



Products and Benefits Guide

April 2026

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 get a quote or comparison on our website acahealth.com.au or call us to see which of our products would best suit you. We're ready to help,

Because we care...



Jody Burgoyne
Fund Manager

Contents

■ Our History.....	2
■ Who Can Join.....	4
■ Our Values.....	6
■ Why Us?.....	8
■ Australian Government Incentives.....	10
■ Gold Deluxe Hospital	12
■ Gold Private Hospital	14
■ Silver Plus Hospital.....	16
■ Bronze Essentials Hospital.....	18
■ Basic Hospital.....	20
■ Compare Hospital Product Tiers.....	22
■ Important Information About Hospital Cover.....	24
■ Complete Ancillary.....	26
■ Ancillary <i>Lite</i>	27
■ Compare General Treatment Covers.....	28
■ Important Information About General Treatment Cover.....	32
■ Cover For Ambulance Transport	33
■ Important Information About Your Cover.....	34
· Paying Contributions.....	34
· Cooling-Off Period	34
· ACA Health Privacy Policy.....	34
· In Case Of A Complaint.....	34
■ Joining ACA Health.....	35
· Online Member Services	35
· Private Health Insurance Code of Conduct	35

Membership Application Forms and Price Guides are available to download from our website acahealth.com.au or please contact your employer, or ACA Health on 1300 368 390.

Our History

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

Committed to Adventist Community Health 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



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

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 (ACA HBF) 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 SDA church has long been committed to the health and wellbeing of its employees”

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 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...



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
 - ✓ Vitality Works
 - ✓ Sydney Adventist Hospital
 - ✓ Signs Publishing Company
 - ✓ Adventist Development and Relief Agency (ADRA)
 - ✓ Avondale University College
 - ✓ Adventist Schools
 - ✓ Adventist Conferences and Union
 - ✓ ACA Health Benefits Fund
 - ✓ Karalundi College
 - ✓ Literature Evangelists
 - ✓ Adventist Aged Care and Retirement Villages
 - ✓ 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

 **Members
Health** FUND
ALLIANCE



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 Portal on the website, by email or by swiping or scanning their member card at providers for a faster turnaround time 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 92% satisfaction on our products and service, we remain at an industry high. And ACA Health members 91% likely to recommend.



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 - A Rebate Form with tiers and further details can be downloaded from our website <https://acahealth.com.au/brochures-forms/>.

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 2025, the income thresholds apply:

- Singles - annual income >\$101,000
- Families/Couples - annual income >\$202,000

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

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 enrol before 31. The LHC loading will apply for a maximum of 10 consecutive 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 covers 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 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)
- ✗ Medicare only 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 5 days of admission, if not from the date of the election (fund notification received) where;
 - The 2 month psychiatric/rehabilitation period has been served
 - It is for psychiatric or drug and alcohol related treatment
- ✓ Choose your own doctor and private hospital
- ✓ Access to the 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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- ✗ 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)
- ✗ Medicare only 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 5 days of admission, if not from the date of the election (fund notification received) where;
 - The 2 month psychiatric/rehabilitation period has been served
 - It is for psychiatric or drug and alcohol related treatment
- ✓ Choose your own doctor and private hospital
- ✓ Access to the 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 500 Silver Plus Hospital 750

'Our Silver Plus Cover – now with the option of a \$500 or \$750 excess'

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). With this level of cover there is an excess of either \$500 or \$750 per person,* (depending on what cover you choose) 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* (\$500 or \$750 excess applies per person, including child dependants)	Not covered
	Shared room (as a private patient)		100% cover* at Federal Government Default Rate (\$500 or \$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.* (\$500 or \$750 excess applies) including child dependants	Not covered
	Shared room		
	Theatre fees (including intensive care fees)		
	Surgically implanted Medical Devices and Human Tissue Products**	100% cover for No-Gap Medical Devices and Human Tissue Product** List Items (\$500 or \$750 excess applies including child dependants)	

* 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.

Silver Plus Hospital 500 has an excess payable of \$500 per person, per calendar year (whether in a private or public hospital) also applies to child dependants. Silver Plus Hospital 750 has an excess payable of \$750 per person, per calendar year (whether in a private or public hospital) also applies to child dependants. The maximum overall excess payable per policy per year is \$1,500.

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)
- ✗ Medicare only 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 5 days of admission, if not from the date of the election (fund notification received) where;
 - The 2 month psychiatric/rehabilitation period has been served
 - It is for psychiatric or drug and alcohol related treatment
 - ✓ 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 500

Bronze Essentials Hospital 750

'Our Essentials Cover – now with the option of a \$500 or \$750 excess'

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. There is an excess payable of either \$500 or \$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 (\$500 or \$750 excess applies)	Not covered
	Shared room (private patient)		100% cover* at Federal Government Default Rate (\$500 or \$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.* (\$500 or 750 excess applies)	Not covered
	Shared room (intensive care)		
	Theatre fees		
	Surgically implanted Medical Devices and Human Tissue Products**	100% cover for No-Gap Medical Devices and Human Tissue Product** List Items (\$500 or \$750 excess applies)	

* 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.

Bronze Essentials Hospital 500 has an excess payable of \$500 per adult person, per calendar year (whether in a private or public hospital) which does not apply to child dependants. Bronze Essentials Hospital 750 has 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.

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)
- ✗ Medicare only 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 5 days of admission, if not from the date of the election (fund notification received) where;
 - The 2 month psychiatric/rehabilitation period has been served
 - It is for psychiatric or drug and alcohol related treatment
 - ✓ 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).

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: <ul style="list-style-type: none"> - Procedure room - Labour ward 	Not covered
In-hospital medical services, including: <ul style="list-style-type: none"> - Specialist doctor - Anaesthetist - Pathology - Radiology 	100% cover of the Medicare Benefits Schedule (MBS) fee PLUS the Access Gap Cover Scheme is available to minimise any out-of-pocket gap costs
Surgically implanted 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)
- ✗ Medicare only 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 5 days of admission, if not from the date of the election (fund notification received) where;
 - The 2 month psychiatric/rehabilitation period has been served
 - It is for psychiatric or drug and alcohol related treatment
- ✓ Choose your own doctor 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 (Podiatric surgeon not covered). 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 ^o	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	Yes	
Public Hospital									
Surgically implanted Medical Devices and Human Tissue Products**	Yes ^o	No	Yes ^o	No	Yes ^o	Yes ^o	Yes ^o	Yes ^o	
Other									
Hospital substitute services (i.e. early discharge program)	No	No	No	No	Yes	Yes	Yes	Yes	
Chronic disease management programs (when combined with Complete and Mid Ancillary cover)	No	No	No	No	Yes	Yes	Yes	Yes	
Government incentives	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Dependants covered to age 21 (or 25 if eligible fulltime students)	Yes	Yes	Yes	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	No	Yes	Yes	Yes	Yes	Yes	
Standard waiting periods	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Emergency Ambulance	Ambulance - NSW & ACT Residents Only (In other states Ambulance is covered under the Ancillary Products)								
Australia wide coverage	Yes	No	Yes	No	Yes	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.

"My Health Fund said to ask you if you would use ACCESS GAP"

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 to the Member Portal using the Member Login. 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, we refer to this list as the Prescribed list for short.

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	
Optical	4 Months
Dental	9 Months
Foot orthotics & surgical shoes	12 Months
Prescribed health appliances (including maternity appliances)	12 Months
CDMP#	12 Months
Hearing aids	12 Months
All other services	2 Months

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

#CDMP - Chronic Disease Management Programs are only available to eligible members with Gold Hospital products combined with Complete or Mid Ancillary products.

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
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.

#CDMP - Chronic Disease Management Programs are only available to eligible members with Gold Hospital products combined with Complete or Mid Ancillary products.

Mid Ancillary

'Mid-range cover - more than lite, but not the complete range'

Balance premium and benefits by choosing ACA Health's Mid Ancillary cover. A mid-tier cover you choose when you need a range of benefits without the higher cost.

Please Note: This product is only available for purchase in combination with an ACA Health Hospital policy.

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

- Dental;
 - Glasses and Contact Lenses;
 - Physiotherapy;
 - Occupational Therapy;
 - Chinese Herbal Medicine Consult
- ...and much more for the whole family.

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.

#CDMP - Chronic Disease Management Programs are only available to eligible members with Gold Hospital products combined with Complete or Mid Ancillary products.

Compare General Treatment Covers

Service	Description	Waiting Periods	Complete Ancillary		Mid Ancillary		Ancillary Lite	
			Benefits Per Service	Annual Limit Per Person (Calendar Year)	Benefits Per Service	Annual Limit Per Person (Calendar Year)	Benefits Per Service	Annual Limit Per Person (Calendar Year)
Emergency Ambulance Transport <i>Pensioners must claim the pensioner discount first</i>	Transport costs <i>(Please refer to page 33 of Products & Benefits Guide for further clarification)</i>	Nil	100%	Unlimited	100%	Unlimited	100%	Unlimited
Dental <i>This is not a comprehensive list of our dental benefits. Dental Benefits Schedules with individual item numbers are available at https://acahealth.com.au/extras-only</i>	Periodic examination	9 months	80% of cost, up to \$100	\$1,700 combined <i>(For all dental items, including orthodontics)</i>	80% of cost, up to \$100	\$1,100 combined	80% up to \$100	\$700 combined <i>(\$400 sub limit for all major dental)</i>
	Plaque removal		80% of cost, up to \$100		80% of cost, up to \$100		80% up to \$100	
	Fluoride treatment		80% of cost, up to \$100		80% of cost, up to \$100		80% up to \$100	
	Tooth extraction		80% of cost, up to \$170		80% of cost, up to \$170		80% up to \$120	
	Fillings		Up to 80% of cost \$1,200 sub-limit		80% of cost		Up to 80% of cost \$400 sub-limit	
	Periodontics		80% of cost \$1,200 sub-limit		80% of cost		Up to 80% of cost \$400 sub-limit	
	Root canal treatment		80% of cost \$1,200 sub-limit		80% of cost		Up to 80% of cost \$400 sub-limit	
	Crowns and bridges		80% of cost, up to \$1,000		80% of cost, up to \$1,000		Up to 80% of cost \$400 sub-limit	
	Implants		80% of cost		80% of cost		Nil	
	Dentures - upper and lower		80% of cost 5 yr progressive limit: \$1,700		80% of cost 5 yr progressive limit: \$1,100		Nil	
Orthodontics	80% of cost Lifetime limit: \$3,600	Nil	Nil					
Optical <i>Must be accompanied by a relevant sight correction prescription.</i>	Single lens Lenses (pair) Frames (for prescription lenses) Repairs Contact lenses Contact lens solution	4 months	Up to \$150 Up to \$300 Up to \$150 80% of cost 80% of cost up to \$310 80% of cost	\$450	80% of cost up to \$300	\$300	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 (\$25.00 as at 1/01/2026)	2 months	Up to \$100 per item as per MIMS pharmaceutical product information after deducting the PBS amount	\$800	Up to \$100 per item as per MIMS pharmaceutical product information after deducting the PBS amount	\$400	Up to \$50 per item as per MIMS pharmaceutical product information after deducting the PBS amount	\$250
Physiotherapy	Short treatment Standard treatment Extended treatment	2 months	80% up to \$27.50 80% up to \$55.00 80% up to \$75	\$950 combined	80% up to \$27.50 80% up to \$55.00 80% up to \$75 80% up to \$22.50	\$500 combined	80% up to \$25 80% up to \$26.50 80% up to \$37.50 Nil	\$300 combined
Exercise Physiology/ Hydrotherapy	Treatment		80% up to \$22.50		80% up to \$25			
Chiropractic/ Osteopathy	Initial treatment Subsequent treatment X-ray	2 months	80% up to \$56 80% up to \$40 80% up to \$85		80% up to \$45 80% up to \$32 80% up to \$85		80% Up to \$25	
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		80% up to \$40 80% up to \$50		Nil	
Occupational Therapy	Initial individual assessment Subsequent individual assessments	2 months	80% up to \$80 80% up to \$65		80% up to \$80 80% up to \$65		Nil	



Phone:
1300 368 390
Locked Bag 2014
Wahroonga NSW 2076



acahealth.com.au
info@acahealth.com.au
ACN 128 673 923

Compare General Treatment Covers

			Complete Ancillary		Mid Ancillary		Ancillary Lite	
Service	Description	Waiting Periods	Benefits Per Service	Annual Limit Per Person (Calendar Year)	Benefits Per Service	Annual Limit Per Person (Calendar Year)	Benefits Per Service	Annual Limit Per Person (Calendar Year)
Naturopathy	Registered practitioner visit	2 months	50% up to \$45	\$500 combined	Nil	Nil	Nil	Nil
Western Herbal Medicine Consult					Nil	Nil	Nil	Nil
Shiatsu Massage					Nil	Nil	Nil	Nil
Remedial Massage					80% of cost, up to \$300	\$300 combined	80% Up to \$20	\$100 combined
Acupuncture							80% Up to \$20	
Chinese Herbal Medicine Consult							Nil	Nil
Dietetics	Registered practitioner visit	2 months	80% of cost	\$300	Nil	Nil	Nil	Nil
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	Nil	Nil
General Appliances <i>With a letter from a registered practitioner Sub-limits may apply to specific items. On purchase only, not on hire</i>	Blood glucose monitor	12 months	Up to 80% of cost	\$1,200 <i>(CPAP Machine & accessories 5 year limit of \$1200)</i>	80% of cost <i>(Blood Glucose Monitor only)</i>	\$55	Nil	Nil
	CPAP machine and accessories				Nil	Nil		
	Other appliances including: nebuliser, wheelchair plus more. (Contact us to confirm for a particular item)				Nil	Nil		
Audiology	Hearing tests by a registered practitioner	2 months	50% of cost	Unlimited	Nil	Nil	Nil	Nil
Cardiac Rehabilitation	Program referred by a registered medical practitioner	2 months	80% of cost	Unlimited	Nil	Nil	Nil	Nil
Diabetes Education	Diabetes Australia certified Training Program Consultation	2 months	50% up to \$25	\$100	Nil	Nil	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	80% of cost	3 year limit \$600	Nil	Nil
	Hearing aid and cochlear implant batteries	12 months		\$200	Nil	Nil		
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	Nil	Nil
Mammography/ Bone Density Testing	Screening tests where a Medicare benefit is not payable	2 months	80% of cost	1 test	Nil	Nil	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	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			80% of cost	\$300 per policy	Nil	Nil



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info@acahealth.com.au
ACN 128 673 923

Compare General Treatment Covers

Compare General Treatment Covers			Complete Ancillary		Mid Ancillary		Ancillary Lite	
Service	Description	Waiting Periods	Benefit Per Service	Annual Limit Per Person	Benefits Per Service	Annual Limit Per Person (Calendar Year)	Benefit Per Service	Annual Limit Per Person (Calendar Year)
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	Nil	Nil
Orthotics	Orthotics, shoe modifications and repairs	12 months	80% of cost		80% of cost, up to \$250	\$250 combined	Nil	Nil
Podiatry / Chiroprody	Treatment by a registered practitioner Outpatient only	2 months	80% of cost	\$400	(Podiatry and Orthotics does not include benefits for the purchase of shoes to accommodate orthoses or shoe modification)		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	80% of cost up to \$110 80% of cost up to \$80 80% of cost up to \$150	\$300	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	Nil	Nil
Prescribed Vitamins and Minerals	With letter from a General Practitioner	2 months	50% up to \$20 per item	\$200	Nil	Nil	Nil	Nil
Wound Care Clinics	Standard treatment, including dressing costs	2 months	50% up to \$20	\$200	Nil	Nil	Nil	Nil
	Extended treatment, including dressing costs		50% up to \$30					



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acahealth.com.au
info@acahealth.com.au
ACN 128 673 923

Singles Treatment Cover*

Singles Treatment Cover*			Flex Ancillary	
Service	Description		Benefits Per Service	Annual Limit Per Person (Calendar Year)
Optical <i>Must be accompanied by a relevant sight correction prescription.</i>	Single lens Lenses (pair) Frames (for prescription lenses) Repairs Contact lenses Contact lens solution		60% of cost to a maximum benefit of \$175	\$175
General Dental <i>This is not a comprehensive list of our dental benefits, please see the Dental Schedule insert inside for individual item numbers.</i>	Plaque removal		60% of cost to a maximum benefit of \$650	\$650 combined
	Fluoride treatment			
	Periodic examination			
	Tooth extraction			
	Fillings			
	Periodontics			
Physiotherapy	Short Treatment			
	Standard Treatment			
	Extended Treatment			
Acupuncture	Registered practitioner visit			
Chinese Herbal Medicine Consult	Practitioner fee only			
Exercise Physiology	Registered practitioner visit			
Dietetics	Dietician only not nutritionist			
Vaccinations	Prescribed Vaccinations costing over the Pharmaceutical Benefits Scheme (PBS) amount (\$25.00 as at 1/01/2026)			

*This product is only available for purchase in combination with a Singles ACA Health Hospital policy



Phone:
1300 368 390
Locked Bag 2014
Wahroonga NSW 2076

acahealth.com.au
info@acahealth.com.au
ACN 128 673 923

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, Mid 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, Mid 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, Mid Ancillary or Ancillary *Lite* to ensure you are fully covered for ambulance transport while travelling interstate;
- ✗ Non emergency transport.

Important Information About Your Cover

Paying Contributions

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

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

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

Contributions can be made weekly, monthly, quarterly or yearly. Refer to our Price Guide for more information on contribution rates.

Cooling-Off Period

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

ACA Health Privacy Policy

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

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

In Case Of A Complaint

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

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

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

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

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

To make a complaint, contact the Commonwealth Ombudsman at www.ombudsman.gov.au

For general information about private health insurance, see www.privatehealth.gov.au.

Joining ACA Health

How To Join

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 (*included at the back of this guide*) and send it in to us. We'll take care of the rest.

Alternatively, you can also contact us on 1300 368 390 to request an application form or discuss any details of your application.

When we receive your application, one of our friendly Member Service Representatives will contact you to talk through the details of your new membership.

As ACA Health is open to current and past employees of the Seventh-day Adventist Church and its incorporated institutions, and Local Church Officers, we may ask you some questions about your personal or family connection to verify your eligibility.

Online Member Services Portal

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

- ✓ Check your "limit usage" - how much you have already claimed for General Treatment items, and how much you still have left
- ✓ View your membership details
- ✓ Make a credit card payment
- ✓ Add a partner/child to your membership
- ✓ Change your payment/bank account details

- ✓ Change your contact details
- ✓ Download your tax statement or claims history - all online!

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

Private Health Insurance Code Of Conduct

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

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



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

**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**



**A Members
Health** FUND
ALLIANCE

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

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 call our Customer Service Team on 1300 368 390

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.

Phone:

1300 368 390

Postal Address:

Locked Bag 2014
Wahroonga NSW 2076

Office Address:

148 Fox Valley Rd
Wahroonga NSW 2076



acahealth.com.au
info@acahealth.com.au

ACN 128 673 923

