

We Are Here in Good Times & Tough Times



The Adventist Church values people and there is no better demonstration of this than ACA Health, the Private Health Fund the Adventist Church created to look after its people during the early recovery of the Great Depression, when unemployment at its peak was around 30% in Australia.

This year alone Australians have lived through fires, floods, storms and are now living through a pandemic. Times are hard for a lot of Australians and will possibly get worse before they get better. ACA Health continues to value people and we are working to preserve the market leading benefits that our members enjoy.

Recently the Federal Government announced an easing of restrictions as a result of the COVID-19 infection curve flattening. While this has been positive and welcome news, access to some services are still not available as the pandemic continues to be a challenging and evolving situation.

Continued on page 2



PHI Tax Statements 2020

In 2019 the law changed in regards to the way health insurers give you information about your private health insurance premiums. ACA Health now lodge information about your private health insurance premiums and private hospital cover with the ATO directly. This means you will no longer receive your PHI Statement in the mail as you have in previous years. When you lodge your tax return online using myTax or lodge using a registered tax agent, **your health insurance details will be pre-filled.**

If you lodge a paper tax return, you will need to contact ACA Health in order to get a PHI Statement.

It is important to complete the private health insurance section of your tax return as the ATO will need to assess your entitlement for a private health insurance rebate and the Medicare Levy Surcharge.

Inside this issue:

- Avondale Health Resource Competition
- Hearing Health Tips
- Dear ACA Health
- Get To Know Your Fund
- Access Gap Cover Co-payment Rule Change

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What would
you like to read
in **HealthWise**



Send us your suggestions and questions!

Email: info@acahealth.com.au

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Continued from page 1

Over the past few months, ACA Health have been working hard to deliver value to ensure our members remain protected. In response to the COVID-19 crisis, we postponed this year's premium rate rise for six months and assisted members experiencing financial hardship where we could. We covered hospital claims for members hospitalised with COVID-19 and implemented telehealth services for both admitted programs and general treatment services. Our team have also conducted 'Care Calls' to check on our members who are over 70 years of age, delivering support during what has been for some a very lonely time.

Our priority is the health and wellbeing of our members and their families. ACA Health continues to collaborate with the Government and industry and ensure that we keep our members notified of changes in health services made available to them as restrictions are lifted.

It's pleasing to see positive signs in our fight against COVID-19 with infection rates decreasing and recovery rates increasing. It's because of the sacrifices of all Australians that we are in a much better position than many other countries around the world.

There are those that say that COVID-19 will change Australia forever. They may be right, but people will continue to need health treatment after COVID-19 and there will be a build-up of demand for these services. Through ACA Health, you will again be able to access these valuable health services from one of the best Health Systems in the world.

Stay safe and healthy and know we are here to take care of your health needs.

Because we care...



Find Us Online

Did you know ACA Health are on Facebook, Instagram, LinkedIn and YouTube?

Search "ACA Health Benefits Fund" on your favourite Social Media Channel and we'll be waiting to connect you with exclusive offers, tips, deals and contests.



Avondale Health Resource Competition

ACA Health has again had the pleasure to support the annual Avondale College Health Resource Competition.

Each year, final year education students develop an original health resource to teach primary aged children about health and wellness. This year's topic was based on the SMILERS Principle by Dr Darren Morton and the importance it has on student and community wellbeing.

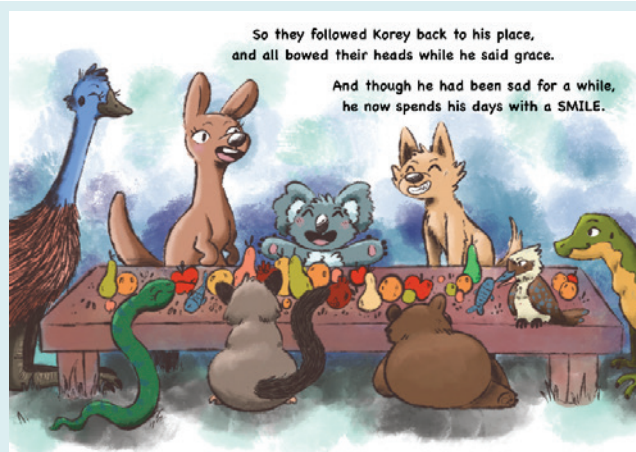
SMILERS Principle:

- Speak Positively
- Move Dynamically
- Immerse in an Uplifting Physical & Social Environment
- Look to the Positive
- Eat Nutritiously
- Rest Well
- Service

We would like to congratulate this year's project winners:

- **Caleb Mongan & Jacinta Neuschulz** – Choice Award in recognition for their Illustrated Story Book 'Korey's Bad Day'
- **Fia Utai** – Production Quality Award in recognition for her Illustrated Story Book 'Larry Lunchbox'
- **Callan Bolst** – Original Idea Award in recognition for his 'SMILERS Classroom Devotional'
- **Tanisha Jackson** – 10,000 Toes Award in recognition for 'Live More Journal for Children'.

ACA Health offers members and their families a copy of the winning resources. Resources will be available on our website to download and use.



Pages from this year's winner of the Choice Award
Korey's Bad Day by Caleb & Jacinta.



Stay Informed & Protected

To stay informed & protect yourself from COVID-19 or for more official information please download the following apps or go to www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert



COVIDSafe App

The COVIDSafe app is part of the Government's work to slow the spread of COVID-19. Having confidence to find and contain outbreaks quickly will mean governments can ease restrictions while still keeping Australians safe.



Coronavirus Australia App

Stay up to date with official information and advice about the coronavirus (COVID-19) situation. You can check your symptoms and get notified when urgent information and updates are published.



Australian Government WhatsApp channel for COVID-19

Join COVID-19 WhatsApp channel to learn the latest on Australia's response to coronavirus (COVID-19). If you're already a WhatsApp user you can send a message to the channel to connect. If you don't have WhatsApp, download the app to join the channel.

Download the apps from the App Store or get it on Google Play



Dear ACA Health

What is the point of keeping my Hospital Cover throughout the COVID-19 crisis?

Our members have access to urgent treatment in a private hospital for services included in their cover, with their choice of doctor along with cover for emergency situations. Private patient admission for Lung and Chest conditions, including COVID-19 related treatment, are also included on most of our products.

Members have access to cover for medical conditions deemed urgent and some selected semi urgent conditions like:

- Accidents and injuries requiring hospital treatment e.g. fractured bones, wounds requiring surgery (e.g. broken hips, leg or wrist requiring surgery)
- Cardiac conditions including heart failure, heart attack, heart surgery
- Flu and pneumonia
- Chronic conditions requiring hospital treatment (e.g. diabetes, heart failure)
- Cancer treatment e.g. chemotherapy
- Surgery for newly diagnosed cancer – which require urgent treatment (e.g. prostatectomy, mastectomy or breast lump removal for breast cancer, removal of malignant tumour such as melanoma)
- Appendicitis
- Mental health services
- Pregnancy and birth
- Strokes
- Aneurysms

*You can only have these treatments covered if you have the appropriate level of cover. Eligibility criteria applies.



Tips To Protect Your Ears & Hearing Health

Poor ear health can limit education, employment and social opportunities; it can also increase the risk of injury and lead to dependence on services and other people. Nobody wants that!

Turn the Volume Down

According to the World Health Organisation, teenagers and young adults worldwide are at risk for noise-induced hearing loss from unsafe use of audio devices.

If you like to enjoy music through headphones or earbuds, you can protect your ears by following the 60/60 rule. The suggestion is to listen with headphones at no more than 60% volume for no more than 60 minutes a day.

Get Up and Move

Exercise is good for your ears. Cardio exercises like walking, running, or cycling gets the blood pumping to all parts of your body, including the ears. This helps the ears' internal parts stay healthy and working to their maximum potential.

Stop Using Cotton Swabs in Your Ears

It's common for people to use cotton swabs to clean wax out of their ear canal, but this is definitely not advisable. A little bit of wax in your ears is not only normal, but it's also important. The ears are self-cleaning organs, and wax stops dust and other harmful particles from entering the canal. Plus, inserting anything inside your ear canals risks damaging sensitive organs like your ear drum.



Manage Stress Levels

Stress and anxiety have been linked to both temporary and permanent tinnitus (a phantom ringing in the ears). High levels of stress cause your body to go into fight or flight mode, which is an instinctual reaction that fills your body with adrenaline to help you either fight or flee from danger. This process puts a lot of pressure on your nerves, blood flow, body heat, and more. It's commonly thought that this pressure and stress can travel up into your inner ear and contribute to tinnitus symptoms.

Keep Your Ears Dry

Excess moisture can allow bacteria to enter and attack the ear canal. This can cause swimmer's ear or other types of ear infections, which can be dangerous for your hearing ability. Be sure you gently towel-dry your ears after bathing or swimming. If you can feel water in the ear, tilt your head to the side and tug lightly on the ear lobe to coax the water out.

Get Regular Check-Ups

Ask your primary care physician to incorporate hearing screenings into your regular check-ups.

Because hearing loss develops gradually, it's also recommended that you have annual hearing consultations with a hearing healthcare professional. That way, you'll be more likely to recognise signs of hearing loss and take action as soon as you do.

Get To Know The History Of Your Fund

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.



AUC Staff, 1934

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, institutions, 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.

In an article in the Australasian Record in 1936, it was reported the fund had 920 contributors. "The fund has been running for a little over 18 months and is proving to be helpful and successful," the article reads. "We have had 300 claims up to June 30 last, and we have paid out in claims £1,455 (pounds)."

In 1940, the fund had 1,159 contributors. Just over 1,900 claims were made that year, with the average claim being £5 (pounds). In 1954 the Australasian Record again reports the fund was proving to be a great safety net for its members. "A large number of our workers...



Sanitarium Nurses, 1934

have received substantial benefits from this fund, for themselves and their dependent relatives. The small weekly contribution by the worker to this medical fund has proved to be a very economical insurance against heavy medical expenses."

The SDA church, as an employer, saw the establishment of a national fund provided additional benefits; it addressed the growing problem of inconsistent medical policies for employees transferring between states of Australia.

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, local church officers and their families.

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



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



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...

Access Gap Cover Co-Payment Rule Changes

The new rule that will come into effect on 1 July 2020 AGC \$500 Gap Rule Change (Increasing from \$400)

MAXIMUM PATIENT CO-PAYMENT (ALLOWABLE KNOWN GAP)

Access Gap Cover (AGC) enables medical providers to charge patients a co-payment if they wish to do so.

- Each individual medical provider in the admitted Episode* of care can choose to charge their patient a maximum out of pocket cost of up to \$500. **They cannot charge any non-clinical fees to the patient such as 'Booking Fees', 'Management Fees', 'Technology Fees', 'Administration Fees', 'Insurance Levy Fees' or 'Hospital Facility Fees' and the like.**
- Obstetricians can choose to charge their patient a maximum out of pocket cost of up to \$800 per episode for MBS items that relate to 'Management of Labour and Delivery' as defined in the MBS. **Again, if the obstetrician charges using AGC they cannot charge any non-clinical fees to the patient such as 'Booking Fees', 'Management Fees', 'Technology Fees', 'Administration Fees' or 'Hospital Facility Fees' and the like.**
- Each medical provider must submit one claim only to the Fund covering an entire episode.
- If medical providers have elected to charge a co-payment, they must inform the patient in writing of the charge prior to treatment (i.e. Informed Financial Consent).
- This amount is to be billed direct to you the patient.

VERY IMPORTANT: The total charge on the account to the Fund should be inclusive of any patient co-payment.

- If medical providers charge above and beyond the maximum patient co-payment, AGC benefits will not be payable. ACA Health will pay up to the MBS fee only. Medical Providers cannot on-charge the difference to the patient as the conditions of Informed Financial Consent do not allow this.
- If medical providers want to charge the patient more than AGC allows, then they opt out of Access Gap Cover. You should be advised about the charges and any medical gaps, i.e. Informed Financial Consent should also form part of this process.

You should be informed that the co-payment is not claimable through any other source.

** Definition of Episode – 'The period of admitted patient care between a formal or statistical admission and a formal or statistical separation, characterised by only one care type.' [METeOR ID 268956] Example: If a patient changes care type (in the same or different hospital), e.g. Acute to Rehabilitation, then back to Acute this would be three separate episodes. This would apply even if there has not been more than a 7 day break between the two acute episodes as there was a separation between each care type.*

NO OTHER CHARGES

The Health Insurance Act 1973 stipulates that Medicare benefits are payable for professional services.

Each medical provider is free to charge a patient gap according to the rule entitled 'MAXIMUM PATIENT CO-PAYMENT (ALLOWABLE KNOWN GAP)', however, the amount specified in the patient's account must be the amount charged for the service specified. The fee may not include a cost of goods or services which are not part of the MBS service specified on the account.

Even where a provider opts-out of Access Gap Cover, billing practice still must comply with the Act and MBS rules.

Puzzles

Number Pyramids

Each block in a pyramid contains the sum of the two blocks beneath it. Use your skills to fill in the blocks and reach the top of each pyramid.

