

Products and Benefits Guide

August 2017



...Because We **Care**



This booklet contains...

- ✓ *A list of our different covers*
- ✓ *Explanation of benefits & services*
- ✓ *Application forms + more!*

*For the community of Seventh-day
Adventist Church employees and
their families, we aim to provide the
freedom to live a life with vitality, and
the assurance of knowing your health
needs will be taken care of
...Because We Care*

A Message from ACA Health

For over 50 years ACA Health has supported thousands of families working for iconic institutions like Sanitarium, Adventist Education and the Sydney Adventist Hospital. And for over 50 years we've been putting our members first and last. We exist only to serve members - we don't have shareholders, or overseas owners pulling the strings. In fact, we guarantee that 100% of our operating surplus is retained each year solely for the provision of future member benefits.

We listen to our members when they tell us that the most important ancillary benefits are dental, orthodontic and optical. So when it comes to these three we offer market leading per-treatment payments; and they're not just a bit better. Our hospital options are also very comprehensive and easy to understand.

So if you or one of your family members are part of the Seventh-day Adventist employee community have a look through this brochure, see for yourself the excellent value of being covered by ACA Health and then call us to see which of our products would best suit you. We're ready to help, because we care...

Jody Burgoyne
Manager – ACA Health Benefits Fund

...Because We **Care**



Contents

■ ACA Health History	4
■ Who can join ACA Health?	6
■ Why join ACA Health?	8
• Australian Government Incentives	12
■ Hospital Cover Options	12
• Deluxe Hospital	12
• Private Hospital	14
• Basic Hospital	16
• Bare Essentials Hospital	18
• Compare Hospital Covers	20
• More information about Hospital Cover	22
■ General Treatment Covers	26
• Complete Ancillary	27
• Ancillary Life	27
• Compare General Treatment Covers	28
• More Information about General Treatment Cover	32
• More Information about cover for Ambulance Transport	33
■ More Information about joining ACA Health	34
• Paying Contributions	34
• Cooling-Off Period	34
• ACA Health Privacy Policy	34
• In case of a Complaint	34
• Online Member Services	35
• Private Health Insurance Code of Conduct	35
■ Insert: New Member Application Form + Rebate Application Form	
■ Insert: Pricing Guide	

If you do not have an application form or pricing guide with this brochure please contact your employer, or the ACA Health office for a copy. These forms and guides are also available to download from our website acahealth.com.au



Committed to the Health of SDA-owned Organizations' Employees Since 1934

Imagine it's 1934. You face an enormous, unexpected hospital bill and there's no health fund to rely on. You're unable to pay the bill, so you have to present your case to a committee and hope the decision-makers see fit to give you some money towards your bill.

In May 1934, the Executive Committee of the Australian Union Conference gave five men the task of working out a scheme whereby all church employees could make "weekly payments to prepare for adequate

care during times of sickness". Those men were: Brethren TW Hammond, RE Hare, GT Chapman, RH Adair and GS Fisher.

Four months later, their recommendations were adopted and the Seventh-Day Adventist Church in Australia started its own private health fund for employees, called the Union Conference Medical Policy Fund.

Married workers contributed 6d (sixpence) each week, and single workers 3d (threepenny). If you wanted health cover to include your parents or siblings, you had to pay 6d whether married or single. If you needed hospital treatment, the fund covered 50% of medical bills – up to the value of £20 (pounds) annually.

You couldn't send a claim to the health fund unless the bill was more than £2.2s (two pounds, two shillings). Surprisingly – compared with today's generous fund – back then you were not allowed to claim for obstetrics, dentistry, tubercular-related illness, mental illness or chronic illness.

The health fund existed only for workers in conferences, intuitions, mission fields and student workers. The organisation employing the worker was asked to subsidise the fund to an amount equal to what the worker contributed to the fund.

"The SDA church has long been committed to the health and wellbeing of its employees"

In August 1971, ACA Health Benefits Fund (ACAHBF) was formalised. For 10 years, from 1976-1986, ACA wasn't registered with the Australian Government as there appeared no advantage in doing so. However, a decision was made in April 1986 to re-register – in part to provide a 'continuation of entitlement' when employees transferred to other health funds when they left church employment.

A lot has changed since those early days. Today ACA Health Benefits Fund provides private health cover of exceptional value and great choice for current and past employees of the Adventist church, and their families.

"The SDA church has long been committed to the health and wellbeing of its employees," says Jody Burgoyne, Manager ACA Health Benefits Fund.

"Establishing a health fund was part of its 'people ministry'. It helps the people who work for the church, to help the church fulfil its mission. We value our employees and their families, and that's why ACA Health recently expanded its offering to provide private health cover for extended family members as well – not just immediate family."

Today, ACA Health continues to live up to its motto 'because we care' by introducing the new Bare Essentials Hospital Cover and changing the product pricing structure in response to feedback from members. ACA Health's commitment and dedication to its members will continue on as it has since it all started back in 1934. Because we care...



Nurses from Sanitarium treating a patient in 1934

ACA Health History

- Pioneers of ACA Health
- How and why it started
- The Commitment of ACA Health



Who can join ACA Health?

- Employees of the Seventh-day Adventist Church and its affiliated companies
- Partners/spouses, dependants, past dependants, sisters, brothers, parents and grandchildren of eligible persons
- Past members of ACA Health

Who can join ACA Health?

Membership with ACA Health is open to...

- ✓ Past members
- ✓ Present and past employees of incorporated* companies affiliated with the Seventh-day Adventist Church in Australia including:
 - Sanitarium Health and Wellbeing Company
 - Sydney Adventist Hospital
 - Signs Publishing Company
 - Adventist Development & Relief Agency
 - Adventist Schools
 - Adventist Retirement Villages
 - Plus more!
- ✓ Partners/spouses, dependents, siblings, parents and grandchildren of eligible persons mentioned above are also welcome to join.

We consider children dependent until the age of 21, or if they are unmarried/non-defacto full-time students earning less than \$20,000pa, they can remain under the family cover until the age of 25 at no extra cost.

Dependant Extension

If your children are aged between 21 and 25, without a spouse/partner and not studying full time, you can choose to keep them on your cover by selecting the Dependant Extension. With a 30% loading on top of the normal cost, you can keep your children covered until they are 25, rather than leaving them uncovered, or having them pay a higher premium for their own single cover. The Dependant Extension is only available to families who have a combined Deluxe Hospital or Private Hospital and General Treatments policy. It is not available with Basic Hospital Cover.

No longer employed by an Adventist entity?

Once you've become a member you are eligible to stay a member for life...

This means that you can stay with us after leaving employment, and are always eligible to rejoin if you ever choose to leave the Fund. Furthermore, past dependants are always eligible to join in their own right.

If you are unsure of your eligibility to join ACA Health, please contact us for further information.

Non-Residents of Australia

The ACA Health covers detailed in this Guide are designed for people who are eligible for full Medicare benefits. They do not adequately cover the cost of medical treatment provided to overseas visitors who are ineligible or only partially eligible for Medicare benefits.

If you are not currently eligible for Medicare please contact us to discuss how private health cover options can work for you.

*Most Adventist organisations incorporated between 2000 and 2004. If you were employed by an Adventist entity before 2000, you may not be able to join ACA Health. Please contact us to confirm your eligibility before joining.

Why join ACA Health?

- We're not-for-profit
- We offer value for your money
- We're member focussed
- Australian Government Incentives



Why join ACA Health?

■ More choice for your health treatment

Private health cover means you have more choice in your health treatment. You can have more say in choosing your doctor, hospital and room type. And importantly, you can avoid public patient waiting lists.

If you are not sure how private health insurance works, and how it can benefit you, contact us and ask for a copy of the Federal Government brochure – *Insure?* *Not sure?*

■ We're run for the benefit of our members (not-for-profit)

Your member contributions are for the sole purpose of providing benefits for members, and because it's your money, we do our best to keep our administration costs low. This means more benefits for you!

■ We have an easy choice of health insurance products

You're not bombarded with a thousand different choices with excesses to pay and exclusions for who knows what. We've kept it simple for your peace of mind.

■ Value for your money

With our premium Deluxe Hospital and Complete Ancillary package you receive one of the most comprehensive hospital and ancillary insurance packages available in the industry. We are proud to have comparable prices to similar packages with our competitors, while offering generous benefits, often higher than many of our competitors.

■ We're member focussed

Your feedback is taken seriously, with many improvements to our products and services coming directly from members' feedback. With customer satisfaction ratings among the highest in the industry, our customer service team is well experienced in the health insurance industry and are committed to serving our members with personal and professional service. As part of the Seventh-day Adventist Church community and hirmaa* (our association for restricted access and niche health funds), we are a quality insurer you can trust.

■ Australian Government Incentives

The Australian Government has various initiatives aimed at encouraging Australians to take out private health insurance... so there has never been a better time to join private health cover.

We are hirmaa

* hirmaa, established in 1978 exists to represent the interests of restricted access insurers and like-minded organisations.
For more info visit hirmaa.com.au

Australian Government Incentives

- Australian Government Rebate
- Medicare Levy Surcharge
- Lifetime Health Cover



Australian Government Private Health Insurance Rebate

The Australian Government offers a rebate to all Australians eligible for Medicare and who are members of a registered health fund, in recognition of the contribution those with private health insurance are making to their own health care costs.

The rebate which is age and income tested is available on all ACA Health hospital and general treatment products - please see the enclosed rebate form for rebate tiers.

You can receive the rebate as a premium reduction through ACA Health (by filling in the Application to receive the Australian Government Rebate on Private Health Insurance as a reduced premium form) or you can claim it as a refundable tax rebate in your annual tax return.

Medicare Levy Surcharge

High-income earners who don't take out private hospital cover are charged an additional 1-1.5% on their taxable income on top of the usual 1.5% Medicare Levy.

For the period 1 July 2015 to 30 June 2018 high income is defined (as at 3 December 2017) as:

- Singles - annual taxable income greater than \$90,000; or
- Families/Couples - combined annual taxable income greater than \$180,000

(The family income threshold increases by \$1,500 for each dependent child after the first)
<http://www.health.gov.au/internet/main/publishing.nsf/Content/health-phicirculars2014-71>

The good news is that with all ACA Health hospital cover products you can avoid the Medicare Levy Surcharge and get yourself a great hospital cover.

Lifetime Health Cover

If you are joining hospital cover for the first time after the age of 31 this applies to you!

Under the Federal Government Lifetime Health Cover (LHC) initiative, Health Funds are required to charge people 2% extra on top of the normal premiums for every year they are aged over 30 when they first take out hospital cover. So someone joining at age 40 will pay 20% more on their hospital premiums every year, than someone who joins before 31.

All members who join hospital cover by 1 July following their 31st birthday do not incur a loading on their premium. If you had hospital cover at some point after July 2000, you are able to drop your hospital cover for a cumulative period of 1094 days without affecting your premium (called Absence Days). If you do not take-up hospital cover before 1094 days have passed, loadings will continue to accrue.

The LHC loading will apply to a member's premiums for a maximum of 10 years.

A lower loading may apply for new migrants or persons who have been overseas for extended periods.

For more details visit privatehealth.gov.au or contact us.

The figures above were correct at time of printing. However, they are indexed and may change- please contact your tax adviser for more information.

Hospital Covers

- Deluxe Hospital
- Private Hospital
- Basic Hospital
- Bare Essentials Hospital



Deluxe Hospital

'Our top hospital cover - for the ultimate peace of mind'

With no excess, no co-payments, and no exclusions - you have the most comprehensive cover available in health insurance!

What are you covered for?

Service	Benefit
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. (Limited to 100 days per calendar year. Basic Hospital default accommodation rates apply thereafter.)
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 prosthesis	100% cover for No-Gap Prosthesis List Items

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

What's not covered?

- ✗ Surgeon's fees for podiatric surgery
- ✗ Hospital accommodation for nursing home type patients
- ✗ Services for which Medicare pays no benefit e.g. cosmetic & 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 their service date
- ✗ Services provided in countries outside Australia

Other features

- ✓ Choose your own doctor and private hospital
- ✓ Access to the Australian Government Rebate as a reduced premium
- ✓ Exemption from the Medicare Levy Surcharge
- ✓ Exemption from Lifetime Health Cover penalties if joining before age 31
- ✓ Ambulance transport provided by the NSW & ACT State Ambulance Service, for residents of NSW & ACT. For residents of other states, ambulance transport is covered under the General Treatment Products (see page 26 for more information)



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 Deluxe Hospital cover, however a co-payment applies if you actually go into hospital. A co-payment is a daily amount that you pay to contribute to your accommodation and theatre/procedure fees in a hospital or day surgery facility... we take care of the rest!

What are you 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. <i>Limited to 100 days per calendar year. Basic Hospital default accommodation rates apply thereafter.</i>	\$100 per day <i>Co-payments do not apply when admitted to a public hospital</i>
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 prosthesis	100% cover for No-Gap Prosthesis List Items	

* 100% cover applies to private hospitals when they are contracted with the fund through the Australian Health Service Alliance (AHSa). This does involve most licensed private hospitals and day facilities in Australia. To view the hospitals contracted with the fund, you can use the Hospital Search when you login to your account on our website at www.acahealth.com.au.

What's not covered?

- ✗ Surgeon's fees for podiatric surgery
- ✗ Hospital accommodation for nursing home type patients
- ✗ Services for which Medicare pays no benefit e.g. cosmetic & 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 Australia

Other features

- ✓ Choose your own doctor and private hospital
- ✓ Access to the Australian Government Rebate as a reduced premium
- ✓ Exemption from the Medicare Levy Surcharge
- ✓ Exemption from Lifetime Health Cover penalties if joining before age 31
- ✓ Ambulance transport provided by the NSW & ACT State Ambulance Service, for residents of NSW & ACT. For residents of other states, ambulance transport is covered under the General Treatment Products (see page 26 for more information)



Basic Hospital

'Our budget hospital cover – giving you private treatment in a public hospital'

At this level of cover you can choose your own doctor and have shared room accommodation in a public hospital. Basic Hospital is designed for treatment in a public hospital, if you are admitted to a private hospital, you may have significant out-of-pocket expenses.

What are you covered for?

Service	Benefit
Shared room in a public hospital	100% cover* with public hospitals & day facilities in Australia.
Private room in a public or private hospital	Limited cover*
Theatre fees, including: <ul style="list-style-type: none"> - Procedure room - Labour ward 	Not covered
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 prosthesis	100% cover for No-Gap Prosthesis List Items

* For Basic Hospital benefits, the **Federal Government Default Benefit** is applied. This is the amount of benefit determined by the Federal Government as the minimum amount private health insurers must pay for accommodation in public hospitals. Default Benefits are payable only towards the cost of hospital accommodation and provide no cover for other hospital charges such as labour ward or operating theatre costs. Default Benefits will not cover the full cost of treatment in private hospitals or in day hospital facilities, and you will be left with significant out-of-pocket expenses. Please call us on 1300 368 390 if you would like to know if the Default Benefit applies to any treatment you anticipate.

Basic Hospital cover does not provide any advantage in relation to public hospital waiting lists.

What's not covered?

- ✗ Surgeon's fees for podiatric surgery
- ✗ Hospital accommodation for nursing home type patients
- ✗ Services for which Medicare pays no benefit e.g. cosmetic & 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 Australia

Other features

- ✓ Choose your own doctor in a **public** hospital
- ✓ Access to the Australian Government Rebate as a reduced premium
- ✓ Exemption from the Medicare Levy Surcharge
- ✓ Exemption from Lifetime Health Cover penalties if joining before age 31
- ✓ Ambulance transport provided by the NSW & ACT State Ambulance Service, for residents of NSW & ACT. For residents of other states, ambulance transport is covered under the General Treatment Products (see page 30 for more information)



Bare Essentials Hospital

‘Our Essentials Cover – covering you only for the basic essentials’

With this level of cover, ACA Health pays benefit on Included services and limited benefit on Restricted services (rehabilitation and psychiatric services). There is no benefit payable on Excluded services (heart surgery, joint replacements, pregnancy & related services). There is an excess payable of \$500 per adult person, per calendar year (whether in a private or public hospital) which does not apply to child dependants. Call us before you book a treatment and ask about the benefits you can expect to receive and any out-of-pocket expenses you may incur.

What are you covered for?

Service		Benefit for Included Services	Benefit for Restricted Services
Public hospital	Private room	100% cover (\$500 excess applies)	Not covered
	Shared room (private patient)		100% cover* ** (\$500 excess applies)
	Surgical prosthesis		
Private hospital (& day facilities in Australia)	Private room	100% cover* (\$500 excess applies)	Not covered
	Shared room (intensive care)		
	Theatre fees		
	Surgical prosthesis	100% cover (\$500 excess applies)	

* Access Gap Cover Scheme is available with participating doctors to minimise any out-of-pocket gap costs.

**For Bare Essentials Hospital benefits, the Federal Government Default Benefit is applied for restricted services in a Public Hospital. Default Benefits are payable only towards the cost of hospital accommodation and provide no cover for other hospital charges such as operating theatre costs. To view the hospitals contracted with the fund, you can use the Hospital Search when you login to your account on our website at www.acahealth.com.au.

What's not covered?

- ✗ **Excluded Services** (heart surgery, joint replacements, pregnancy & related services, assisted reproductive services)
- ✗ Surgeon's fees for podiatric surgery
- ✗ Services for which Medicare pays no benefit
e.g. cosmetic surgery & laser-eye surgery
- ✗ Restricted services in a Private Hospital
- ✗ 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
- ✗ Pharmaceutical prescriptions
- ✗ Hospital substitute services (i.e. early discharge program)
- ✗ Labour ward fees
- ✗ Accommodation for nursing home type patients
- ✗ Chronic disease management programs

- ✗ Services claimed beyond the 2 years after the service date
- ✗ Services provided in countries outside of Australia
- ✗ No special assistance

Other features

- ✓ Qualifies for government incentives:
 - ✓ Access to the Federal Government Rebate as a reduced premium
 - ✓ Exemption from the Medicare Levy Surcharge (MLS).
 - ✓ Exemption from Lifetime Health Cover (LHC) penalties if joining before age 31
- ✓ Ambulance Cover for included services for residents of NSW & ACT in these states (for other states, ambulance cover is available under General Treatment Products).
- No Ambulance cover for Excluded services.*
- ✓ Dependants covered to age 21 (or 25 if eligible fulltime students)
- ✓ Dependant Extension (for dependants who are not full time students aged 21-25 when combined with a general treatments cover)

Compare Hospital Covers

	Bare Essentials			Basic Hospital	Private Hospital	Deluxe Hospital
	E	R	I			
Public Hospital						
Shared room	No	Yes		Yes	Yes	Yes
Private room	No		Yes	Limited ^x	Yes	Yes
Surgical prosthesis	No	Yes		Yes [#]	Yes [#]	Yes [#]
Participating Private Hospitals and Day Facilities						
Shared room	No		Yes	Limited ^x	Yes [•]	Yes
Private room	No		Yes	Limited ^x	Yes [•]	Yes
Theatre fees	No		Yes	No [°]	Yes	Yes
Intensive care fees	No		Yes	No	Yes [•]	Yes
Labour ward fees	No			No	Yes	Yes
Accommodation for nursing home type patients	No			No	No	No
Surgical prosthesis	No	Yes		Yes [#]	Yes [#]	Yes [#]
Heart surgery	No			Yes	Yes	Yes
Joint replacements				Yes	Yes	Yes
Pregnancy & related services				Yes	Yes	Yes
Assisted reproductive services				Yes	Yes	Yes
Psychiatric programs				No	Yes*	N/A
Rehabilitation	No	Yes*	N/A	Yes ^x	Yes	Yes
Pharmaceutical prescriptions (some conditions)	No			No	No	Yes
Services for which medicare pays no benefit (i.e. cosmetic)	No			No	No	No
Laser eye surgery	No			No	No	No
In-Hospital Medical Services*						
Access Gap Cover (participating doctors)	No	Yes*	Yes	Yes	Yes	Yes

E - Excluded Services
R - Restricted Services
I - Included Services

E - Excluded Services R - Restricted Services I - Included Services	Bare Essentials			Basic Hospital	Private Hospital	Deluxe Hospital
	E	R	I			
Other						
Hospital substitute services (i.e. early discharge program)	No			No	Yes	Yes
Chronic disease management programs (when combined with Complete Ancillary cover)	No			No	No	Yes
Qualify for government incentives	Yes			Yes	Yes	Yes
Dependants covered to age 21 (or 25 if eligible fulltime students)	Yes			Yes	Yes	Yes
Dependant Extension option (for dependants who are not full time students aged 21-25 when combined with a general treatments cover)	Yes			No	Yes	Yes
Standard waiting periods apply	Yes			Yes	Yes	Yes
Cover level limited to 100 days per year	N/A			No	Yes	Yes
Ambulance	Ambulance - NSW and ACT Residents Only (In other states Ambulance is covered under the General Treatment Products)					
Australia wide coverage	No	Yes		Yes	Yes	Yes

* Out-of-pocket costs may occur depending on the charges and whether the Access Gap Cover Scheme is being used. Please see page 25.

^x Minimum default benefits apply. There will be significant out-of-pocket expenses when treated in a Private Hospital, or in a private room of a Public Hospital

[#] We pay the minimum benefit on the Prosthesis list. There may be 'out of pocket' expenses.

^o Public hospitals do not charge for theatre fees

• With co-payment by member

This table is given as an indication only, and is not a comprehensive list of our hospital benefits and rules. Please contact us for further information on our benefits for a particular treatment. For more information about waiting periods including pre-existing conditions please see page 23.

More Information about Hospital Cover



Waiting Periods

On joining health insurance for the first time, waiting periods must be served before benefits will be paid on all hospital covers with ACA Health.

If you transfer from another fund to ACA Health within 60 days and with no gap in contribution payments, then normal waiting periods are waived and ACA Health benefits up to the level of your previous cover may be paid immediately.

If you upgrade your cover, normal waiting periods apply before the higher benefits are paid.

Waiting Periods

Accidents requiring hospital treatment, not related to a pre-existing condition	No waiting period
Obstetrics (pregnancy)	12 Months
Treatment relating to a pre-existing condition	12 Months
All other services	2 Months

Chronic Disease Management Programs

We provide an integrated wellness, prevention and chronic management service.

This program is only available for members who qualify, are identified by ACA Health, and have a Deluxe Hospital and Complete Ancillary policy.

For more information, please contact us.

Pre-Existing Conditions

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

A pre-existing condition (PEA) 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.

All hospital admissions during the first 12 months of joining or upgrading your cover will not be guaranteed payment until the Fund has verified that the treatment does not relate to a pre-existing condition. This can take time so it is important to notify us as soon as you become aware you need to be admitted to hospital.



More information about Hospital Cover
with ACA Health

Doctor's Fees - Access Gap Cover

ACA Health offers the Access Gap Cover Scheme to help cover some or all of the gap between the standard fee set by Medicare (MBS fee) and any additional amount charged by your doctor for in-hospital medical services.

In-hospital medical services are the medical services you receive while an in-patient in a hospital, or approved day facility, and may include services received from your specialist doctor, assisting surgeon, anaesthetist, or in pathology or 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 arises.

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

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 \$400 per service (or \$800 for obstetrics)

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, so it's important to discuss this with them before your treatment begins.

Surgically Implanted Prosthesis

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 prosthesis, which can vary in cost and benefits.

The Department of Health has a Prosthesis List with gap and no gap items. You and your surgeon will be able to choose from this list a prosthesis that is most appropriate for you. If you agree to a prosthesis which has a gap, you will need to pay the gap amount.

How to find a no Gap or known Gap doctor

Visit acahealth.com.au and login to your dashboard by clicking on the Member login button. The Find a Doctor search is at the bottom of that page. Perform a search for doctors who have previously used the Access Gap Cover scheme.

If you can't access our website, call us on [1300 368 390](tel:1300368390) and we can help you find a no gap or known gap doctor.

General Treatment Covers

- Complete Ancillary
- Ancillary *lite*



Complete Ancillary

With our Complete Ancillary cover, you receive a comprehensive general treatments cover with generous benefits on a wide range of services including;

- Ambulance Transport
- Dental;
- Orthodontics;
- Glasses and Contact Lenses;
- Physiotherapy;
- Natural Therapies;

...and much more for the whole family.

We believe this is an excellent product, often offering higher benefits than comparable products at many other funds. It's cover for complete peace-of-mind.

You can choose this cover in addition to your Hospital Cover or you may wish to choose Complete Ancillary Cover on its own.

Ancillary *lite*

Ancillary *lite* is exactly what the name suggests...*lite* on the benefits, *lite* on the price.

It's a cover designed for those looking for good general treatment cover at a reasonable price. We've kept the range of benefits to just the essentials you told us you wanted, such as;

- Ambulance Transport
- General Dental and some allowance for some high-cost items;
- Glasses and Contact Lenses;
- Physiotherapy;
- Remedial Massage;

...and more.

Ancillary *lite* is a great place to start for those younger people looking to join health cover for the first time or for those who don't need the complete package of health services.

You can choose this cover in addition to your Hospital Cover or you may wish to choose Ancillary *lite* Cover on its own.

[Refer to the comparison table over the page to see a list of the benefits paid on the range of the services covered.](#)

Waiting Periods

On joining health insurance for the first time with ACA Health, waiting periods must be served before benefits will be paid on all ancillary covers with ACA Health.

If you transfer from another fund to ACA Health within 60 days and with no gap in contribution payments, then normal waiting periods are waived and ACA Health benefits up to the level of your previous cover may be paid immediately.

If you upgrade your cover, normal waiting periods apply before the higher benefits are paid.

Waiting Periods	
Ambulance	No waiting period
Optical	4 Months
Dental	9 Months
Foot orthotics & surgical shoes	12 Months
Prescribed health appliances (including maternity appliances)	12 Months
Hearing aids	12 Months
All other services	2 Months

Compare General Treatment Covers

Service	Description	Waiting Period	Complete Ancillary		Ancillary life	
			Benefit per Service	Annual Limit per person	Benefit per Service	Annual Limit per person
Ambulance <i>Pensioners must claim the pensioner discount first</i>	Emergency Transport Costs <i>For a full description of what's covered see page 30</i>	Nil	100%	Unlimited	100%	Unlimited
Dental <i>This is not a comprehensive list of our dental benefits, we are happy to provide our full Dental Benefits Schedule on request</i>	Periodic examination Plaque removal Fluoride treatment Tooth extraction Crowns and bridges Fillings Periodontics Root canal treatment Implants Dentures Orthodontics	9 months	80% up to \$100 80% up to \$100 80% up to \$100 80% up to \$120 80% up to \$1,000 Up to 80% of cost Up to 80% of cost Up to 80% of cost Up to 80% of cost Up to 80% of cost Up to 80% of cost Up to 80% of cost	\$1,700 <i>(For all dental items, including orthodontics)</i> \$1,000 sub-limit \$1,200 sub-limit \$1,200 sub-limit 5 year progressive limit: \$1,700 Lifetime limit: \$3,600	80% up to \$100 80% up to \$100 80% up to \$100 80% up to \$120 Up to 80% of cost Up to 80% of cost Up to 80% of cost Up to 80% of cost Nil Nil Nil	\$700 (total available) \$400 sub-limit \$400 sub-limit \$400 sub-limit \$400 sub-limit Nil Nil Nil
Optical <i>Must be accompanied by a relevant sight prescription</i>	Single lens Lenses (pair) including single vision, bifocal and multifocal lenses. Frames (for prescription lenses) Contact lenses Contact lens solution Repairs	4 months	Up to \$140 Up to \$280 Up to \$120 80% up to \$280 80% of cost 80% of cost	\$400	80% of total cost	\$200
Pharmacy <i>Available only on prescription</i>	Prescriptions costing over the Pharmaceutical Benefits Scheme (PBS) limit (\$37.70 as at 01/01/2015)	2 months	Up to \$100 per script, after deducting the PBS amount	\$800	Up to \$50 per script, after deducting the PBS amount	\$250
Physiotherapy / Hydrotherapy	Short treatment Standard treatment Extended treatment	2 months	80% up to \$20 80% up to \$34 80% up to \$40	\$850 combined	Up to \$25	\$300 combined
Chiropractic / Osteopathy	Initial treatment Subsequent treatment X-ray	2 months	80% up to \$45 80% up to \$32 Up to \$85			
Orthoptics	Eye therapy	2 months	80% of cost			
Speech Therapy	Standard treatment Extended treatment	2 months	80% up to \$40 80% up to \$50		Nil	Nil
Occupational Therapy	Initial individual assessment Subsequent individual assessments	2 months	80% up to \$80 80% up to \$65			
Remedial Massage	Registered practitioner visit	2 months	50% up to \$30	\$400 combined	Up to \$20	\$100 combined
Acupuncture	Registered practitioner visit	2 months				
Naturopathy	Registered practitioner visit	2 months				
Herbalist / Homeopathy	Registered practitioner visit	2 months			Nil	Nil

Compare General Treatment Covers

Service	Description	Waiting periods	Complete Ancillary		Ancillary Life	
			Benefit per Service	Annual Limit per person	Benefit per Service	Annual Limit per person
Allergy Management	Allergy testing, membership to Medic Alert (or equivalent), and tags, when ordered and performed by a registered practitioner	2 months	50% of cost	\$500	Nil	Nil
General Appliances <i>With a letter from a registered practitioner</i>	CPAP machine and accessories	12 months	Up to 80% of cost	5 year limit \$1,200	Nil	Nil
	Other appliances including: blood glucose monitor, nebuliser, wheelchair plus more. (Contact us to confirm for a particular item)			\$1,200		
Audiology	Hearing tests by a registered practitioner	2 months	50% of cost	Unlimited	Nil	Nil
Cardiac Rehabilitation	Program referred by a registered medical practitioner	2 months	80% of cost	Unlimited	Nil	Nil
Diabetes Education	Diabetes Australia certified training program, consultation	2 months	50% up to \$25	\$100	Nil	Nil
Dietetics	Registered practitioner visit	2 months	80% of cost	\$300	Nil	Nil
Hearing Aids <i>Pensioners must claim any pensioner rebates first</i>	Hearing aids, repairs and maintenance	12 months	80% of cost	3 year limit \$1,500	Nil	Nil
	Hearing aid and cochlear implant batteries	12 months		\$200		
Home Nursing	Services of a Registered Nurse when ordered by a registered medical practitioner	2 months	80% of cost (Daily limit \$100)	\$1,200	Nil	Nil
Mammography/ Bone Density Testing	Screening tests where a Medicare benefit is not payable	2 months	80% of cost	1 test	Nil	Nil
Maternity Services & Appliances	Pre-natal classes, post-natal classes, settling classes, lactation consultations	2 months	80% of cost	\$500 per policy	Nil	Nil
	Appliances for hire or purchase, including: Breast pump, infant sound and respiratory monitor (to prevent SIDS), TED stockings blood glucose monitor, TENS machine	12 months				
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)	2 months			Nil	Nil
Orthopaedic Shoes <i>With a letter from a registered practitioner</i>	Ordered by a health professional for a medical condition.	12 months	100% of cost above \$100	\$400 Limit 1 pairs of shoes	Nil	Nil
Orthotics	Orthotics, shoe modifications and repairs	12 months	80% of cost		Nil	Nil
Podiatry / Chiropody	Treatment by a registered practitioner Outpatient only	2 months	80% of cost	\$400	Nil	Nil
Psychology <i>No benefits are payable for educational assessments or reports</i>	Initial treatment Subsequent treatment Clinical assessment	2 months	Up to \$110 Up to \$80 Up to \$150	\$500	Nil	Nil
Surgical Corsets / Stockings and Braces	Ordered by a medical practitioner for a medical condition accompanied with letter	2 months	80% of cost	\$400	Nil	Nil
Vitamins, Minerals and Herbs	With letter from a General Practitioner	2 months	50% up to \$20 per item	\$200	Nil	Nil
Wound Care Clinics	Standard treatment, including dressing costs	2 months	50% up to \$20	\$200	Nil	Nil
	Extended treatment, including dressing costs		50% up to \$30			

More Information about General Treatment Cover

What's not covered?

- ✗ 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 their service date
- ✗ Services or items purchased or provided in countries outside Australia (including international websites)
- ✗ Services performed by a Podiatric Surgeon (Inpatient/Outpatient)

Claiming Benefits

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

Many general treatment providers offer on-the-spot electronic claiming, which means by using your ACA Health membership card, you'll know on the spot what we pay on the claim and all you need to do is pay the difference.

If your healthcare provider does not offer electronic claiming, you will need to post, email or login to your member account on the website to send us your original invoice/receipt along with an ACA Health Claim Form to us for assessment.

Your claim will be processed within 3-5 business days. Claims are paid by direct deposit into your nominated account or by cheque to the address listed on your membership. If your claim is cannot be paid, it will be returned to you with a letter explaining why it cannot be paid.

Is your Provider eligible?

Check with your health practitioner before purchasing treatment to confirm they meet the following criteria:

- Your health care provider must be a member of a relevant professional organisation which;
 - Is a national entity and has membership requirements for the profession
 - Provides assessment of the providers training and qualification
 - Administers continuing professional development as a condition of membership
 - Maintains a code of conduct
 - Maintains both a formal disciplinary and a complaints resolution procedure.
- Health practitioners that are known to meet the above criteria include providers that;
 - Have a Medicare provider number
 - Are regulated by State and Northern Territory law
 - Are Podiatric Surgeons
- Are a member of the Allied Health Professions group.

More Information about Cover for Ambulance Transport

Ambulance Explained

As ambulance services are managed on a state-by-state basis, residents of NSW & ACT have different rules for ambulance than the other states and territories. If you're a resident of;



- **NSW or ACT**, you are covered for ambulance transport in NSW & ACT only under your Hospital Cover policy. However if you'd like to be covered for ambulance transport in *all states and territories* you will also need Complete Ancillary or Ancillary *lite* cover.
- **QLD, VIC, TAS, SA, WA & NT**, you are covered for ambulance transport in *all states and territories* under your Complete Ancillary or Ancillary *lite* Cover.

What's covered?

Your ACA Health Ambulance Cover provides benefits for the full cost of ambulance charges when provided by a state ambulance service, in the following circumstances:

- ✓ When it is medically necessary for you to be transported to hospital in an ambulance. Medically necessary means that due to the patient's medical condition, ambulance transport is necessary as they could not be transported by any other means;
- ✓ When you need immediate medical attention at a hospital or approved facility;

- ✓ When an ambulance is called to attend to you, but you do not subsequently need to be taken to hospital;
- ✓ Transport required while travelling outside your state of residency, that meets the above criteria.

What's not covered?

Ambulance charges are not covered when:

- ✗ It is not medically necessary for you to be transported in an ambulance;
- ✗ Your transport is at the request of a hospital because the hospital does not have the medical facilities to treat you. These costs should be covered by the hospital requesting the transfer;
- ✗ The emergency transport provided is not part of a state or territory ambulance service. Please check with your state ambulance service before using: private ambulance services, including transport by helicopter, water boat, or other transport;
- ✗ For NSW & ACT residents, transport provided in another state or territory may not be covered under your hospital policy. We recommend Complete Ancillary or Ancillary *Lite* to ensure you are fully covered for ambulance transport while travelling interstate.

More Information about Joining ACA Health

Paying Contributions

At ACA Health we want to make the payment of your contributions as painless and easy as possible. This is why we have a range of payment options available to you.

You can choose to pay via any of the methods below:

- Direct Debit (monthly) from your bank account or Credit Card (MasterCard and Visa only)
- Payroll Deduction (for participating Adventist Church employers only)
- BPAY from your bank account
- Telephone payment (credit card)
- Internet payment (credit card)
- By mail or in person, with cash or cheque.

Contributions can be made weekly, monthly, quarterly or yearly. See the Contribution Rates liftout inside this brochure for more information on contribution rates.

Cooling-Off Period

If you change your mind within 30 days from the commencement date of your policy, and have not claimed, ACA Health Benefits Fund will refund your premiums paid.

ACA Health Privacy Policy

ACA Health is committed to managing your personal information according to our privacy policy, as amended from time to time.

To view our full privacy policy, visit acahealth.com.au or contact us for a copy.

In case of a complaint

If you have a complaint about your treatment with ACA Health Benefits Fund, you are invited to contact us directly to express your concerns.

The ACA Health Complaints Officer can be contacted by calling 1300 368 390 and requesting for the Complaints Officer, or by simply addressing an e-mail to info@acahealth.com.au with the subject heading 'Attention: Complaints Officer'.

We also encourage you to read our complaints policy, which can be viewed on our website acahealth.com.au, to find out the steps to take to have your complaint heard, and how we deal with it.

If you are unable to reach a satisfactory agreement with us after written communication, you may contact the office of the **Private Health Insurance Ombudsman**.

The Ombudsman is independent of the health funds and the Government and is able to provide free information and assistance to resolve complaints.

The Ombudsman's office can be contacted by:

**Toll free phone
1800 640 695**

More Information about Joining ACA Health

Online Member Services

With ACA Health's Online Member Services you can manage your membership online at a time convenient to you - 24 hours, 7 days a week! With Online Member Services you can login to your membership and access a range of services such as...

- ✓ Check your "limit usage" - how much you have already claimed for General Treatment items, and how much you still have left
- ✓ Change your contact details
- ✓ Change your payment/bank account details
- ✓ Add a partner/child to your membership
- ✓ Make a credit card payment
- ✓ View your membership details
- ✓ Download your tax statement or claims history - all online!

To register or login once your membership is up and running, simply visit acahealth.com.au and follow the 'Member Login' prompts.

Private Health Insurance Code of Conduct

ACA Health Benefits Fund is a signatory to the Private Health Insurance Code of Conduct. The code was developed by the health insurance industry and aims to promote the standards of service to be applied throughout the industry. The code is designed to help you by ensuring that:

- ✓ We work towards improving our standards of practice and customer service
- ✓ We promote informed decision-making about our products
- ✓ Our customer service officers are competently trained to deal with your enquiries
- ✓ We provide you with correct information written in plain language
- ✓ We protect the privacy of your information in line with our Privacy Policy
- ✓ We inform you of your rights and obligations in your relationship with us
- ✓ We provide access to a reliable and free system of addressing complaints and advise you of your right to take an issue to an external body – the Private Health Insurance Ombudsman



A copy of the code is available online at:
privatehealth.com.au/codeofconduct



Joining ACA Health is easy!

Whether you are joining health cover for the first time, rejoining or transferring from another health insurer, simply complete the application form and send it in to us.

We'll take care of the rest.

Call 1300 368 390

Phone: +61 2 9847 3390

Fax: +61 2 9847 3357

Email: info@acahealth.com.au

Web: acahealth.com.au

Postal Address:

Locked Bag 2014
Wahroonga NSW 2076

Office Address:

148 Fox Valley Rd
Wahroonga NSW 2076



ACA Health Benefits Fund is a restricted access, registered Health Fund operated by ACA Health Benefits Fund Limited.

Information in this brochure was correct at the time of printing. Changes may occur by Board actions. The operation of the Fund is governed by the Fund Rules which should be read in the Policy Booklet in-conjunction with the relevant Product Benefit Guide/s for your membership. Please read these documents carefully and retain them for your future reference.

...Because We **Care**