

Gold Private Hospital

'Our quality hospital cover – at a discounted rate'

At this level of cover you receive the same level of protection and benefits as Gold Deluxe Hospital cover, however a co-payment from your own pocket applies if you actually go into hospital. A co-payment is a daily amount that you pay to contribute to your accommodation and theatre fees in a hospital or day surgery facility... we take care of the rest!



What You Are Covered For

Service	Benefit	Co-Payment By Member
Private hospital accommodation, including: <ul style="list-style-type: none"> - Intensive care - Hospital in the home or hospital-substitute treatment - In-hospital psychiatric treatment - In-hospital rehabilitation treatment 	100% cover* with contracted private hospitals & day facilities in Australia.	\$100 per day
Theatre fees, including: <ul style="list-style-type: none"> - Procedure room - Labour ward 	100% cover*	
In-hospital medical services, including: <ul style="list-style-type: none"> - Specialist doctor - Anaesthetist - Pathology - Radiology 	100% cover of the Medicare Benefits Schedule (MBS) Fee PLUS the Access Gap Cover Scheme is available to minimise any out-of-pocket gap costs.	
Surgically implanted Medical Devices and Human Tissue Products**	100% cover for No-Gap Medical Devices and Human Tissue Product** List Items	

*100% cover applies to private hospitals when they are contracted with the fund through the Australian Health Service Alliance (AHSA). This includes most licensed private hospitals and day facilities in Australia. To view the hospitals contracted with the fund, you can go to our website acahealth.com.au and use the Hospital Search.

** Formerly known as Prostheses.

What's Not Covered?

- ✗ Surgeon's fees for podiatric surgery
- ✗ Services for which Medicare pays no benefit e.g. cosmetic surgery & laser-eye surgery
- ✗ Services while a membership is in arrears
- ✗ Services incurred before waiting periods are served (including any service for a pre-existing condition)
- ✗ Services received as an outpatient, such as in the Emergency Department or visit to your General Practitioner/ Specialist
- ✗ Services where there is an entitlement under compensation insurance
- ✗ Services claimed over 2 years after the service date
- ✗ Services provided in countries outside of Australia
- ✗ Allied health services which are not included in the hospital agreement (where no Ancillary cover exists)
- ✗ Accommodation for nursing home type patients
- ✗ Chronic disease management programs

Other Features

- ✓ The Mental Health waiting period exemption for higher benefit is available to each insured person on a hospital policy once in their lifetime and will apply from the beginning of a current admission if the election (fund was notified) was made within 5 days of admission, if not from the date of the election (fund notification received) where:
 - The 2 month psychiatric/rehabilitation period has been served
 - It is for psychiatric or drug and alcohol related treatment
- ✓ Choose your own doctor and private hospital
- ✓ Access to the Federal Government Rebate as a reduced premium
- ✓ Exemption from the Medicare Levy Surcharge
- ✓ Exemption from Lifetime Health Cover penalties if joining before age 31
- ✓ Ambulance Cover for residents of NSW & ACT (for other states the ambulance cover is available under the Ancillary Products)

Waiting Periods

On joining hospital cover for the first time, waiting periods must be served before benefits will be paid. If you have upgraded your hospital cover, waiting periods will apply before the higher benefits will be paid.

Waiting Periods	
Accidents requiring hospital treatment, not related to a pre-existing condition	No Waits
Ambulance (for NSW, ACT)	No Waits
Obstetrics (pregnancy)	12 Months
Treatment relating to a pre-existing condition	12 Months
All other services including Psychiatric and Rehabilitation	2 Months

Pre-Existing Conditions

If you are suffering from a medical condition, illness or ailment at the time of commencing or upgrading hospital cover there will be a 12-month waiting period before hospital benefits can be paid on claims relating to that condition.

A pre-existing condition is defined as an ailment or illness where, in the opinion of a medical practitioner appointed by the Fund, the signs or symptoms existed at any time during the six months before or on the day which a member joins private health insurance or upgrades to a higher level of cover.

Going To Hospital?

As soon as possible before your hospital treatment;

- ✓ Contact us to confirm what you are covered for treatment and to check if any waiting periods apply, and
- ✓ Talk to your hospital and doctor for an estimate of any costs that are not covered by Medicare or by private health insurance.

In-Hospital Medical Services And Using The Access Gap Cover

These are the medical services you receive while admitted as an in-patient in hospital, or approved day facility, and may include services received from your specialist doctor, assisting surgeons, anaesthetist, pathology and radiology.

We are restricted by law to paying 25% of the MBS fee, while Medicare pays the other 75%. If the charges are more than the MBS fee, this is where your gap payment occurs.

The most common cost not covered by Medicare or by private health insurance, referred to as a "Gap", is the portion of the in-hospital medical services fees that are greater than the Medicare Benefits Schedule (MBS) Fee.

Medicare Benefits Schedule (MBS) Fee

75% covered by Medicare

25% covered by ACA Health

Portion Of The Fee Above MBS = Gap Payment

OR this can be fully or partially covered by ACA Health where the Access Gap Cover Scheme is used

To help avoid or minimise your gap payment, ACA Health offers the **Access Gap Cover** Scheme. If your doctor chooses to participate in the scheme, and bills in accordance with these arrangements, we can pay a higher benefit and you will either:

- ✓ Have ZERO gap expenses, or
- ✓ Have a known gap of up to \$500 per item (\$800 for obstetrics)

Using Access Gap Cover also makes it much easier for you and the doctor to claim your benefits from Medicare and ACA Health (see "How to claim your benefits").

It is your doctor's choice to bill using the Access Gap Cover scheme, and they may do so on a case-by-case basis. **It's important to discuss with them before your treatment begins that you would like them to participate in the scheme for you.**

[Login to the Online Member Portal to search which doctors have previously used Access Gap Cover and to check which hospitals are contracted with ACA health.](#)

Having A Baby?

- ✓ Make sure you have family cover at least 2 months before the baby is born to ensure the waiting period is served and the baby will have immediate cover.

Generally, newborn babies are not admitted hospital patients, (unless they are admitted to an approved neonatal intensive care unit, are the subsequent baby in a multiple birth, or are in hospital without their mother). This means that when a baby is treated by a paediatrician in hospital, and the baby is not admitted, the costs can only be claimed from Medicare.

Likewise, only medical services received while a mother is an admitted patient in hospital can be claimed from ACA Health.

Surgically implanted Medical Devices and Human Tissue Products**

These include pacemakers, defibrillators, joint replacements and other devices that are surgically implanted during a stay in hospital. There are often a number of different choices available with any particular Surgically implanted Medical Devices and Human Tissue Products, which can vary in cost and benefits.

The Department of Health has set a Surgically implanted Medical Devices and Human Tissue Products List with gap and no gap items. You and your surgeon will be able to choose from this list of Surgically implanted Medical Devices and Human Tissue Products that is most appropriate for you. If you agree to a Surgically implanted Medical Device or Human Tissue Product which has a gap, you will need to pay the gap amount.

How To Claim Your Benefits

Hospital Claims

At the time of hospitalisation, the hospital will request details of your private health insurer – so keep your membership card handy and present this to the hospital when you are admitted. On discharge, check that all your details on the account are correct and then sign the hospital claim form signifying that you are satisfied that the details are accurate and are giving the hospital authority to claim from us on your behalf. From there on, we take care of the rest! The benefit will be forwarded to the hospital as payment of the account, or if you have paid the account yourself, the benefit will be sent directly to you.

Medical Claims

Doctors using the Access Gap Cover Scheme will usually bill ACA Health direct. We will claim from Medicare on your behalf and send the payment directly to your doctor. If the doctor gives you the account, but has stated they are billing using the Scheme, send the account to us – clearly identifying it is to be claimed through Access Gap Cover.

Doctors not using Access Gap Cover will give you the account and it is up to you to claim the Medicare re-imbursment first. Medicare will issue you a statement which you send, with a signed claim form to ACA Health, for us to pay the remaining 25% of the MBS fee.

If we receive an account for services that are not covered, we will return the account unpaid.

This product benefits sheet must be read in conjunction with your ACA Health Policy Booklet. Please read these documents carefully and retain them for your future reference.

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Complete Ancillary

‘Our top extras cover – with generous benefits on a wide-range of general treatments’



The Complete Ancillary product offers you cover for a wide range of general treatment services including general and high-cost dental, orthodontics, optical, physiotherapy, natural therapies and much more for the whole family. We believe Complete Ancillary to be one of the best general treatment covers available, frequently offering higher benefits than many other health insurance products.

What You Are Covered For

Service	Description	Benefits Per Service	Annual Limit Per Person (Calendar Year)	
Emergency Ambulance Transport <i>Pensioners must claim the pensioner discount first</i>	Transport costs <i>(Please refer to the Products and Benefits Guide for further clarification)</i>	100%	Unlimited	
Dental <i>This is not a comprehensive list of our dental benefits, please see the Dental Schedule insert inside.</i>	Periodic examination	80% of cost, up to \$100	\$1,700 <i>(For all dental items, including orthodontics)</i>	
	Plaque removal	80% of cost, up to \$100		
	Fluoride treatment	80% of cost, up to \$100		
	Tooth extraction	80% of cost, up to \$170		
	Fillings	Up to 80% of cost	\$1,200 sub-limit	
	Periodontics	80% of cost	\$1,200 sub-limit	
	Root canal treatment	80% of cost	\$1,200 sub-limit	
	Crowns and bridges	80% of cost, up to \$1,000		
	Implants	80% of cost		
	Dentures	80% of cost	5 yr progressive limit: \$1,700	
Orthodontics	80% of cost	Lifetime limit: \$3,600		
Optical <i>Must be accompanied by a relevant sight correction prescription.</i>	Single lens Lenses (pair) Frames (for prescription lenses) Repairs Contact lenses Contact lens solution	Up to \$150 Up to \$300 Up to \$150 80% of cost 80% of cost up to \$310 80% of cost	\$450	
Pharmacy <i>Available only on prescription</i>	Prescriptions related to a medical condition costing over the Pharmaceutical Benefits Scheme (PBS) amount (\$31.60 as at 1/01/2024)	Up to \$100 per item as per MIMS pharmaceutical product information after deducting the PBS amount	\$800	
Physiotherapy	Short treatment Standard treatment Extended treatment	80% up to \$27.50 80% up to \$55.00 80% up to \$75	\$850 combined	
Exercise Physiology/Hydrotherapy	Treatment	80% up to \$22.50		
Chiropractic/ Osteopathy	Initial treatment Subsequent treatment X-ray	80% up to \$45 80% up to \$32 80% up to \$85		
Orthoptics	Eye therapy	80% of cost		
Speech Therapy	Standard treatment Extended treatment	80% up to \$40 80% up to \$50		
Occupational Therapy	Initial individual assessment Subsequent individual assessments	80% up to \$80 80% up to \$65		
Remedial Massage	Registered practitioner visit	50% up to \$30		
Acupuncture				
Allergy Management	Allergy testing, membership to Medic Alert (or equivalent) and tags, when ordered and performed by a registered practitioner	50% of cost		\$500
General Appliances <i>With letter from a registered practitioner Sub-limits may apply to specific items On purchase only, not on hire</i>	Appliances including: blood glucose monitor, nebuliser, wheelchair, CPAP machine and accessories plus more (contact us to confirm a particular item)	Up to 80% of cost		\$1,200 <i>(CPAP machine and accessories 5 year limit of \$1,200)</i>
Audiology	Hearing tests by a registered practitioner	50% of cost	Unlimited	
Cardiac Rehabilitation	Referred by a registered practitioner	80% of cost	Unlimited	

Service	Description	Benefit Per Service	Annual Limit Per Person
Diabetes Education	Diabetes Australia certified training program, consultation	50% up to \$25	\$100
Dietetics	Registered practitioner visit	80% of cost	\$300
Hearing Aids <i>Pensioners must claim any pensioner rebates first</i>	Hearing aids and repairs	80% of cost	3 year limit \$1500
	Hearing aid and cochlear implant batteries		\$200
Home Nursing	Services of a Registered Nurse when ordered by a registered practitioner	80% of cost <i>(Daily limit \$100)</i>	\$1,200
Mammography/Bone Density Testing	Screening tests where a Medicare benefit is not payable	80% of cost	1 test
Maternity Services & Appliances	Prenatal classes, postnatal classes, settling classes, lactation consultations. When performed by an RN or registered midwife	80% of cost	\$500 per policy
	Appliances for hire or purchase including: breast pump, infant sound and respiratory monitor (to prevent SIDS), TED stockings, blood glucose monitor, TENS machine		
Midwife Services <i>Only payable where a midwife is used rather than a Doctor</i>	Services of a registered midwife in private practice, including prenatal and postnatal visits (where not covered by Medicare)		
Orthopaedic Shoes <i>With letter from a registered practitioner</i>	Ordered by a registered practitioner for a medical condition	100% of cost above \$100	\$400 combined <i>Limit 1 pair of shoes</i>
Orthotics	Orthotics, shoe modifications and shoe repairs	80% of cost	
Podiatry/Chiropody	Treatment by a registered practitioner Outpatient only	80% of cost	\$400
Psychology <i>No benefits are payable for educational assessments or reports.</i>	Initial treatment Subsequent treatment Clinical assessment	80% of cost up to \$110 80% of cost up to \$80 80% of cost up to \$150	\$500
Surgical Corsets/Stockings and Braces <i>With letter from a registered practitioner</i>	Ordered by a registered practitioner for a medical condition	80% of cost	\$400
Prescribed Vitamins and Minerals	With letter from a General Medical Practitioner	50% up to \$20 per item	\$200
Wound Care Clinics	Standard Treatment, including dressing costs	50% of cost up to \$20	\$200
	Extended Treatment, including dressing costs	50% of cost up to \$30	

* In order for benefits to be paid on general treatments, the health practitioner must be appropriately qualified and registered with their relevant association. To confirm exactly what benefit is payable on any particular treatment, contact ACA Health with the specific item number or description of the service.

** Annual limits do not rollover to the next calendar year. Benefits are paid according to the limit of the year in which the services are provided/purchased.

What's Not Covered?

- ✗ Services not listed above
- ✗ In-hospital accommodation for extraction of wisdom teeth
- ✗ Services while a membership is in arrears
- ✗ Services incurred before waiting periods are served
- ✗ Services where there is an entitlement under compensation insurance
- ✗ Services claimed over 2 years after the service date
- ✗ Products or services purchased in or from countries other than Australia
- ✗ Services performed by a Podiatric Surgeon (Inpatient)
- ✗ Naturopathy, Herbalism & Homeopathy

Waiting Periods	
Optical	4 months
Dental	9 months
Hearing aids	12 months
Prescribed health appliances (including maternity appliances)	12 months
Foot orthotics & surgical shoes	12 months
All other services	2 months

On joining general treatments cover for the first time, waiting periods must be served before benefits will be paid. If you have upgraded your general treatments cover, waiting periods will apply before the higher benefits will be paid.

How To Claim Your Benefits

For many services you can claim electronically 'on the spot' using your membership card. This means your benefits are paid to the health care provider immediately and you only pay the difference. If your health care provider does not have electronic claiming available, you can claim online or via post. To claim online through acahealth.com.au, login through 'Member login' and follow the prompts on the 'Make a Claim' page to upload your invoice and submit the claim. To claim via post, return a completed and signed claim form with the original invoices. You can download and print a claim form from our website. Our claims assessor will assess your claim and pay the benefits within 3-5 working days of receiving your claim. If you have not yet paid the provider for the service, a cheque will be made payable to them and you will need to present it to the provider with the gap payment.

This product benefits sheet must be read in conjunction with your ACA Health Policy Booklet. Please read these documents carefully and retain them for your future reference.

Dental Benefits Schedule

Benefits will be 80% of cost up to the maximum limits shown below. All benefits and limits are subject to the annual calendar year limit of \$1700.

Overall Annual Dental Limit Per Person \$1,700		
Service	Item No.	Benefits Per Service
Diagnostic & Radiological Services		
Comprehensive oral examination	011	\$100
Periodic oral examination	012	\$100
Oral examination – limited	013	\$100
Consultation (incl examination)	014	\$100
Extended consultation (30 minutes or more)	015	\$100
Intraoral radiograph per exposure	022	\$100
Full X-rays	031-039	\$100
Other	016, 017, 026, 051-053, 055-059, 071-084, 087-091	\$100
Preventative Services		
Removal of plaque and/or stain	111	\$100
Removal of calculus – first visit	114	\$100
Removal of calculus – subsequent visit	115	\$100
Topical application of remineralisation agents, one treatment	121	\$100
Application of a cariostatic agent – single tooth	123	\$100
Provision of a mouthguard – indirect	151	\$100
Bimaxillary mouthguard – indirect	153	\$100
Fissure sealing – per tooth	161	\$100
Resin infiltration - per tooth	163	\$100
Desensitising	165	\$100
Periodontics (Yearly sub-limit: \$1,200)		
Supporting structures treatments	213-251	80% benefit
Oral Surgery		
Removal of tooth or part	311, 314	\$120
Surgical removal of tooth(s) thereof	322	\$270
as above requiring bone removal and/or tooth division	324	\$400
Surgically implanted Medical Devices and Human Tissue Products**	331-345	80% benefit
Maxillo-facial injuries	351-359	80% benefit
Dislocations	361-363	80% benefit
Osteotomies	365-366	80% benefit
General surgical	371-379	80% benefit
Other surgical procedures	381-399	80% benefit
Endodontics (Yearly sub-limit: \$1,200)		
Pulp & root canal treatments	411-421, 431-438, 445, 457, 459	80% benefit
Restorative Services (Yearly sub-limit: \$1,000)		
Metallic restoration – 1 surface	511	\$200
Metallic restoration – 2 surfaces	512	\$200
Metallic restoration – 3 surfaces	513	\$200
Metallic restoration – 4 surfaces	514	80% benefit
Metallic restoration – 5 surfaces	515	80% benefit
Adhesive restoration – 1 surface-ant/post tooth	521, 531	\$200
Adhesive restoration – 2 surface-ant/post tooth	522, 532	\$250
Adhesive restoration – 3 surface-ant/post tooth	523, 533	\$250
Adhesive restoration – 4 surface-ant/post tooth	524, 534	80% benefit
Adhesive restoration – 5 surface-ant/post tooth	525, 535	80% benefit
Adhesive restoration - veneer	526, 536	80% benefit
Pin retention – per pin	575	\$30
Other	541-556, 571, 572, 574, 575, 577-598	80% benefit

Overall Annual Dental Limit Per Person \$1,700

Service	Item No.	Benefits Per Service
Prosthodontics: Crowns Bridges & Implants		
Full crown – polymeric material - ceramic	611, 613	\$1,000
Full crown – veneered – indirect	615	\$1,000
Full crown – metallic – indirect	618	\$1,000
Core for crown including post – indirect	625	\$176
Preliminary restoration for crown – direct	627	\$116
Other	629-696	80% benefit
Surgically implanted Medical Devices and Human Tissue Product** repairs and maintenance	692-697	80% benefit
Prosthodontics: Removable - Partial and Full Dentures		
Maximum benefit for all removable prosthodontics (except denture repairs & maintenance) is \$1,700 over any progressive 5 year period.		
Complete maxillary denture	711, 713	\$850
Complete mandibular denture	712, 714	\$850
Metal palate or plate (additional to above)	716	\$107
Complete maxillary & mandibular denture	715, 719	\$1,700
Partial maxillary denture – resin base	721, 723 Provisional partial maxillary denture	\$352
Partial mandibular denture – resin base	722, 724 Provisional partial	\$352
Partial maxillary denture – fabricated metal framework	727	\$795
Partial mandibular denture – fabricated metal framework	728	\$795
Retainer – per tooth	731	\$42
Occlusal rest – per rest	732	\$47
Tooth/teeth (partial denture)	733	\$20
Overlays – per tooth	734	\$47
Precision or magnetic attachment	735	\$85
Immediate tooth replacement – per tooth	736	\$25
Resilient lining	737	\$150
Wrought bar	738	\$34
Metal backing of denture teeth – per backing	739	80% benefit
Denture maintenance/denture repairs	741-755, 761-769	80% benefit
Other services	771-773, 775-779	80% benefit
Maxillofacial prosthetics	781 - 790	80% benefit
Orthodontics (Lifetime limit \$3,600)		
Positioning and relationship of teeth	811-825, 829-846, 851, 862, 871-878, 881, 882	80% Benefit
<i>Where an orthodontic claim exceeds the annual dental limit, the member may claim benefits for the excess of the claim at the commencement of the next calendar year or on completion of the orthodontic treatment. For this reason, we suggest claiming first on all other dental services received in the year, as other dental benefits cannot be rolled over into following years. A copy of the contract must accompany the first claim.</i>		
Emergency/General/Miscellaneous		
Palliative care - per visit	911	\$36.70
After hours call out	915	\$15
Anaesthesia & sedation	941-949	80% benefit
Splinting/stabilisation	981	80% benefit
Enamel stripping per appointment	982	80% benefit
Occlusal Treatment/Therapy (Yearly sub-limit: \$600)		
Occlusal treatments	963, 965-968, 972	80% benefit
Oral appliance for diagnosed snoring and sleep apnoea	984 and 985	50% up to \$600 Also subject to CPAP machine Limit See "General Appliances" page 1
No Benefits Payable On The Following Items		
018, 019, 041-048, 061, 113, 116-119, 122, 131, 141, 142, 171, 916, 919-921, 926-929, 945, 948, 961, 964, 971, 986, 987, 990, 999.		

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