

Premium Review

No need to wince this year on the 1st April! Our premium review increase has decreased from last year. While we can't avoid it, we do our best to keep it to a minimum. We have managed to reduce the weighted average increase to 2.59%. Our members continue to live longer and technology continues to advance. This means the aging population and advanced technology continues to increase the costs of benefit payments. To avoid the price rise members can pay their annual premium before 1st April 2022.



1st April this year will also come with increased member benefits...

Physiotherapy Product Benefits will increase:

Complete Ancillary

- Short treatment benefit
FROM 80% up to \$20 TO 80% up to \$25
- Standard treatment benefit
FROM 80% up to \$34 TO 80% up to \$42.50
- Extended treatment benefit
FROM 80% up to \$40 TO 80% up to \$50

Dependent Extension Age will increase:

Gold Deluxe Hospital

- Family Gold Deluxe Hospital + Complete Ancillary
FROM 21-24 years TO 21-30 years
- Family Gold Deluxe Hospital + Ancillary Lite
FROM 21-24 years TO 21-30 years

Gold Private Hospital

- Family Gold Private Hospital + Complete Ancillary
FROM 21-24 years TO 21-30 years
- Family Gold Private Hospital + Ancillary Lite
FROM 21-24 years TO 21-30 years

Many of our members have children aged 21-24 years (21-30 years from 1st April 2022), who cannot afford to take out their own health cover. For this reason, parents like to keep them on their family membership for longer and we'd like to help them do just that!

To be eligible your children must also meet the following criteria...

- ✓ Be aged over 21 and under 25 years (over 21 and under 31 years from 1st April 2022)
- ✓ No longer qualify as a student dependant
- ✓ Without a spouse or de facto partner

The cost...

A 30% loading will be added to the cost of your family policy (on the gross amount), until your dependant/s turn 25 years (31 years from 1st April 2022), have a spouse or de facto partner or take out their own cover. If you have more than one child that meets the above, they can also remain covered under the Dependant Extension Cover at no extra cost.

Changing your cover is easy...

- Login to our Online Member Services and change your cover; OR
- Download the Membership Changes Form, indicating the changes you wish to make, and return it to us by:
 - Post: Locked Bag 2014, Wahroonga NSW 2076
 - Email: info@acahealth.com.au

If you have any questions, please contact our friendly Customer Service Team on **1300 368 390** or email **info@acahealth.com.au** and we'll be happy to help you.

Inside this issue:

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- Student Dependant Information
- Membership Feedback Survey Winners
- 6 Ways To Reduce Eyestrain
- How To Avoid Bill Shock
- Dear ACA Health
- Puzzles
- Important Information About General Treatment Cover

ACA Health Benefits Fund

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What would you like to read in *HealthWise*?

Send us your suggestions and questions!

Email: info@acahealth.com.au
Phone: 1300 368 390

Find us Online:
"ACA Health Benefits Fund"



From the Fund Manager

Recently there has been a lot of conversation about contracting so I thought it would be timely to share a few simple thoughts.

Australia has one of the best Health Systems in the world. It is ACA Health's objective to provide our members with choice. How does a Fund achieve this? Contracting. Currently ACA Health has over 500 Private hospital agreements (i.e., contracts), 2,283 Doctors registered in the Medical Purchaser Provider Agreements (MPPA), 144 Doctors registered on Hospital Purchase Provider Agreement Practitioner Agreements (HPPA/PA) and 40,217 Doctors registered under the Access Gap Cover (AGC) scheme nationally.

ACA Health is part of the Australian Health Service Alliance (AHSA) which is a not-for profit organisation whose primary purpose is to provide services for its participating health funds. Amongst the suite of management services provided by the AHSA is the management of provider relationships and the negotiation of contracts.

Hospital agreements matter to members because they are the way out-of-pocket costs are minimised or eliminated. Hospital agreements support the facility, its employees, and the quality of the care they provide to patients. With over 90c in every \$1 of contributions paid to health funds being paid in benefits, the price negotiated in these agreements directly affects the price of private health insurance. Getting the balance right is critical.

If an out of contract situation occurs Funds are required to write to members who use the hospital or who live in the hospital's catchment. All existing agreements between ACA Health and private hospitals include protections for patients called transitional provisions. For example, these provisions ensure that patients prebooked into the hospital before the contract termination date would continue to be treated and charged under the old contract. Information about applicable transitional arrangements would be included in any communication to members.

Finally, as outlined on the ombudsman.gov.au website "The Private Health Insurance Ombudsman has legislative power to require health insurers and healthcare providers to attend formal mediation, in order to resolve disputes that may affect consumers' rights and entitlements under their private health insurance cover. These disputes usually occur when there is disagreement between parties about the renewal of a Hospital Agreement."

I hope this very simple overview of contracting helps to answer any questions you may have.

Because we care...

Jody Burgoyne

Things You Need to Know

New Pharmacy PBS Amount for 2022

The New Pharmaceutical Benefits Scheme amount is now \$42.50. Please be advised that you need to pay this amount first before you can claim on your prescriptions up to \$100 per standard quantity for Complete Ancillary and up to \$50 per standard quantity for Ancillary Lite.

Ambulance Alert!

Have you received an Ambulance bill? Please call our team before you pay the Ambulance, as you may not need to!

Members who have a hospital product and reside in NSW/ACT are covered by the Levy and do not have to pay for emergency Ambulance services. Simply inform the Ambulance service that you have cover with ACA Health and provide your membership number. We will do the rest.

Student Dependant Information

At the beginning of the New Year, and at the 21st birthday of dependants, ACA Health take the opportunity to confirm that your children aged between 21 to 25 years are still eligible to remain on your membership as student dependants. Between the ages of 21 to 24, student dependants are eligible to be covered under your membership at no extra cost while they remain full time students, do not have a spouse or de facto partner, and are financially dependent on you, i.e. earning less than \$20,000 per year.

If your child still qualifies as a student dependant follow these easy steps to update your details:

- Login to Online Member Services at acahealth.com.au
- Select 'My Account' from the left-hand menu
- Scroll down to 'Student Dependant Status'
- Complete the fields and upload proof of student status for the new student year
- Click 'Submit'

If your child no longer qualifies as a student dependant, but you would like to keep them on your membership, please add the Dependant Extension product to your cover. To do this:

- Login to Online Member Service at acahealth.com.au
- Select 'My Cover' from the left-hand menu
- Under 'review your cover via quick quote' select a Family/Single Parent Gold Hospital and Ancillary combined product.
- In the Dependant Extension menu choose 'yes'
- Click 'Submit'
- Review the quotes shown on the screen, at the bottom of your preferred quote click the 'Request change to this cover' button.

If your child no longer qualifies as a student dependant, and you do not wish to take out the Dependant Extension, your child can re-join ACA Health in their own right.



Membership Feedback Survey

In January we emailed members our Member Feedback Survey. The survey provided members an opportunity to tell us what you thought about our products and service. The results are in and are currently being collated. The results we get back from our members, will be reviewed by management to make changes where needed to best service our members.

Thank you to our members that participated. We value your feedback and appreciate your time.

We'd also like to congratulate the following prize draw winners:

- Patricia Howard – ACA Health: 2 Months Free Membership
- Moran Wasson – Specsavers: 2 Complimentary Pairs of Glasses
- Elizabeth Richardson – EyeQ: Plano Sunglasses
- Terry Johnson – OPSM: \$150 Voucher
- Leonard Tolhurst – OPSM: \$150 Voucher
- Barry Mollison – OPSM: \$150 Voucher

Thank you also to our generous partners that support us in the way of donating prizes.



Travel Insurance Available from April 2022

Whether you are travelling domestically or internationally, we will be here to assist you when you need it the most.



Back To Work Guide: 6 Ways To Reduce Eyestrain

As people start heading back to work after the Christmas Holidays, a lot of us will be spending increased time in front of screens. This can cause digital eye strain, a common eye condition affecting around 59%* of people who routinely use digital devices. Symptoms include eye strain, headaches neck and shoulder pain, dry eyes and blurred vision. OPSM optometrist Elizabeth Kodari shares her back to work eyecare tips to help keep your eyes in top shape this work year.

Wear the right glasses

Wearing the right prescription glasses can help minimise eye strain from prolonged use of digital devices. Speak to your OPSM optometrist about our 'eyes at work' lens range. Perfect for those who work with multiple digital devices and need to see clearly at various distances!

These tailored occupational lenses consist of 3 designs that all work to minimise eye strain whilst maximising vision clarity at specified distances based on your working environment and vision needs. They include Activ'Boost, Office All Rounder and Extended Desk. Each of these lenses can be coupled with Crizal Privencia to help filter blue-violet light** from digital devices.

Know your distance

Your computer screen should ideally be at least an arm's length away. When it comes to handheld digital devices such as mobile phones and tablets, Harmon's is a comfortable viewing distance i.e. distance between your knuckle and your elbow.

Take a break

Take a moment to refresh your eyes by following the 20-20-20 rule. Every 20 minutes, focus on an object 20 feet (6m) away for about 20 seconds. This can help your eyes relax and adjust focus.

Blink frequently

We tend to blink less when spending time on digital devices. As blinking is required to keep the surface of our eyes moist, prolonged use of digital devices can lead to dry eye symptoms. When combined with air-conditioning in the workplace, our symptoms can become worse. If you



are experiencing dry eyes, speak to your optometrist about which management options are right for you.

Let there be light

Make sure your workstation has adequate lighting with minimal reflections. Ideally your screen brightness should match your work environment, helping minimise eye strain.

Maintain regular eye examinations

If it has been some time since your last saw your optometrist, pencil it in your new work calendar. Common eye conditions such as presbyopia, astigmatism, myopia and hyperopia can all cause eye strain if left uncorrected. Speak to your optometrist about your work environment so they can tailor the right solution for you. OPSM recommends having an eye test at least once every two years based on your eye care needs. To make an appointment or locate your nearest OPSM optometrist visit [opsm.com.au](https://www.opsm.com.au). Bulk billed eye test available to eligible Medicare cardholders. ACA Health members receive 20% off lenses and lens extras^.

^T&Cs apply, please see in store for details. OPSM recommends that you schedule regular visits with your optometrist based on your eye health needs.

*Vision Council Research <https://www.thevisioncouncil.org/blog/vision-council-shines-light-protecting-sight-and-health-multi-screen-era>

** Our Transitions™ lenses filter up to 20% of blue light between 380-460nm, whilst our BlueGuard and Smart Blue Filter lenses filter up to 20% of blue light between 415-455nm.

Dear ACA Health

What is 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 age 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.

Are you turning
31?

Puzzles

20	+		+		-		+		-	
-		-		-		+		÷		+
33	+		+		+	25	+		-	18
+		+		-		+		+		+
	-	22	+		÷	2	-		+	19
-		×		×		×		-		×
31	×		+	30	÷		+		-	
-		+		÷		-		-		-
3	+	12	-		-	10	-		-	14
+		-		-		-		+		+
11	+		-		-	16	+		-	

61

125

-5

101

-41

-19

-29

83

-199

19

10

605

Use your maths skills to find the value of each

$$\text{grapes} + \text{avocado} + \text{grapes} = 21$$

$$10 = \text{strawberry} + 4 + \text{strawberry}$$

$$\text{strawberry} + \text{orange} = 8$$

$$14 = \text{grapes} + \text{orange}$$

$$\text{strawberry} + \text{grapes} + \text{avocado} + \text{orange} = \underline{\hspace{2cm}}$$

 =	 =
 =	 =

Tips & Tricks

How to Avoid Bill Shock



A few of the major benefits of having Hospital Cover is that you can jump waiting queues to have your surgery sooner, stay in a more comfortable hospital and choose your own doctor/surgeon. However, often this comes at a price.

The Government has tried to standardise the cost of a range of treatments, medical procedures and tests through the Medicare Benefits Scheme (MBS). Medicare will pay 75 per cent of the MBS fee for the treatment of private patients in hospital. ACA Health will pay the remaining 25 per cent.

It is your doctor's/surgeon's ability to choose what out-of-pocket expenses arise because doctors and surgeons are not bound by the MBS. Essentially, they can charge whatever they want for your surgery meaning you pay the gap.

Gaps in fees can also vary significantly.

Hospital visits are stressful enough, so be sure to call us to discuss your upcoming surgery. We will talk you through what Medicare and ACA Health covers.



Most importantly ask your doctor about any potential out-of-pocket costs with the surgeon they refer you to, and do the following:

- Ask the specialist (or surgeon) for a detailed breakdown of all of the costs associated with your procedure, and be insistent if they will not provide you with an estimate of costs.
- Shop Around – get a number of quotes from different specialists so you can see for yourself where the costs differ.
- Ask for names of specialists in the private system to see the cost differences.
- Discuss your upcoming surgery with ACA Health.

Important Information About General Treatment Cover

What's Not Covered?

- ✗ Services not listed in the Product Summary
- ✗ 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
- ✗ Products or services purchased in or from countries other than Australia
- ✗ Services performed by a Podiatric Surgeon (Inpatient/Outpatient)
- ✗ Naturopathy, Herbalism & Homeopathy

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 or app 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 bank account listed on your membership.

If your claim cannot be paid, it will be returned to you with a letter explaining why.



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 a member of the Allied Health Professions group.

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**ACA MEMBER
DISCOUNTS AT OPSM**

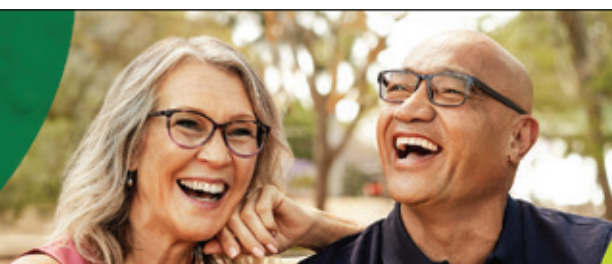


Eye Tests are bulk billed at OPSM and ACA Health members receive 20% off lenses and lens extras*. To make an appointment or locate your nearest OPSM optometrist visit opsm.com.au

*T&Cs apply, please see instore for details. OPSM recommends that you schedule regular visits with your optometrist based on your eye health needs.

**25% off
one pair**

from the \$149 range or above
for ACA Health members



Specsavers

In-store only. Single pair only. Includes single-vision lenses. Other lenses available at an extra cost. Discount applies to frame, full-priced lenses and lens options. Use with other offers restricted. Present your valid ACA member card in-store to redeem.