial payments are not accepted.

Discounts

Members choosing to pay half-yearly will receive a 2% discount and annual payments will receive a 4% discount.

If you are an Active Reservist (SERCAT 3 and above) or hold a current Veteran Gold or White Card, you are eligible for a 10% discount on your policy premiums.*

A serving person's spouse/partner and/or dependants are eligible for a 10% discount on their policy premiums until the serving person discharges from the Australian Defence Force (ADF).

*Veteran White and Gold Cardholders and Active Reservists (SERCAT 3-5) must be covered by the membership for the discount to apply. Active Reservists and serving ADF members must pay via direct debit on selected payment frequencies. Only one discount can be applied to a membership. Proof of eligibility must be provided for discount to apply. Discounts will only be applied up to a maximum of 10% across the policy. Please visit www.navyhealth.com.au/defence-discounts/ for full terms and conditions.

When does membership cease?

A membership will cease on a date advised and paid to by the member or automatically when contribution payments are more than one month in arrears.

Cooling off period

Members can choose not to proceed with their Navy Health cover and request to have any premiums reimbursed. This reimbursement is on the condition that the member expresses their request to the fund within 30 days of their cover commencing, and that no claims have been lodged or are pending during the 30 day cooling off period.

Suspension of membership

Navy Health at its absolute discretion may allow, within a clearly defined limited set of circumstances, for a member to suspend their membership for an agreed period. Where the suspension has been approved in writing by Navy Health, members will be advised of the conditions relating to waiting periods and pre-existing condition rules which may be applied upon reinstatement of membership.

The agreed suspension period is not subject to change without written notification to and written confirmation from Navy Health.

ADF personnel can suspend their cover when they are posted overseas. Members who move into continuous full time service (CFTS) can also suspend their cover for the duration of the CFTS.

For more information please go to navyhealth.com.au

Australian Government Private Health Insurance Rebate

Most Australians with private health insurance currently receive a rebate from the Australian Government to help cover the cost of their premiums.

The rebate you are eligible for depends on your age*, is income-tested and applies to all Navy Health health insurance covers. The rebate isn't applicable to the Lifetime Health Cover loading portion of membership payments.

Below are the thresholds set by the Australian Government as of 1st April 2025.

The rebate is indexed each year by the difference between the Consumer Price Index (CPI) and the industry average increase in premiums using a Government calculated formula.

Claiming the rebate

If you are eligible for the rebate, there are two ways you can claim:

- through a reduced premium; or

- through your tax return with the Australian Tax Office (ATO)

If you choose to receive your rebate through your insurer, you will be asked to nominate the tier you expect to fall into in order to avoid a tax liability.

You can nominate your tier by contacting Navy Health.

More information regarding the Australian Government Rebate is available at navyhealth.com.au/knowledge-base-articles/private-health-insurance-rebate or by phoning 1300 306 289.

If you aren't sure which rebate tier you should choose, please contact your tax agent, financial advisor or the ATO at www.ato.gov.au/privatehealthinsurance

Federal Government Rebate*					
	Income for rebate purposes		Under 65 years	65-69 years	70+ years
Base Tier	Single	\$97,000 or less	24.288%	28.337%	32.385%
	Couple/Family	\$194,000 or less			
Tier 1	Single	\$97,001 - \$113,000	16.192%	20.240%	24.288%
	Couple/Family	\$194,001 - \$226,000			
Tier 2	Single	\$113,001 - \$151,000	8.095%	12.143%	16.192%
	Couple/Family	\$226,001 - \$302,000			
Tier 3	Single	\$151,001 or more	0%	0%	0%
	Couple/Family	\$302,001 or more			

*Single parents and couples (including de facto couples) are subject to family tiers. For families with children, the income thresholds are increased by \$1,500 for each child after the first. Your entitlement is based on the eldest person covered on your policy.



Lifetime Health Cover Loading

Lifetime Health Cover (LHC) is a Government initiative that started on 1 July 2000. It was designed to encourage people to take out hospital insurance earlier in life and to maintain their cover.

If you take out private hospital cover by 1 July after your 31st birthday and maintain that cover, you will not have to pay LHC.

If you decide to take out hospital cover at a later date, you'll pay 2% more for your hospital premiums for every year you're over 30.

Other things to know about LHC:

- the maximum LHC loading you can have is 70% at 65 years old;
- people who were born on or before 1 July 1934 are exempt from the loading;
- LHC loadings stay on your cover for 10 years. Once you have paid for 10 continuous years of hospital cover the loading is removed (some conditions apply).

Lifetime Health Cover on discharge

Health care costs of serving members are met by the Commonwealth until the date of discharge. This is regarded as the equivalent of private health insurance and as such, no Lifetime Health Cover penalty applies to members of the ADF when they separate, providing they take out hospital cover immediately following discharge.

ADF personnel and Veteran Gold

If you are a member of the Australian Defence Forces (ADF) your medical services are provided by the ADF, so you are considered to have hospital cover. If you joined the ADF prior to 1 July 2000, your entry age upon discharge will be 30. If you joined the ADF on or after 1 July 2000, your entry age is that at which you joined the ADF, unless you previously had private health insurance.

If you hold a Veterans' Gold Card you are considered to have hospital cover. If you have held a Gold Card at any time since 1 July 2000, and the card was subsequently withdrawn by the DVA, you may claim the period you held the card as a period with private health insurance.

To accommodate small breaks in your cover the Government allows a number of permitted days without hospital cover. For a full explanation of how this works and other LHC conditions go to privatehealth.gov.au

Medicare Levy Surcharge

The MLS aims to encourage individuals to take out private hospital cover and where possible, to use the private system to reduce the demand on the public system.

The Medicare Levy Surcharge (MLS) is levied on Australian taxpayers who do not have private hospital cover and earn above a certain income. The MLS aims to encourage individuals to take out private hospital cover and where possible, to use the private system to reduce the demand on the public system.

The MLS covers you and your dependants. However, if your dependent earns over \$97,000 they may need to hold their own independent Hospital cover to avoid having to pay MLS. To find out more visit the ATO website or talk to your accountant.

The MLS is calculated at the rate of 1% to 1.5% of your income for MLS purposes. It is in addition to the Medicare Levy of 2%, which is paid by most Australian taxpayers.

Single parents and couples (including de facto couples) are subjected to family tiers. For families with children, the thresholds are increased by \$1500 for each child after the first.

You may also be subject to the MLS, if your taxable income is over the threshold and you have a dependent who is not currently covered by an approved health cover.

As an ADF serving member, you would have been exempt from paying the levy if you were single or only paid 1% if you had a family. Although as an ADF member you may not require health insurance, if your combined family income is above \$180,000, your family will need to take out private hospital cover to avoid MLS.

If you or your family receive a high income, it is advisable to consider private health insurance to avoid the MLS.

Disclaimer

The information in this document is for general information only. Navy Health is not a financial adviser. You should consider seeking independent legal, financial, taxation or other advice to check how the information in this article relates to your unique circumstances. Navy Health is not liable for any loss caused, whether due to negligence or otherwise arising from the use of, or reliance on, the information provided directly or indirectly, by use of this article.

Income for Rebate Purposes			MLS
No Tier No change to rebate or MLS	Single	\$97,000 or less	0.0%
	Couple/family	\$194,000 or less	
Tier 1	Single	\$97,001 – \$113,000	1.0%
	Couple/family	\$194,001 – \$226,000	
Tier 2	Single	\$113,001 – \$151,000	1.25%
	Couple/family	\$226,001 – \$302,000	
Tier 3	Single	\$151,001 or more	1.5%
	Couple/family	\$302,001 or more	

Medicare Levy Surcharge information correct as of 1 April 2021.

Benefit Conditions

For general treatment (extras) the Navy Health benefit year is 1 July to 30 June. For hospital products with an excess, the benefit period is a rolling 12 month period.

Benefit year

For general treatment (extras) the Navy Health benefit year is 1 July to 30 June. For hospital products with an excess, the benefit period is a rolling 12 month period. (i.e. the excess is payable once per adult, in full, up to the family maximum, in any rolling 12 month period).

When are benefits not payable?

Benefits are not payable when:

- claims are over two years from the date of service;
- claims for the same service exceed two treatments on the same day;
- the provider is not recognised in a private practice;
- the provider is not recognised by Australian Health Practitioner Regulation Agency (AHPRA);
- for Natural Therapies, the provider is not recognised by the Australian Regional Health Group (ARHG), or Exercise and Sports Science Australia (ESSA);
- if the service forms any part of a payment from Workers' Compensation, Third Party or any other liability provision, Navy Health reserves the right to seek full reimbursement on any benefits paid in these circumstances from Workers' Compensation, Third Party or any other liability provision;

- the procedure does not have an assigned Australian Government Medicare Benefits Schedule item number;
- the claim is within a specified waiting or replacement period or annual/sub limits have been reached;
- providers of in hospital services submit medical claims two years after the date of service, unless approved by Medicare Australia for benefits;
- the services are performed, or the products used are purchased, outside of Australia;
- the membership is in a period of suspension or payment arrears;
- the services are considered to be cosmetic surgery (not deemed medically necessary);
- the extras service provided has an assigned Medicare item number;
- when treatment is provided during an emergency department visit;
- treatment has been already subsidised by any Government department.

Overseas benefits

Navy Health will not pay benefits on any services, treatments or products received outside of Australia or when purchased from a provider without an Australian Business Number (ABN).

Hospital Benefits and Claiming

Navy Health aims to close the gap on out of pocket in hospital expenses. A gap payment is the difference between the fee charged by the hospital or doctor and the benefit paid by Navy Health and Medicare.

When treated as a private patient in a hospital, members may face extra costs when the treating doctor charges more than the Medicare Benefits Schedule (MBS) allows for the service provided.

Gap medical

The 'gap' is defined as the monetary variation between the MBS fee and the doctor's fee.

If the member receives treatment as a private patient in a hospital from a doctor who chooses not to participate in the Access Gap Scheme, Gap Medical benefits will apply (see below).

Under Gap Medical benefits, Medicare will cover 75% of the MBS fee for the service that has been provided. The insurer will pay the remaining 25% of the MBS fee.

If the doctor charges more than the MBS fee, the member will be responsible for any 'gap' payment.

Access Gap

Navy Health's Access Gap scheme aims to minimise the difference between the Medicare fee and what your Specialist charges. Specialists can choose to take part in Access Gap on a case-by-case basis; if they take part you'll either have no gap or be told exactly what your out-of-pocket costs will be. Even if your Specialist elects not to take part, you are legally entitled to know any out-of-pocket cost before your procedure — ask your Specialist.

MBS Fee		Gap
Medicare 75%	Fund 25%	Patient 100%

Hospital Benefits and Claiming

Private and day hospital — contracted facilities and services

Prior to admission, please check with Navy Health as to whether or not your treatment or service is contracted. Contracted services relate to hospital fees such as accommodation and theatre.

Navy Health has been able to negotiate 100% benefits on most treatments and services at over 500 private hospitals and day facilities. Product excesses still apply.

Medical devices and human tissue product items are payable at 100% of the minimum Government recommended fee. There is at least one medical devices and human tissue product item available for every surgery with no out of pocket expense to the patient. Drugs prescribed for discharge and drugs not directly associated with the reason for admission are excluded from contracts and are the patient's responsibility.

In addition, if a patient chooses to stay in an executive suite, the patient will be required to pay the difference between the private room benefit and the executive suite charge.

There are 2 ways the Access Gap scheme can work for you; Known Gap Scheme or No Gap Scheme.

Known Gap Scheme

If your chosen Specialist bills with a Known Gap through Access Gap, your out-of-pocket expenses relating to your in-hospital treatment will be capped. You won't be charged any additional amounts other than what you've agreed to in your Informed Financial Consent before your in-hospital treatment.

No Gap Scheme

If your chosen Specialist chooses to bill you with no gap, you will not have any out-of-pocket expenses for their in-hospital treatment.

The maximum an individual specialist can charge under the Access Gap scheme is \$500, per admission to hospital, or \$800 for obstetrics (as a private patient). Specialists can no longer charge fees not associated with the Medicare item number.

Navy Health's agreements are negotiated by the Australian Health Service Alliance (AHSA).

Please refer to navyhealth.com.au/knowledge-base-articles/cover-the-gap for further information.

Medical devices and human tissue product appliances

A medical device and human tissue product is an artificial substitute or replacement body part attached or applied to the body to replace a missing part.

If you are having surgery to implant or apply a medical devices and human tissue product, your private health insurer must pay a benefit for it if:

- you have the correct cover for the treatment and the product is on the Australian Government Prostheses List.
- the insurer will pay the recommended minimum benefit as shown on the Prostheses List.
- the Prostheses List will have at least one no gap medical devices and human tissue product or device item for every in hospital procedure covered on the MBS.

No benefit is payable where the hospital charges for a medical device and human tissue product or device not listed on the Prostheses List.

Podiatry surgery

Benefits are available only when Podiatric Surgery is performed in a contracted hospital by an Australian Government Accredited Podiatrist.

For further information call Member Services on 1300 306 289.

Pharmacy

Any drugs administered in-hospital that are not on the pharmaceutical benefits scheme (PBS); may incur out of pocket expenses to be paid by you. Please ensure the hospital provides you with informed financial consent.

Exclusions

Where excluded services are listed on your policy, no benefits will be paid.

Restricted cover

For services that are listed as restricted on your policy, you can only be treated as a private patient in a public hospital. If you are treated anywhere else such as a private hospital, you will be significantly out of pocket.

Full ambulance cover

All Navy Health hospital and extras policies provide full ambulance cover within Australia, provided that the service is from a State/Territory registered ambulance service and deemed medically necessary.

Transport services by Patient Transport vehicles are not ambulance services and are not covered.

Hospital claiming

Generally hospitals will invoice Navy Health directly.

If you do receive an invoice for your hospital stay please contact Navy Health on 1300 306 289.

To search for agreement hospitals and specialists in your area, please go to navyhealth.com.au/providers

MBS Fee		Access Gap Fee	Gap
Medicare 75%	Fund 25%	Fund 100%	Patient 100%

Extras Benefits and Claiming

You can make claims for most extras services at your provider at the time of service.

Preferred optical providers

If a member uses one of Navy Health's preferred optical providers, they can receive an additional benefit (subject to the annual maximum). To view the list of preferred optical providers go to navyhealth.com.au/optical

The preferred optical provider list is subject to change without notice.

Natural therapies and recognised providers

Natural therapies include Acupuncture, Chinese Herbal Medicine, Myotherapy, Remedial Massage and Exercise Physiology.

Benefits are not payable on any medications, herbal or dietary preparations, or organised weight reduction programs.

Medically Prescribed Appliances (MPA)

MPA claims must be accompanied by a referral from a registered practitioner. The following are examples of items that can be claimed under the MPA category: Nebulisers, Humidifiers, Blood Glucose Monitors, Heart Rate/Blood Pressure Monitors, Support Aids/Mobility Aids, Compression Garments, Non-cosmetic medical device and human tissue product (Premium Extras only), and TENS Machine/Circulation Boosters.

The MPA category covers the purchase, hire and repairs to appliances that are covered under the category up to the annual limit.

CPAP devices

CPAP devices cannot be purchased more than once in any rolling three year period. The rolling three year replacement period starts from the first date of purchase.

Pharmacy

Your extras policy will only cover pharmacy items that meet the following criteria:

- not supplied or already covered under the Pharmaceutical benefits scheme (PBS);
- are fully approved by the Therapeutic goods administration (TGA);
- are not experimental drugs or are part of a drug trial;
- prescribed by an Australian registered medical practitioner, including dentists and nurses;
- supplied by a registered Australian Pharmacist and are schedule 4 or 8 medicines only;
- are not vitamins, weight loss drugs, contraceptives, herbal medicines, over the counter pharmacy or non-prescription drugs.

Extras Benefits and Claiming

Electronic claiming

All you need is your Navy Health membership card to use the electronic claiming system. After a consultation, your card can be swiped through the electronic claiming facility by the service provider. They will enter the claim details and process the transaction on your behalf.

Once the transaction has been authorised by Navy Health electronically you simply pay the balance amount (this is the difference between the fee charged for the treatment and the benefit amount paid by Navy Health).

Navy Health Member Portal claiming

You can claim your extras services (excluding Orthodontic, MPAs and Pharmacy) immediately via the Navy Health Member Portal.

To register and for more information go to navyhealth.com.au/members

Mobile app

The Navy Health mobile app enables you to access your information, submit claims in a matter of seconds, check your benefits and limits on the go, and much more. Download the app from the [App Store](#) or [Google Play](#).

Making claims by post and email

A completed Navy Health claim form must accompany all claims submitted manually. A copy of receipts forwarded for benefits will be held electronically by Navy Health on your behalf.

Original receipts will not be returned to the member. Claim forms can be downloaded from navyhealth.com.au/knowledge-base-articles/forms

Benefit payment

Benefit payments not processed at time of service can be direct deposited into a nominated bank account (within Australia and excluding credit cards).

General Information

To find out if you are eligible and how to join Navy Health go to navyhealth.com.au/eligibility

Waiting periods

Waiting periods for the selected level of cover are detailed in the preceding product fact sheet and need to be read carefully.

If you transfer to a higher level of cover, new waiting periods will be applied. However, benefits at the previous level will still be available whilst the new waiting periods are being served.

If you transfer to a hospital product with a lower excess, the previous higher excess will apply for the first two months or if the condition is deemed to be pre-existing.

All persons covered under the policy are required to complete waiting periods of the same length as members.

Transferring from another fund

Waiting periods are not applicable if you had an equivalent level of cover and completed all waiting periods with the previous fund.

The specified waiting periods will apply to those aspects of the Navy Health cover not covered previously by your past fund, and for those items specifically nominated within the products as requiring extended waiting periods. Whilst the 2, 6 and 12 month waiting periods are being served, benefits are payable at the previous level of cover, including any excesses/co-payments applicable to your previous level of cover.

Pre-existing conditions*

A pre-existing condition is where signs or symptoms of an ailment, illness or condition, in the opinion of a medical practitioner appointed by Navy Health existed at any time during the six months preceding the day on which you joined the insurer or transferred to a higher benefit cover. This is irrespective of whether your medical practitioner, you and/or your dependants were aware of the condition or ailment.

The pre-existing condition rule also applies when resuming a suspended membership and symptoms or signs developed during the suspension period.

The pre-existing condition waiting period provides protection for existing members against people joining or upgrading cover only when they require treatment. This assists Navy Health in keeping premiums as low as possible. Claims and benefits within the first 12 months of joining the insurer or increasing to a higher level of cover are subject to the pre-existing condition rule.

*Excludes Psychiatric, Rehabilitation and Palliative care.

General Information

Veteran Gold Cardholders

Members who are, or become Veteran Gold Cardholders have the option of retaining or cancelling their cover with Navy Health.

Where a member chooses to cancel their coverage, they must advise Navy Health directly. The cover will be cancelled from the date Navy Health receives notification, not from the date of issue of the card. The person holding the Veteran Gold Card may then re-apply for membership to Navy Health without waiting periods or penalties (excluding pre-existing conditions), as they are deemed to have continuity of cover.

Any person who has previously held a Veteran Gold Card is entitled to join Navy Health from the date their Veteran Gold Card is no longer valid without serving any waiting periods (excluding pre-existing conditions). Proof of previous Veteran Gold Card status that shows the valid from and to dates is required.

Where a member chooses to retain their coverage, benefits will be paid on costs incurred after the Department of Veterans' Affairs (DVA) payment in line with the level of cover held, however the benefit must not exceed the total charge or the Navy Health benefits and annual limits and you may still incur an out of pocket expense.

Where a member with a Veteran Gold Card has Premium Gold Hospital coverage, Navy Health will pay the supplement (top up) benefit for a private room in a private hospital, as DVA already cover the cost of a shared ward.

Feedback and complaint handling policy

If for any reason you are not satisfied with the service you receive from Navy Health or feel that it has failed to meet your expectations, we would appreciate your feedback. We are committed to resolving your complaints in a fair and efficient manner and view your feedback as a vital opportunity to improve.

Navy Health provides an accessible, impartial, free-of-charge complaints handling procedure for members. This procedure can be viewed at navyhealth.com.au or by phoning 1300 306 289.

Private Health Insurance Ombudsman

The Private Health Insurance Ombudsman (PHIO) was set up by the Government to deal with complaints where the member has not been able to resolve an issue with their insurer.

Whilst we actively encourage all members to discuss any such matters with our office in the first instance, the PHIO will gladly mediate if required.

The PHIO can be contacted on 1300 362 072, by email phio.info@ombudsman.gov.au or you can write to:
Commonwealth Ombudsman
GPO Box 442, Canberra ACT 2601

Navy Health rules and constitution

New memberships must be in accordance with the rules and constitution of Navy Health Ltd.

Benefits are also paid in accordance with these rules.

Members can request a copy of the fund rules. All members are bound by the rules of Navy Health Ltd.



Health and Wellness Initiatives

Navy Health is continually seeking new initiatives to improve your access to quality health services.

Health + Care program

The Health + Care program is supported by several service providers. Navy Health is not involved in the assessment of patients' eligibility to uptake these programs. It is important to know that the early discharge and hospital substitute program is NOT available in all hospitals; referrals to the program are made by your doctor, hospital staff or at the discretion of Navy Health.

We recommend you check with your hospital or contact your provider to discuss what services may be available to you.

Call **1300 306 289** for more information about early hospital discharge or hospital substitute programs that may be suitable for your care.

Navy Health is continually seeking new initiatives to improve your access to quality health services. For up-to-date information regarding our Health + Care program, please visit navyhealth.com.au/health-care

Online wellness portal

Want to get healthier? Our online wellness portal is here to help. Start with a comprehensive Health Risk Assessment to determine where your health priorities need to be. From here, we'll help develop a wellness plan and set tasks and goals to work towards better health.

You can also upload medical documents and results here to keep all your health information in the one place!

To start your wellness journey today, simply visit navyhealth.com.au/health-care

Chronic disease management program

We offer a wide range of services to help manage chronic illnesses such as coronary artery disease, diabetes and mental health. Through our Health + Care program, we can offer telephonic or face-to-face support (in the comfort of your own home of course!) with a qualified registered nurse, helping you manage your health better and avoid the need for a hospital stay.

Broader health cover

Broader health cover is supported by the Australian Federal Government and enables private health insurers to pay claims for health services that can be delivered just as effectively at home as they can in hospital.

Health + Care is an example of broader health cover at work, assisting our members in achieving and maintaining good health.

Our integrated program allows for treatment to be provided either in conjunction with hospital care or as a substitute; it may even mean you avoid a hospital stay altogether.

For more information about our Health + Care program, refer to navyhealth.com.au/health-care

Terms and Conditions

Definitions

The term 'member' in this booklet refers to a 'policy holder' as defined in the Navy Health Ltd Rules.

Privacy Policy

Navy Health Ltd ABN 61 092 229 000 (Navy Health/we/us/our) are committed to protecting and maintaining the privacy of all individuals with whom we deal. We are also committed to complying with the Privacy Act 1988 (Cth) (Privacy Act), including the Australian Privacy Principles contained within that Act, and other State and Territory Laws that regulate health information, such as the Health Records Act 2001 (VIC), Health Records and Information Privacy Act 2002 (NSW) and Health Records (Privacy and Access) Act 1997 (ACT) (Health Record Laws), to the extent that they are applicable.

About this Policy?

This Privacy Policy explains how we manage the personal information, which we collect, hold, use and disclose. This includes:

- the kinds of personal information that we collect and hold about you;
- how we collect your personal information;
- how we hold your personal information;
- the purposes for collecting, holding, using and disclosing your personal information;
- whether we will (or are likely to) disclose your personal information to overseas recipients and the countries where such recipients may be located;

- how you may access your personal information held by us and correct that information where it is incorrect;
- how you may make a complaint about the way we collect, hold, use or disclose personal information, and how we will deal with privacy related complaints;
- our contact details;
- the consequences of not providing personal information; and
- how we use your information for direct marketing activities.

It also explains how to contact us if you have any further queries about our management of your personal information.

This Privacy Policy applies to all individuals whose personal information we have collected or handled, including current and past members, service providers, contractors and prospective employees.

This Privacy Policy was last updated in June 2020. Navy Health will make changes to its process and systems in relation to how we handle your personal information, and this policy will be updated to reflect those changes.

Other terms may also apply to you and the information we hold about you. For example, sometimes we also provide a privacy collection statement at the time we collect personal information from you, such as when you first sign up as a member for an insurance policy. This privacy collection statement may include additional terms. If you are employed with us, you may have specific privacy terms in your employment contract with us.

What is personal information?

"Personal information" is information or an opinion that identifies you or can be reasonably used to identify you. It includes your name, age, gender and contact details, as well as your "health information", such as information or an opinion about your health and health services that have been provided to you.

"Health information" is part of a subset of personal information, known as "sensitive information" for the purposes of the Privacy Act. "Health information" is specifically regulated under the state and territory Health Record Laws. In this Privacy Policy, all references to "personal information" includes "sensitive information" and "health information" (unless stated otherwise).

What kind of personal information do we collect and hold?

We only collect personal information about you which is reasonably necessary for our functions or activities. The types of personal information which we collect and hold about you may vary depending on the nature of our interactions with you.

Members and prospective members

As an insurance provider, Navy Health collects personal information, including health and sensitive information. The type of information we collect about you includes:

- your full name;
- your gender;
- your contact details, including your residential address and email address;
- your date of birth;
- government related identifiers such as your Medicare number;
- financial information such as your bank details;
- information about your preferences relevant to any marketing activities;
- sensitive information such as:
 - details about your health and health services provided to you; and
 - historical information such as your prior insurance claims.
- prospective employees and applicants

We collect personal information when recruiting people to work with us, such as your name, date of birth, gender, contact details, qualifications, and work and study history (including references and other information included in a CV or cover letter as part of the application process).

Before offering you a position, we may collect additional details such as your tax file number and superannuation information and other information necessary to conduct background checks to determine your suitability for certain positions.

How do we collect your personal information?

We only collect personal information about you in a manner that is lawful.

Wherever it is possible and practical to do so, we will collect personal information directly from you. For insurance policies that cover more than one person, such as family or couples policies, we collect personal information about all individuals who are on the policy from the person who is taking out the policy. For example, where one parent is taking out a family policy, that parent may provide us with the details of their partner and children.

We may collect this information:

- in person;
- over the telephone;
- by mail;
- over the internet (including via our website);
- by our Navy Health app;
- by e-mail or fax; or
- by completion of a form (such as an application form).

We may also collect your personal information from a third party. This will be limited to circumstances where it is impracticable or unreasonable for us to collect it directly from you or you have authorised us to collect the information from them. The type of third party who might provide information to us will vary depending on the nature of our interaction with you.

While this is not an exhaustive list, third parties include:

- health providers i.e. hospitals or medical practitioners;
- other Health Insurers (such as where you have requested a transfer of your health insurance from another fund to us);
- authorised persons or persons who act on your behalf;
- another insured person on the insurance policy;
- government bodies;
- publicly available sources or networking services (such as LinkedIn); and
- recruitment agencies and referees.

Unless we are notified otherwise, all information, including that of all persons covered on the insurance policy, may be disclosed to you or to the person authorised by you to have access to your insurance policy.

For what purposes do we collect, hold, use and disclose your personal information?

The purposes for which we may collect, hold, use and disclose your personal information will depend on our relationship with you. Examples of some of the purposes are below:

- to manage and administer our products and services including private health insurance;
- to perform the functions and activities related to our business such as assessing your claims and paying your benefits;
- to collect rebate entitlements;
- to collect installments which are overdue;
- to manage our relationship with you including by contacting you about products or services, news, competitions or community events which we think may be of interest to you;
- to research, develop and expand our products and services;
- to identify whether you are suitable for and to contact you about health management programs and services that may be of benefit to you;
- to recruit employees and contractors (including volunteers, internships and work experience) and other third parties that provide services to us; and
- to comply with any applicable laws.

We may also use your personal information for other purposes explained at the time of collection or otherwise as set out in this Privacy Policy.

Can you deal with Navy Health anonymously?

You may interact with us anonymously or by using a pseudonym if the interaction is general in nature.

However, if the interaction is specific to an account or relates to your personal information we will need to identify you before we can engage in further discussions and correspondence.

Consequences for you if your personal information is not provided to us?

You may decline to give us your personal information when we request it. However, we may not be able to provide you with some or all of the products or services that you request of us. If you have any concerns about the personal information we have requested, please let us know.

Who do we disclose your personal information to?

In order to carry out the above-mentioned purposes, we may disclose your personal information to persons or organisations, such as:

- health service providers;
- professional advisers;
- regulatory bodies;
- other Health Insurers;
- authorised persons or persons who act on your behalf;
- government agencies, allowing us to comply with statutory & legislative reporting requirements for the collection and submission of health related data to Commonwealth agencies;

- other organisations as required or authorized by law, e.g.: in an emergency, investigation of suspected criminal activity or where we are authorized to by law;
- contractors and service providers, such as mailing houses, marketing agencies, information technology service and support providers, data processing and analytics agencies, and website maintenance and development service providers; and
- for members admitted to hospital, our contracted management service — Australian Health Services Alliance at ahsa.com.au

How do we hold your personal information?

The personal information we collect about you is kept on an electronic record system in secure databases (including trusted third party storage providers in Australia). Personal information may also be collected in paper-based documents and converted to electronic form for use or storage (with the original paper-based documents either archived or securely destroyed).

We understand the importance of protecting the personal information we hold about you. We take reasonable steps to ensure your personal information is free from misuse, interference, loss, unauthorised access or modification or disclosure, which include:

- securing all personal information;
- limiting access to personal information only to those that need access; and
- protecting our systems with appropriate technology solutions.

All personal information that is held by Navy Health is secured by the following methods:

- securing our premises with alarms and 24 hour security monitoring.
- ensuring all systems, servers, computers, databases and networks are secured with password protection and encryption.
- ensuring various access levels for staff to limit access to information and roles.
- providing our staff with regular training and feedback pertaining to the Privacy Act.
- In order to satisfy our legal obligations, we may need to retain your information after the relationship has ended. However, we will not retain your identifiable personal information longer than is reasonably necessary and permitted under relevant Australian privacy laws. We take reasonable steps to destroy or de-identify information that we no longer require.

How is personal information handled for couples and family health insurance policies?

If you are insured under a health insurance policy which covers more than one person, such as a 'family' or 'couples' policy, you should make yourself aware of the privacy settings applicable to your policy. Information about the health services received, claims made and benefits paid (claims history) for each person under the same health insurance policy is accessible to the other persons under the insurance policy.

A dependent child (who is 16 years or older and in some situations, under the age of 16) may contact Navy Health to request that their claims history be kept private from other persons under the insurance policy.

Navy Health may, in its discretion, decline to disclose the claims history of a person insured under the same policy where it cannot be satisfied that such disclosure reflects the current intention of the insured person. In that circumstance, the Navy Health may seek clarification from the insured person.

It is important to consider the privacy settings applicable to your policy where there are changes in the relationships amongst persons insured under the policy (for example, as children and young people mature or if partners separate). In that circumstance, you should contact us to change the privacy settings applicable to your policy or discuss whether different insurance arrangements are appropriate to your circumstances.

How can I organise additional privacy protections as a victim of family violence or identity theft?

If you are a victim or family violence or identity theft, or have personal safety concerns relating to the personal information we hold about you, we may be able to provide further privacy protections for you. Please do not hesitate to discuss these options with us by:

- calling us on 1300 306 289; or
- emailing us at query@navyhealth.com.au

We may use your personal information to contact you (including by phone, text message or email) about products or services which we think may be of interest to you. This may include our own, our related body corporate's or a third party's products or services with whom we have a formal arrangement.

In particular, we may contact you about products and services we think may be of interest to you after you cease to hold a private health insurance policy with us. For example, we might contact you about renewing your old policy or taking out a new policy.

You consent to us sending these carefully selected marketing materials to you in this manner.

How can I opt-out of receiving marketing material?

You may opt-out of receiving marketing information from us and our related bodies corporate at any time by:

- calling us on 1300 306 289;
- emailing us at query@navyhealth.com.au;
- 'ticking the box' on the relevant form when you apply for one of our products or services; or
- using the unsubscribe function on various communications.

Please allow five working days for your request to be actioned by us.

How does Navy Health interact with you via the internet?

Navy Health's website, Navy Health Member Portal, interactive applications, email messages and advertisements may use "cookies" and other technologies, such as Google Analytics.

Navy Health has the following Google Analytics Advertiser Features enabled:

- remarketing with Google Analytics
- Google Display Network Impression Reporting
- Google Analytics Demographics and Interest Reporting

This enables Google Analytics to collect data about Navy Health Website traffic via Google advertising cookies and anonymous identifiers, in addition to data collected through a standard Google Analytics implementation.

Navy Health gathers some information automatically and stores it in log files. This information includes Internet Protocol (IP) addresses, browser type and language, Internet service provider (ISP), referring and exit pages, operating system, date/time stamp and clickstream data. Some of the information we collect via cookies and online technologies is considered personal information.

Navy Health uses this information to understand and analyse trends, to administer its website, to learn about user behavior on the site, to tailor email communications and to gather demographic information about its user base as a whole. Navy Health may use this information in its marketing and advertising services.

Navy Health may also use information collected by cookies to display personalised content and advertising (targeted advertising and online behavioral advertising), based on an individual's internet usage, and to send marketing materials that Navy Health thinks will be of interest to the individual.

You can use your settings to disable your web browser from accepting cookies. However, in doing so, you may be unable to access certain features or content on the Navy Health website.

Are we likely to disclose your personal information to overseas recipients?

We generally hold your information in Australia. In certain circumstances, we may transfer your personal information outside Australia. Technology allows for services to be provided by different service providers including some that are located overseas. We may use overseas service providers in order to provide our products and services or manage our relationship with you. The countries in which those third parties are likely to be based are the United States.

Unless we have your consent, or an exception under the Privacy Laws applies, we will only disclose your personal information to overseas recipients where we have taken reasonable steps to ensure the overseas recipient does not breach the Australian Privacy Principles in relation to your personal information.

How can you access and seek correction of personal information held by us?

You are entitled to access the personal information we hold about you on request.

We do not charge a fee to give you access to your personal information, but you may be charged for the reasonable time and expense incurred in compiling information, depending on the nature and extent of your request.

We will take reasonable steps to ensure that the personal information we collect, use or disclose is accurate, complete and up-to-date. You can help us to do this by letting us know if you notice errors or discrepancies in information we hold about you and letting us know if your personal details change.

However, if you consider any personal information we hold about you is inaccurate, out-of-date, incomplete, irrelevant or misleading you are entitled to request correction of the information.

You can request to access or seek correction of your personal information by:

- accessing the Navy Health Member Portal;
- calling us on 1300 306 289;
- emailing us at query@navyhealth.com.au; or
- by mail at PO Box 172, Box Hill, Victoria, 3128

When you contact us to request access to and correction of your personal information, we may need to verify your identity by confirming your member number, full name, full address and date of birth.

We will give you access to your personal information if practicable, and will take reasonable steps to amend any personal information about you which is inaccurate or out of date.

We will take reasonable steps to notify you of a decision on the request within 30 days. We may decline your request to access or correct your personal information in certain circumstances permitted by the Privacy Act and Health Record Laws. In such a case, we will provide you with written notice of the reasons for our decision.

How can you complain about a breach of the Australian Privacy Principles and how will we deal with your complaint?

If you have any questions, concerns or complaints about how we collect or manage your personal information, then you may raise that matter with our Privacy Officer. Our Privacy Officer can be contacted as follows:

- calling us on 1300 306 289;
- emailing us at privacy@navyhealth.com.au; or
- by mail at: Attention Privacy Officer, PO Box 172, Box Hill, Victoria, 3128.

We will endeavor to promptly respond to your questions, concerns or complaints. In most cases we will investigate and response to a complaint within 30 days of receipt of the complaint. If the matter is more complex or our investigation may take longer, we will let you know.

We will also endeavor to resolve any concerns or complaints which you may have to your satisfaction. However, if you are unhappy with our response, you can make a complaint to the Office of the Australian Information Commissioner (OAIC) in Australia.

The contact details for the OAIC:

The Office of the Australian Information Commissioner
 GPO Box 5218
 Sydney NSW 2001
 Phone: 1300 363 992
 Fax: 02 9284 9666
 Website: www.oaic.gov.au

Alternatively, you can contact the Victorian Health Complaints Commissioner, NSW Privacy Commissioner or ACT Human Rights Commission.

What if I have further questions?

If you have any questions about our Privacy Policy, you may contact our Privacy Officer whose contact details are listed above. If you have questions about the Privacy Act, you may contact the OAIC.

Direct debit service agreement

This agreement ("Direct Debit Service Agreement") outlines the terms and conditions of the direct debit arrangements between the person signing the direct debit request ("you") and Navy Health ("us").

You agree to be bound by these terms and conditions upon your execution of the Direct Debit Request.

Direct debit arrangements

- We will, in accordance with the terms of the direct debit request and any other existing agreement, periodically debit the nominated account for the agreed amount(s).
- The debits will occur according to the frequency you have nominated i.e. fortnightly, monthly or as agreed. The amount debited will vary according to the amount falling due.
- If any drawing falls due on a non-business day, it will be debited from the nominated account on the prior business day.

Your rights

- You can change your direct debit arrangements by calling us on 1300 306 289 or log on to the Navy Health Member Portal at navyhealth.com.au/members at least five business days prior to the next direct debit. Changes include altering arrangements, stopping an individual debit or cancelling a direct debit request completely.
- We will give you at least 14 days notice by telephone or writing (including e-mail) of any change to the terms of the direct debit arrangements, unless otherwise agreed.
- If you believe we have drawn on your account incorrectly, please contact us on 1300 306 289 so the matter can be resolved. We will make every attempt to resolve the dispute within five business days.

Your obligations

- (a) You must ensure that:
 - (i) before completing the direct debit request, you check the account details of your nominated account are accurate (check against a recent statement from your financial institution);
 - (ii) your nominated account can accept direct debits (your financial institution can confirm this);
 - (iii) your nominated account has sufficient clear funds on the drawing date to allow payment to be made in accordance with the direct debit request and any other existing agreement between you and us.
- (b) You must advise us immediately if your nominated account is not current.
- (c) If any drawing is returned or dishonoured by your financial institution, we may, at our discretion, reprocess the transaction following receipt of the notification of return or dishonour, or request an alternative form of payment from you. We may also charge any dishonour fees back to you.

Code of conduct



Navy Health abides by the Private Health Insurance Code of Conduct. By subscribing to

the code, Navy Health ensures that members receive clear information and transparency in their dealings with Navy Health.

The code ensures Navy Health will:

- continue to improve standards of practice and service;
- provide information to members in clear and plain language;
- ensure the policy documentation is full and complete;
- ensure that Navy Health staff are appropriately trained to provide clear explanations;
- provide members with access to an internal dispute resolution procedure and advise members of their rights to take an issue to the Private Health Insurance Ombudsman.

A copy of the code may be provided on request or can be viewed at navyhealth.com.au/code-of-conduct



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