



Products and Benefits Guide

January 2024

Purpose

To support our members to live to their full potential.

Vision

The Health Insurer of choice for the communities we serve, with members first and last and only
Because we care...

Mission

Through demonstration of our values, we provide our members with quality private health insurance products to support their freedom to live a life of purpose and vitality.

A Message from ACA Health

Since 1934, ACA Health has supported thousands of families working for iconic institutions like Sanitarium, Adventist Education and the Sydney Adventist Hospital. All this time we've been putting our members first, last and only. 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 comprehensive and easy to understand.

So if you or one of your family members are part of the Seventh-day Adventist employee community or a local church officer 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
Fund Manager

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If you do not have an Membership Application Form or Price 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

Our History

- Pioneers of ACA Health
- How and why the Fund was established
- The Commitment of ACA Health

Committed to the Health of Adventist-owned Organisations' 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, these five men's 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.

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 and local church officers 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, Fund Manager. "Establishing a health fund was part of its 'people ministry'. It helps the people who work for the church, to

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

help the church fulfil its mission. We value our employees, local church officers and their families, and that's why ACA Health 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...***



Brethren TW Hammond, RE Hare, GT Chapman, RH Adair and GS Fisher.



Nurses from Sanitarium treating a patient in 1934.

Who Can Join

- Past and present employees of the Seventh-day Adventist Church and its affiliated companies
- Past and present Local Church Officers in appointed positions such as: Elders, Deacons, Deaconesses, Clerks, Treasurers, Secretaries, Sabbath School Leaders, etc..
- Partners/spouses, dependants, past dependants, sisters, brothers, parents and grandchildren of eligible persons
- Past members of ACA Health



Membership With ACA Health Is Open To:

- Past ACA Health Members
- Past and present Employees of incorporated* Companies affiliated with the Seventh-day Adventist Church in Australia including:
 - ✓ Sanitarium Health and Wellbeing Company
 - ✓ Life Health Foods
 - ✓ Vitality Works
 - ✓ Sydney Adventist Hospital
 - ✓ Signs Publishing Company
 - ✓ Adventist Development & Relief Agency
 - ✓ Avondale University College
 - ✓ Adventist Schools
 - ✓ Adventist Conferences and Union
 - ✓ ACA Health Benefits Fund
 - ✓ Karalundi Aboriginal Education Centre
 - ✓ Mirriwinni Gardens Aboriginal Academy
 - ✓ A person who is, or was, a literature evangelist, while distributing for Home Health Education Service
 - ✓ Part-time and contract workers are also eligible to join.
- Past and present Local Church Officers in appointed positions such as: Elders, Deacons, Deaconesses, Clerks, Treasurers, Secretaries, Sabbath School Leaders, etc..
- Family Members: Partners/Spouses, Former Partners, Dependants, Adult Children, Siblings, Parents and Grandchildren of eligible persons mentioned above.

Dependant Extension

If your children are aged between 21 and 31, 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 31, 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 Gold Deluxe Hospital, Gold Private Hospital or Silver Hospital Plus and General Treatments policy. It is not available with Bronze Essentials Hospital or 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.

Our Values

- ACA Health supports the Seventh-day Adventist Church in fulfilling its mission
- If you belong to the Seventh-day Adventist Church, you may also be eligible to belong to ACA Health
- Supporting the workers of God since 1934



Members First, Last and Only

Our interactions and service will exceed expectations



Unbeatable Extras

We listen to our members when they tell us what is most important to them



Supporting Each Other

We will support each other to get the job done and meet our goals



Ethics Before Profits

We will be fair and do the right thing every time

Why Us?

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



You and your family are at the centre of everything we do, rather than the concerns of shareholders, governments or overseas owners.

ACA Health promotes a culture of caring and compassion believing in ethics before profits. There is peace of mind in knowing that an ACA Health Policy can cover you for hundreds of thousands of dollars in the event you need it.



Great Benefits

We pay up to 4 times your annual premium with an unbeatable range of extras including per treatment payments more than double other health funds.



Unbeatable Extras

We pay up to 80% in benefits on a majority of our Ancillary products and services including Dental, Optical, Physiotherapy and Chiropractic.



Provider Choice

We won't dictate to you which recognised health provider you need to see and the type of treatment you receive. It's all about choices, value for money, service and peace of mind.



Faster Claiming Options

Members can claim via the ACA Health Mobile Claiming App, through the Member Online Services Portal or by email for faster turnaround on their claims.



Generous Payouts

We provide access to the level of care and treatment you require, while being financially protected.



Infinite Hospital

Most hospital policies will help close the gap indefinitely on all Medicare approved hospital items.



Members Health Fund Alliance

Alongside 25 like-minded not-for-profit funds, with over 5 million health insurance policy holders, that exist to deliver the best possible service and benefits to you the member



Our Long History

Since 1934, we have been proving cover for members of the Seventh-day Adventist employee community and their families. Today we also welcome appointed Local Church Officers and their families.



Dependant Extension

Allows unmarried children over the age 21 & under 31 who are no longer studying full-time to stay on the Family Membership.



High Member Satisfaction

With 95% satisfaction on our products and service, we remain at an industry high.



Not-For-Profit

100% of our operating surplus goes back to members.



Value For Money Cover

We keep our products simple and price competitive.

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

The Medicare Levy Surcharge is a levy paid by Australian tax payers who do not have private hospital cover and who earn above a certain income. It is calculated at the rate of 1% to 1.5% of your income and is in addition to the Medicare Levy of 2%, which is paid by most Australian taxpayers.

As an example, from 1 July 2023, new income thresholds will apply:

- Singles - annual income >\$93,000
- Families/Couples - annual income >\$186,000

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 purchase hospital cover by 1 July following your 31st birthday and keep it, you will avoid paying an extra amount called 'LHC loading'!

Avoid the 2% extra charge added to premiums for every year you're over 30 when you first sign up for hospital cover. Joining at 40 means paying a staggering 20% more each year compared to those who enroll before 31. The LHC loading will apply for a maximum of 10 years.

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 accrue.

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

Take charge of your health and financial well-being. Act before July 1 following your 31st birthday to skip the additional premium loading altogether.

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

The information above is correct at time of printing, however, it is indexed and may change. For the latest updates please refer to <https://privatehealth.gov.au> or contact your tax adviser for more information.

Gold Deluxe Hospital

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

At this level of cover you receive one of the most comprehensive cover available in hospital insurance, at a very competitive price.



What You Are 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
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 the website at acahealth.com.au, and use the hospital search.

** Formerly known as Protheses.

What's Not Covered?

- ✗ Surgeon's fees for podiatric surgery
- ✗ 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
- ✗ Allied Health Services which are not included in the hospital agreement (where no Ancillary cover exists)

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 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 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 cover for residents of NSW & ACT (for other states the ambulance transport cover is available under the Ancillary Products)

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 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 the website at acahealth.com.au, and use the hospital search.

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What's Not Covered?

- ✗ Surgeon's fees for podiatric surgery
- ✗ 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
- ✗ Allied Health Services which are not included in the hospital agreement (where no Ancillary cover exists)

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 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 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 cover for residents of NSW & ACT (for other states the ambulance transport cover is available under the Ancillary Products)

Silver Plus Hospital

'Our Silver Plus Cover – when you choose to reduce your cover to save money'

With this level of cover, ACA Health pays benefits on Included services and limited benefits on Restricted services (rehabilitation and psychiatric services). There is no benefit payable on Excluded services (refer inside table). There is an excess payable of \$750 per person, per calendar year (whether in a private or public hospital) which also applies 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 You Are Covered For

Service		Benefit For Included Services	Benefit For Restricted Services
Public hospital	Private room	100% cover* (\$750 excess applies per person on the policy, including child dependants)	Not covered
	Shared room (as a private patient)		100% cover* at Federal Government Default Rate (\$750 excess applies)
	Surgically implanted Medical Devices and Human Tissue Products**		
Private hospital (& day facilities in Australia)	Private room	100% cover with contracted private hospitals & day facilities in Australia.* (\$750 excess applies)	Not covered
	Shared room (intensive care)		
	Theatre fees	100% cover for No-Gap Medical Devices and Human Tissue Product** List Items (\$750 excess applies)	
	Surgically implanted Medical Devices and Human Tissue Products**		

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

* For Silver Plus Hospital benefits, the **Federal Government Default Benefit** is applied for restricted services in a Public Hospital. This is the amount of benefit determined by the Federal Government as the minimum amount private health insurers must pay for shared 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 operating theatre costs. Please call us on 1300 368 390 if you would like to know if the Default Benefit applies to any treatment you anticipate.

** Formerly known as Prostheses.

What's Not Covered?

- ✗ **Excluded Services** (Dialysis, 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) for excluded services
- ✗ 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
- ✗ Allied Health Services which are not included in the hospital agreement (where no Ancillary Cover exists)

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 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
 - ✓ 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
- No Ambulance cover for Excluded Services.*
- ✓ Ambulance cover for residents of NSW & ACT (for other states the ambulance transport cover is available under the Ancillary Products)
 - ✓ Dependants covered to age 21 (or 25 if eligible full time students). From age 21 to 31 non student dependants can belong to Combined Extension products.

Bronze 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. There is an excess payable of \$750 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 You Are Covered For

Service		Benefit For Included Services	Benefit For Restricted Services
Public hospital	Private room	100% cover (\$750 excess applies)	Not covered
	Shared room (private patient)		100% cover* at Federal Government Default Rate (\$750 excess applies)
	Surgically implanted Medical Devices and Human Tissue Products**		
Private hospital (& day facilities in Australia)	Private room	100% cover with contracted private hospitals & day facilities in Australia.* (\$750 excess applies)	Not covered
	Shared room (intensive care)		
	Theatre fees	100% cover for No-Gap Medical Devices and Human Tissue Product** List Items (\$750 excess applies)	
	Surgically implanted Medical Devices and Human Tissue Products**		

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

* For Bronze Essentials Hospital benefits, the **Federal Government Default Benefit** is applied for restricted services in a Public Hospital. This is the amount of benefit determined by the Federal Government as the minimum amount private health insurers must pay for shared 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 operating theatre costs. Please call us on 1300 368 390 if you would like to know if the Default Benefit applies to any treatment you anticipate.

** Formerly known as Prostheses.

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
- ✗ Allied Health Services which are not included in the hospital agreement (where no Ancillary Cover exists)

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 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
 - ✓ 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
- No Ambulance cover for Excluded Services.*
- ✓ Ambulance cover for residents of NSW & ACT (for other states the ambulance transport cover is available under the Ancillary Products)
 - ✓ Dependants covered to age 21 (or 25 if eligible full time students) From age 21 to 31 non student dependants can belong to Combined Extension products.

Basic Hospital

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

At this level of cover you receive treatment in a **public hospital** as a private patient. This means that you can choose your own doctor and have **shared room accommodation**. Basic Hospital is designed for treatment in a public hospital, if you are admitted to a private hospital, be prepared for significant out-of-pocket expenses. Remember, theatre fees are not covered under Basic Hospital and there is limited cover for private room accommodation.



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: - Procedure room - Labour ward	Not covered
In-hospital medical services, including: - 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

* 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 private hospital accommodation and provide no cover for other hospital charges such as labour ward or operating theatre costs (private hospital charges). 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.

** Formerly known as Prostheses.

What's Not Covered?

- ✗ Surgeon's fees for podiatric surgery
- ✗ 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

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

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 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 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 cover for residents of NSW & ACT (for other states the ambulance transport cover is available under the Ancillary Products)

Compare Hospital Product Tiers

Clinical Category	Basic	Bronze Essentials	Silver Plus	Gold Private	Gold Deluxe	Clinical Category	Basic	Bronze Essentials	Silver Plus	Gold Private	Gold Deluxe
	Rehabilitation	✓R	✓R	✓R	✓		✓	Diabetes management (excluding insulin pumps)	RCP	✓	✓
Hospital psychiatric services	✓R	✓R	✓R	✓	✓	Heart and vascular system	RCP		✓	✓	✓
Palliative care	✓R	✓R	✓R	✓	✓	Lung and chest	RCP		✓	✓	✓
Brain and nervous system	RCP	✓	✓	✓	✓	Blood	RCP		✓	✓	✓
Eye (not cataracts)	RCP	✓	✓	✓	✓	Back, neck and spine	RCP		✓	✓	✓
Ear, nose and throat	RCP	✓	✓	✓	✓	Plastic and reconstructive surgery (medically necessary)	RCP		✓	✓	✓
Tonsils, adenoids and grommets	RCP	✓	✓	✓	✓	Dental surgery	RCP		✓	✓	✓
Bone, joint and muscle	RCP	✓	✓	✓	✓	Podiatric surgery (provided by a registered podiatric surgeon). Hospital Admission Paid Only	RCP		✓	✓	✓
Joint reconstructions	RCP	✓	✓	✓	✓	Implantation of hearing devices	RCP		✓	✓	✓
Kidney and bladder	RCP	✓	✓	✓	✓	Cataracts	RCP			✓	✓
Male reproductive system	RCP	✓	✓	✓	✓	Joint replacements	RCP			✓	✓
Digestive system	RCP	✓	✓	✓	✓	Dialysis for chronic kidney failure	RCP			✓	✓
Hernia and appendix	RCP	✓	✓	✓	✓	Pregnancy and birth	RCP			✓	✓
Gastrointestinal endoscopy	RCP	✓	✓	✓	✓	Assisted reproductive services	RCP			✓	✓
Gynaecology	RCP	✓	✓	✓	✓	Weight loss surgery	RCP			✓	✓
Miscarriage and termination of pregnancy	RCP	✓	✓	✓	✓	Insulin pumps	RCP			✓	✓
Chemotherapy, radiotherapy and immunotherapy for cancer	RCP	✓	✓	✓	✓	Pain management with device	RCP		✓	✓	✓
Pain management	RCP	✓	✓	✓	✓	Sleep studies	RCP		✓	✓	✓
Skin	RCP	✓	✓	✓	✓						
Breast surgery (medically necessary)	RCP	✓	✓	✓	✓						

✓	Indicates the clinical category is a minimum requirement of the product tier. The clinical category must be covered on an unrestricted basis.
✓R	Indicates the clinical category is a minimum requirement of the product tier. The clinical category may be offered on a restricted cover basis in Basic, Bronze and Silver product tiers only.
RCP	Restricted cover permitted: indicates the clinical category is not a minimum requirement of the product tier. Insurers may choose to offer these as additional clinical categories on a restricted or unrestricted basis.
	A blank cell indicates that the clinical category is not a minimum requirement of the product tier. Insurers may choose to offer these as additional clinical categories; however it must be on an unrestricted basis.

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

	Basic	Bronze Essentials			Silver Plus			Gold Private (\$100 Co-Payment Per Day)	Gold Deluxe	
		E	R	I	E	R	I			
In-Hospital Medical Services*										
Access Gap Cover (participating doctors)	Yes	No	Yes		No	Yes		Yes	Yes	
Public Hospital										
Surgically implanted Medical Devices and Human Tissue Products**	Yes ^o	No	Yes ^o		No	Yes ^o		Yes ^o	Yes ^o	
Other										
Hospital substitute services (i.e. early discharge program)	No	No			No	Yes			Yes	Yes
Chronic disease management programs (when combined with Complete Ancillary cover)	No	No			No			No	Yes	
Government incentives	Yes	Yes			Yes			Yes	Yes	
Dependants covered to age 21 (or 25 if eligible fulltime students)	Yes	Yes			Yes			Yes	Yes	
Dependant Extension option (for dependants who are not full time students aged 21-31 when combined with a general treatments cover)	No	No			Yes			Yes	Yes	
Standard waiting periods	Yes	Yes			Yes			Yes	Yes	
Emergency Ambulance	Ambulance - NSW & ACT Residents Only <i>(In other states Ambulance is covered under the Ancillary Products)</i>									
Australia wide coverage	Yes	No	Yes		No	Yes		Yes	Yes	

* Out-of-pocket costs may occur depending on the medical specialists charges and whether the Access Gap Cover Scheme is being used. Please see page 24.

** Formerly known as Prostheses.

■ 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. Public hospitals do not charge for theatre fees. No theatre benefits are payable. Private Hospital charge theatre fees.

○ We pay the minimum benefit on the No Gap Surgically implanted Medical Devices and Human Tissue Products** list. There may be 'out of pocket' expenses as determined by the hospital.

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 24.

Important 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 Gold Deluxe Hospital and Complete Ancillary policy.

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.

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 additional amount charged by your doctor for in-hospital medical services.

ACA Health is limited to benefits up to a restricted amount. Please contact the Fund and your doctor for more details about your out-of-pocket.

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 \$500 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 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 device or human tissue product, which can vary in cost and benefits.

The Department of Health has a surgically implanted medical devices and human tissue product** list with gap and no gap items. You and your surgeon will be able to choose from the list of Surgically implanted Medical Devices and Human Tissue Products that is the 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 Find A No Gap Or Known Gap Doctor

Visit acahealth.com.au and login through 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.

** Formerly known as Prostheses.

Complete Ancillary

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

We believe Complete Ancillary to be one of the best general treatment covers available, frequently offering higher benefits than many other health insurance products.

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

- Emergency Ambulance Transport
 - Dental;
 - Orthodontics;
 - Glasses and Contact Lenses;
 - Physiotherapy;
 - Occupational Therapy;
 - Allergy management;
- ...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.

Waiting Periods

On joining health insurance for the first time, 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	Nil
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

Refer to the comparison table over the page to see a list of the benefits paid on the range of the services covered.

Ancillary Lite

'Lite on benefits – Lite on price'

Being *'lite'* on the benefits means you don't have to pay for the complete package of health services you don't need.

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;

- Emergency Ambulance Transport
 - General Dental and 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.

Waiting Periods

On joining health insurance for the first time, 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	Nil
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

Refer to the comparison table over the page to see a list of the benefits paid on the range of the services covered.

Compare General Treatment Covers

Service	Description	Waiting Periods	Complete Ancillary		Ancillary Lite	
			Benefit Per Service	Annual Limit Per Person	Benefit Per Service	Annual Limit Per Person
Ambulance <i>Pensioners must claim the pensioner discount first/discount first</i>	Emergency Transport Costs <i>For a full description of what's covered see page 33</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 Pulp and 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 80% of cost 80% of cost 80% of cost 80% of cost 80% of cost 80% of cost	\$1,700 <i>(For all dental items, including orthodontics)</i> \$1,200 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 related to a medical condition costing over the Pharmaceutical Benefits Scheme (PBS) amount (\$31.60 as at 1/01/2024)	2 months	Up to \$100 per item as per MIMS pharmaceutical product information 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 \$25 80% up to \$42.50 80% up to \$50	\$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 80% up to \$85			
Orthoptics	Eye therapy	2 months	80% of cost		Nil	Nil
Speech Therapy	Standard treatment Extended treatment	2 months	80% up to \$40 80% up to \$50			
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				

Compare General Treatment Covers

Service	Description	Waiting Periods	Complete Ancillary		Ancillary Lite	
			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, 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> <i>Sub-limits may apply to specific items</i> <i>On purchase only, not on hire</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 combined Limit 1 pair 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 <i>With a letter from a registered practitioner</i>	Ordered by a medical practitioner for a medical condition accompanied with letter	2 months	80% of cost	\$400	Nil	Nil
Prescribed Vitamins and Minerals	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			

Important Information About General Treatment Cover

What's Not Covered?

- ✗ Services not listed
- ✗ 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 health care 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 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; and
 - ✓ 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; and
 - Are Podiatric Surgeons.
- Are a member of the Allied Health Professions group.

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 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;
- ✗ Non emergency transport.



What Our Members Say About Us

"Prompt settlement of claims paid relating to my wife's surgery & hospital stay"

- Member for more than 1 year, NSW

"The substantial payment towards my wife's hearing aids was higher than expected"

- Member for more than 20 years, VIC

"Still pleasantly surprised to see how much you pay out compared to other funds"

- Member for more than 6 years, NSW

"I've had greater use of the fund and extras. Also I have had a lot more interaction with the amazing staff - they have been so helpful along the way. Nothing is ever a problem"

- Member for more than 11 years, SA

"My husband got unexpectedly seriously ill and we actually really needed the fund and it stood by us very well"

- Member for more than 20 years, NSW

"Always helpful and personal"

- Member for more than 20 years, QLD

"Excellent service and very generous claims limits"

- Member for more than 20 years, NSW

"Always been impressed with swift, polite service over the years we have been members"

- Member for more than 20 years, NSW

Alongside 25 like-minded not-for-profit funds, with over 5 million health insurance policy holders, that exist to deliver the best possible service and benefits to you the member.



**ACA Health Benefits Fund
is run for people, not for profits**

Joining ACA Health Is Easy!

Whether you are joining health cover for the first time, rejoining or transferring from another health insurer, visit acahealth.com.au to join online or simply complete the application form and send it in to us. We'll take care of the rest.

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.

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