



ADF FAMILY HEALTH PROGRAM

FAST FACTS



- There is no limit to the cost, or number of GP visits. This is separate from your \$400 per person allied health/specialist allocation.
- The \$400 per person allied health/specialist amount can be combined as a family amount and is automatically transferred between family members.
- Your allied health/specialist allocation renews on 1 July each year. The benefit can only be used in the financial year it is allocated.
- You have 12 months from the date of service to submit your claim. The benefit will be taken from the financial year the services were provided.
- Costs for the purchase of Medically Prescribed Appliances (GST free) are reimbursable. Claims must include a copy of the written recommendation/prescription.
- The fringe benefit tax (FBT) year is 1 Apr – 31 Mar. FBT is reported when the claim is paid, not on the service date. Only amounts reimbursed are FBT reportable.
- A registration form (AD858-1) is required to include additional dependants in the Program. The form can be found on our website, or is available to the Defence member on webforms.
- Newborns can be backdated to their date of birth if registered within 3 months of their birthdate.
- You can submit claims via the ADF Family Health App which is available for both Android and Apple devices.

If you are not currently participating and would like to register to access the free benefits that the Program provides, visit the ADF Family Health website at <http://adffamilyhealth.com/>, or contact our friendly team on 02 6266 3547.

ADF Family Health Contact details:

Claims Enquiries: 1300 561 454
adffamilyhealth@navyhealth.com.au

Registration and address updates: (02) 6266 3547
ADF.DependantHealth@defence.gov.au

Website: <http://adffamilyhealth.com/>
Facebook: www.facebook.com/ADFfamilyhealth
App Store: #ADF Family Health





National ADF Family Health Program

The Basics

Who Is Eligible?

Dependants of permanent ADF members and dependants of Reservists on Continuous Full Time Service can register for the Program.

ADF dependants must be listed in the Dependant / Beneficiary section of PMKeyS in accordance with the definitions provided in the ADF Pay and Conditions Manual (PACMAN).

The Benefits

Medical – We will reimburse your gap expenses when you visit your general practice. Services must have a Medicare Benefits Schedule (MBS) Item Number. There is no limit to the cost or number of General Practice (GP) visits able to be reimbursed per year.

Allied Health, Diagnostic and Specialist – We will provide \$400 per family member per financial year to use towards non-cosmetic allied health services, diagnostic services, or to offset the gap for MBS recognised specialist services. This amount can also be transferred between family members.

Private Health Insurance

If you have private health insurance, the Program benefits can be used in addition to your private health insurance benefits.

Nil Cost

This is a Government sponsored initiative, however, please be aware the services accessed are considered a fringe benefit.

More Information

More detailed information including how to register can be found in the following pages.

Registration

To register for the Program the ADF member must complete WebForm AD858-1 ADF Family Health.

This can be found via WebForms or on our website below.

Website: <http://adffamilyhealth.com>

Facebook: www.facebook.com/ADFFamilyHealth

Email: adf.familyhealth@defence.gov.au

Phone: (02) 6266 3547





National ADF Family Health Program

The Detail

General Practitioner Benefits

GP items included in the National ADF Family Health Program are all services provided in a GP setting that have an associated MBS Item Number.

Please Note: Costs associated with hospital admission (e.g. accommodation) are not eligible.

You do not need to show your ADF Family Health Card when visiting the GP.

In most cases, your GP clinic will not have the facilities to process your ADF Family Health claim. It is for this reason that you will be required to pay for your GP visit up front and you can then claim the Medicare rebate before submitting a claim for gap reimbursement from ADF Family Health. This can be done manually (claim form), via Online Member Services or via the smartphone App.

Please keep your Medicare receipt to send with your claim form. Unfortunately we cannot accept credit card statements as proof of payment.

Please refer to the enclosed Quick Guide for a step by step guide on how to claim.

Allied Health and Specialist Benefits

The following Allied Health vocational groups are eligible for claims reimbursement under the National ADF Family Health Program:

Service	Description
Audiology	Services by a certified provider
Chiropractic and Osteopathy	Services by a certified provider
Dental	All items listed by the Australian Dental Association (ADA)
Dietitian	Services by a certified provider
Exercise Physiology	Services by a certified provider
Medically Prescribed Appliances	Costs for purchase of Medically Prescribed Appliance where there is no GST applied. Claims must include a copy of the written recommendation / prescription from registered practitioner
Occupational Therapy	Services provided by a certified provider
Optical	All prescription eyewear, lenses, frames, contact lenses and repairs provided by and Australian recognised provider
Physiotherapy	Services by a certified physiotherapist, ante / post-natal classes provided by a registered physiotherapist or midwife
Podiatry and Chiropody	Services by a certified provider
Psychology	Services by a certified provider
Remedial Massage	Services by a certified provider registered with the Australian Regional Health Group
Speech Therapy	Services by a certified provider

Please Note: Services that attract GST are excluded from reimbursement.





The Detail (continued)

Allied Health Benefits (continued)

In most cases, allied health providers will be able to process your claim on the spot by swiping your ADF Family Health Card in their installed HICAPS¹ system. This means that you can use your ADF Family Health Card to pay the provider (subject to the \$400 limit) directly. You will be responsible for any amount greater than your ADF Family Health benefit balance.

If electronic claiming is not available at the time of the visit you will be required to pay the fee in full and claim reimbursement from ADF Family Health. This can be done manually (claim form), via Online Member Services or via the smartphone App.

Please ensure that you keep your payment receipt (and private health insurance remittance) for inclusion with your manual claim. Unfortunately we cannot accept credit card statements as proof of payment.

Medical Specialist Services

Eligible Specialist services and procedures are defined as services with an applicable MBS Item Number provided by a Specialist or Consultant Physician as recognised by the Health Insurance Act 1973.

Services and procedures can be provided from within the consulting rooms or from within a hospital setting provided there is an eligible MBS Item Number.

You may be required to pay for your Specialist visit up front; you then claim the Medicare rebate before submitting a claim for gap reimbursement from ADF Family Health. This can be done manually (claim form), via Online Member Services or via the smartphone App.

Please keep your Medicare receipt to send with your claim form. Unfortunately we cannot accept credit card statements as proof of payment.

Diagnostic and Radiology

All diagnostic (pathology) and radiology services, where there is an MBS item number, are eligible. Services can include, X-Ray, MRI, pathology and ultrasound.

You may be required to pay for your diagnostic or imaging service up front; you then claim the Medicare rebate before submitting a claim for gap reimbursement from ADF Family Health. This can be done manually (claim form), via Online Member Services or via the smartphone App.

Please keep your Medicare receipt to send with your claim form. Unfortunately we cannot accept credit card statements as proof of payment.

For more information on MBS Item Numbers please discuss with your treating practitioner or contact our Customer Service Team on 1300 561 454.

Dependants with Private Health Insurance

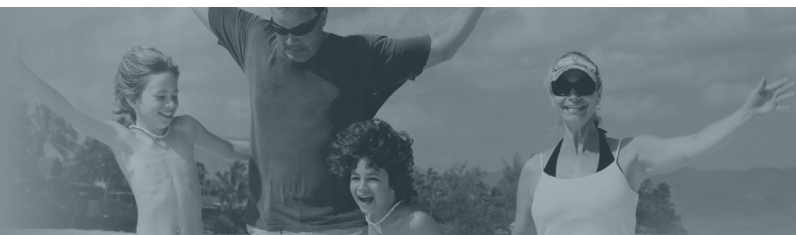
Participating in the National ADF Family Health Program will not affect your private health insurance benefits.

To maximise your ADF Family Health allied health benefit it is recommend that you claim from your private health insurer first, and then claim the gap from ADF Family Health.

Please refer to the enclosed Quick Guide for a step by step guide on how to claim. Claim Enquiries.

¹ HICAPS is the Health Industry Claims and Payments Service that allows holders of health fund cards to claim their benefits immediately, rather than submitting a manual claim form.





National ADF Family Health Program

NOTE: Navy Health Ltd is currently contracted by Defence to perform all ADF Family Health claims processing. If you need help completing your claim, please contact Navy Health on 1300 561 454.

Quick Guide to Claiming

Method 1 – Point of Sale Claiming (Allied Health)

Step 1 – Visit eligible allied health provider

Step 2 – Provider swipes your ADF Family Health Card (where provider has HICAPS)

Step 3 – Provider paid directly for services (subject to family benefit balance)

Step 4 – Pay provider any outstanding balance owing.

Method 2 – Mobile Claiming App

Step 1 – Ensure your banking and contacts details have been provided in the Online Member Services Portal

Step 2 – Download the ADF Family Health App (Apple App store or Google Play store)

Step 3 – Visit eligible health provider and pay for visit

Step 4 – Open App and follow 'Make a Claim' instructions. (you will be able to take a photo of your receipts and upload)

Step 5 – Money paid into your bank account within 2 business days.

Method 3 – Online Claiming

Step 1 – Visit an eligible health provider and pay for visit

Step 2 – Claim Medicare Rebate (where MBS Item Number applies)

Step 3 – Log onto Online Member Services website

Step 4 – Scan receipt / Medicare Statement

Step 5 – Follow instruction to upload receipt / Medicare Statement

Step 6 – Money is paid into your bank account within 2 business days.

NOTE: When using the Online Claiming method, receipts must be uploaded within 10 days.

Method 4 – Manual Claiming

Step 1 – Visit health care provider and pay for visit

Step 2 – Claim Medicare rebate (where MBS Item Number applies)

Step 3 – Attach receipt / Medicare Statement to an appropriate manual Claim Form

Step 4 – Send, fax or email claim to:
ADF Family Health, PO Box 172, BOX HILL, VIC, 3128
Fax: 03 9899 4234
adffamilyhealth@navyhealth.com.au

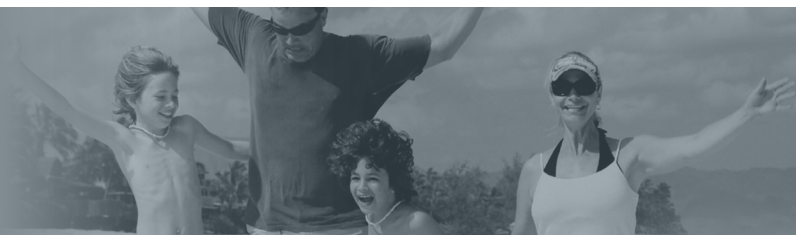
Step 5 – Money paid into your account.

Method 4 – Private Health Insurance

If you have private health insurance it is recommended that you claim your treatment from the private health insurance provider first and then claim any remaining amount via one of the above methods.

Please attach a copy of your private health insurer's receipt before sending in your claim via manual or online methods.





National ADF Family Health Program

Quick Guide to Fringe Benefits

The benefits claimed for reimbursement from the National ADF Family Health Program are considered a fringe benefit under the Fringe Benefits Tax Assessment Act 1996.

There are some important things to remember:

- The Fringe Benefit Tax (FBT) is paid by Defence
- If a member receives over \$2,000 in reportable Fringe Benefits during the FBT Year (01 April to 31 March), Defence is required to report the amount on the ADF member's Payment Summary
- The amount reported is "grossed up" (multiplied) by 1.8692 when it appears on the Payment Summary
- This does not affect the ADF member's Taxable Income
- This may affect your Assessable Income used by Government Departments (e.g. Centrelink) to calculate various income tested benefits, entitlements and liabilities (such as Child Care Benefit and Family Support payments)
- A record of reportable fringe benefits is maintained by the Defence Taxation Management Office. This information can be viewed through PMKeyS Self Service at the end of the FBT year.

Example: If the ADF member accumulates \$2,001 worth of benefits, it will be reported as \$3,740 on the Fringe Benefit section of his / her payment summary.

Please note: Other benefits being received as part of the member's employment may also be considered reportable fringe benefits (such as Remote Locality Leave Travel). All of these reportable fringe benefits will be added towards the \$2,000 threshold, not just the ADF Family Health services.

You may also view what FBT reportable ADF Family Health services you have claimed by visiting our website and selecting the Online Member Services tab, or by contacting our claims administrators Navy Health Ltd on 1300 561 454.

ADF Family Health recommends you seek financial advice to ensure that reportable FBT does not adversely impact your financial situation.

Additional information and links are provided on our website.

