

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

...Because We Care

A Message from ACA Health

ACA Health Benefits Fund was established by the Seventh-day Adventist Church over 50 years ago with the sole intention of caring for their employees with a quality health insurance product. As a responsible employer, the SDA Church set up ACA Health in an attempt to provide the best health cover at the best price for employees.

What all this means is that, as a valued employee of the Seventh-day Adventist Church, ACA Health is here for YOU.

We are proud of our Fund and the excellent cover we offer our members. We invite you to see for yourself the benefits of a membership with ACA Health.

Yours in service,

A handwritten signature in black ink, appearing to read "Jody me", enclosed in a thin black rectangular border.

Jody Burgoyne

Manager – ACA Health Benefits Fund



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If you do not have a pricing guide with this brochure please contact your employer, or the ACA Health office for a copy. The pricing guide is also available on www.acahealth.com.au



Who can join ACA Health?

Membership with ACA Health is open to all present and past employees of companies affiliated with the Seventh-day Adventist Church in Australia

- including Sanitarium Health Food Company, Sydney Adventist Hospital, Adventist Retirement Villages and Adventist Schools.

Spouses of employees are entitled to be covered under the family membership, as well as dependent children. We consider children dependent until the age of 21, or if they are unmarried full-time students earning less than \$10,000pa, they can remain under the family cover until the age of 25.

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 dependents 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 talk about how private health cover options can work for you.



Why join ACA Health?

■ **More choice for your health treatment**

Private health cover means you have more say in choosing what doctor to use, or hospital to visit. And importantly, you're not faced with public patient waiting lists.

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

■ **We're not-for-profit**

Your member contributions are for the sole purpose of providing benefits for members. And because it's your money, we do our best to keep our administration costs at an industry low. ACA Health has consistently had one of the lowest administration cost ratios in the industry.

■ **We have an easy choice of health insurance products**

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

■ **Value for your Money**

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

■ **Personal Service**

Being a smaller health insurer and part of the Seventh-day Adventist Church community, it means we are in touch with what's happening with our members, knowing and understanding their circumstances.

Our small team is well experienced in the health insurance industry and are committed to serving our members with personal and professional service.

■ **Federal Government Incentives**

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



Federal Government Rebate

The Federal 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, available on all ACA Health hospital and general treatment products, is:

- 30% for those aged under 65,
- 35% for those aged 65 to 69,
- 40% for those aged 70 plus.

You can receive the rebate as a premium reduction through ACA Health, a refundable tax rebate in your annual tax return, or a direct payment available from Medicare Australia offices.

Medicare Levy Surcharge

Where high-income earners do not take out private hospital cover, they are charged an additional 1% on their taxable income on top of the usual 1.5% Medicare Levy.

High-income is defined (as at 1 April 2008) as:

- Singles - annual taxable income greater than \$50,000; or
- Families / Couples - combined taxable income greater than \$100,000.

(The family income threshold increases by \$1,500 for each dependent child after the first.)

The good news is that with all ACA Health hospital cover products you can avoid the 1% Medicare Levy Surcharge and get yourself a great hospital cover.

Lifetime Health Cover

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

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

All members who join hospital cover by 1 July following their 31st birthday do not incur a loading on their premium. Any members who join after the 1 July following their 31st birthday will pay the loading.

The Lifetime Health Cover loading will only apply to a member's premiums for a maximum of 10 years. After 10 years of paying the loading, the premium will return to the base amount.

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

For more details visit www.health.gov.au or contact ACA Health.

Hospital Covers

- Deluxe Hospital
- Private Hospital
- Basic Hospital



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 are you covered for?

Service	Benefit
Private hospital accommodation, including: <ul style="list-style-type: none"> - Intensive care - Hospital in the Home or hospital-substitute treatment - In-hospital psychiatric treatment - In-hospital rehabilitation treatment 	100% cover* with contracted private hospitals & day facilities in Australia. (Limited to 100 days per calendar year. Basic Hospital default accommodation rates apply thereafter.)
Theatre fees, including: <ul style="list-style-type: none"> - procedure room - labour ward 	100% cover*
In-hospital medical services, including: <ul style="list-style-type: none"> - specialist doctor - anaesthetist - pathology - radiology 	100% cover of the Medicare Benefits Schedule (MBS) Fee PLUS the Access Gap Cover Scheme is available to minimise any out-of-pocket gap costs.
Surgically implanted prosthesis	100% cover for No-Gap Prosthesis List Items

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

What's not covered?

- ✗ Surgeon's fees for podiatric surgery (benefits available under our Complete Ancillary product)
- ✗ Services for which Medicare pays no benefit e.g. cosmetic 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
- ✗ Services where there is an entitlement under compensation insurance
- ✗ Services claimed over 2 years after their service date
- ✗ Services provided in countries outside Australia

Other features

- ✓ Choose your own doctor and private hospital
- ✓ Access to the Federal 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 cover is available under the General Treatment Products)



Private Hospital

'Our quality hospital cover – at a discounted rate'

At this level of cover you receive the same level of protection and benefits as Deluxe Hospital cover, however a co-payment from your own pocket 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 are you covered for?

Service	Benefit	Co-payment by member
Private hospital accommodation, including: <ul style="list-style-type: none"> - Intensive care - Hospital in the Home or hospital-substitute treatment - In-hospital psychiatric treatment - In-hospital rehabilitation treatment 	100% cover* with contracted private hospitals & day facilities in Australia. (Limited to 100 days per calendar year. Basic Hospital default accommodation rates apply thereafter.)	\$30 per day - shared room or \$60 per day - private room
Theatre fees, including: <ul style="list-style-type: none"> - procedure room - labour ward 	100% cover*	\$70 per theatre visit
In-hospital medical services, including: <ul style="list-style-type: none"> - specialist doctor - anaesthetist - pathology - radiology 	100% cover of the Medicare Benefits Schedule (MBS) Fee PLUS the Access Gap Cover Scheme is available to minimise any out-of-pocket gap costs.	
Surgically implanted prosthesis	100% cover for No-Gap Prosthesis List Items	

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

What's not covered?

- ✗ Surgeon's fees for podiatric surgery (benefits available under our Complete Ancillary product)
- ✗ Services for which Medicare pays no benefit e.g. cosmetic 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
- ✗ Services where there is an entitlement under compensation insurance
- ✗ Services claimed over 2 years after the service date
- ✗ Services provided in countries outside Australia

Other features

- ✓ Choose your own doctor and private hospital
- ✓ Access to the Federal 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 cover is available under the General Treatment Products 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. Remember, theatre fees are not covered under Basic Hospital and there is limited cover for private 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.

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* (Federal Government Default Benefit only)
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 prosthesis	100% cover for No-Gap Prosthesis List Items

* For private room accommodation, the **Federal Government Default Benefit** is applied. This is the amount of benefit determined by the Federal Government as the minimum amount private health insurers must pay for accommodation in public hospitals. Default Benefits are payable only towards the cost of hospital accommodation and provide no cover for other hospital charges such as labour ward or operating theatre costs. Default Benefits will not cover the full cost of treatment in private hospitals or in day hospital facilities, and you will be left with significant out-of-pocket expenses. Basic Hospital cover does not provide any advantage in relation to public hospital waiting lists.

What's not covered?

- ✗ Surgeon's fees for podiatric surgery (benefits available under our Complete Ancillary product)
- ✗ Services for which Medicare pays no benefit e.g. cosmetic 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
- ✗ Services where there is an entitlement under compensation insurance
- ✗ Services claimed over 2 years after the service date
- ✗ Services provided in countries outside Australia

Other features

- ✓ Choose your own doctor and **public** hospital
- ✓ 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
- ✓ Ambulance Cover for residents of NSW & ACT (for other states the ambulance cover is available under the General Treatment Products)

Compare Hospital Covers

	Deluxe Hospital	Private Hospital	Basic Hospital
Public Hospital			
Shared Room	Yes	Yes	Yes
Private Room	Yes	Yes	Limited**
Participating Private Hospitals and Day Facilities			
Shared Room	Yes	Yes with co-payment	Limited**
Private Room	Yes	Yes with co-payment	Limited**
Theatre Fees	Yes	Yes with co-payment	No
Intensive Care Fees	Yes	Yes with co-payment	No
Labour Ward Fees	Yes	Yes with co-payment	No
In-Hospital Medical Services*			
Surgical Prosthesis	Yes	Yes	Yes
Heart Surgery	Yes	Yes	Yes
Hip and Knee joint replacement	Yes	Yes	Yes
Pregnancy & related services	Yes	Yes	Yes
Assisted Reproductive Services	Yes	Yes	Yes
Psychiatric Programs	Yes	Yes	Yes
Pharmaceutical prescriptions (some conditions)	Yes	No	No
Cosmetic Surgery	No	No	No
Laser Eye Surgery	No	No	No

	Deluxe Hospital	Private Hospital	Basic Hospital
Other			
Access Gap Cover (participating doctors)	Yes	Yes	Yes
Qualify for Government Incentives	Yes	Yes	Yes
Ambulance	Yes - NSW and ACT Residents Only (In other states Ambulance is covered under the Ancillary Products)		
Australia wide coverage	Yes	Yes	Yes
Dependents covered to age 21 (or 25 if eligible fulltime students)	Yes	Yes	Yes
Standard waiting periods apply	Yes	Yes	Yes
Cover level limited to 100 days per year	Yes	Yes	No

* Subject to the Access Gap Cover Scheme

** 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

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.



More Information about Hospital Cover

Waiting Periods

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

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

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

Waiting Periods

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

Pre-Existing Condition

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 is defined as an ailment or illness where, in the opinion of a medical practitioner, the signs or symptoms existed at any time during the six months before the day which a member joins private health insurance or upgrades to a higher level of cover.

Early discharge options

ACA Health is proud to offer the Member Support Program to help you transition more easily from hospital to home, making an early discharge possible without the worry of what will happen when you get home.

The member support program can be accessed through our participating hospital network. The hospital will organise the services and support you may need through visits by registered nurses to help you recover at home. Your treating doctor and nursing staff will determine whether you require this assistance. To find out if the program is available at the hospital of



Access Gap Cover

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

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

We are restricted by law to paying 25% of the MBS fee, while Medicare pays the other 75%. If the charges are more than the MBS fee, this is where your gap payment arises.

Medicare Benefits Schedule (MBS) Fee

75% covered by Medicare

25% covered by ACA Health

Portion of the fee above MBS = Gap Payment

OR this can be fully or partially covered by ACA Health where the **Access Gap Cover** Scheme is used

If your doctor chooses to participate in the scheme, and bills in accordance with these arrangements, we can pay a higher benefit and you will either:

- ✓ Have ZERO gap expenses, or
- ✓ Have a known gap of up to \$400 (\$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 with them before your treatment begins that you would like them to participate in the scheme for you.

Surgically Implanted Prosthesis

These include pacemakers, defibrillators, joint replacements and other devices that are surgically implanted during a stay in hospital. There are often a number of different choices available with any particular prosthesis, which can vary in cost and benefits.

The Department of Health and Aging has set a Prosthesis List with the majority as 'No Gap'. You and your surgeon will be able to choose a prosthesis for every Medicare procedure from the prosthesis list that will be fully covered by ACA Health. Other, more expensive prostheses may be available for your surgery, but if you agree to have one of these, you will have to pay the gap amount.

your choice and for more information, call toll free: 1800 653 316

General Treatment Covers

- Complete Ancillary
- Ancillary *Life*



Complete Ancillary

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

- High-cost dental;
- Orthodontics;
- Glasses and Contact Lenses;
- Physiotherapy;
- Natural Therapies;

...and much more for the whole family.

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

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

Ancillary Lite

Ancillary *Lite* is exactly what the name suggests...*Lite* on the benefits, *Lite* on the price. It's a cover is 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;

- General dental and some allowance for the high-cost items;
- Glasses and Contact Lenses;
- Physiotherapy;
- Remedial massage;

...and more.

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

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

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

Compare General Treatment Covers

Service	Description
Ambulance <i>Pensioners must claim the pensioner discount first</i>	Transport Costs
Dental <i>This is not a comprehensive listing of our dental benefits, we are happy to provide our full dental benefits schedule on request</i>	Periodic Examination Plaque Removal Fluoride Treatment Tooth Extraction Crowns and Bridges Fillings Periodontics Root Canal Treatment Implants Dentures Orthodontics
Optical <i>Must be accompanied by a relevant prescription</i>	Single Vision Lenses Bifocal Lenses Multifocal Lenses Frames Contact Lenses Contact Lens Solution Repairs
Pharmacy	Prescriptions costing over the Pharmaceutical Benefits Scheme (PBS) Limit (\$31.30 as at 1/1/08)
Physiotherapy / Hydrotherapy	Short Treatment Standard Treatment Extended Treatment
Chiropractic / Osteopathy	Initial Treatment Subsequent Treatment X-Ray
Orthoptics	Eye Therapy
Speech Therapy	Standard Treatment Extended Treatment
Occupational Therapy	Initial Individual Assessment Subsequent Individual Assessments
Remedial Massage	Registered Practitioner Visit
Acupuncture	Registered Practitioner Visit
Naturopathy	Initial Treatment Subsequent Treatment
Herbalist / Homeopathy	Initial Treatment Subsequent Treatment

Complete Ancillary		Ancillary Life	
Benefit per Service	Annual Limit per person	Benefit per Service	Annual Limit per person
100%	Unlimited	100%	Unlimited
80% up to \$32 80% up to \$30 80% up to \$27 80% up to \$120 80% up to \$850 Up to 80% Up to 80% 80% of Cost Up to 80% 80% of Cost 80% of Cost	\$1,700 <i>(For all dental items, including orthodontics)</i> \$1000 sub-limit \$1200 sub-limit \$1,200 sub-limit 5yr limit: \$1,600 Lifetime Limit: \$3,600	80% up to \$32 80% up to \$30 80% up to \$27 80% up to \$120 Up to 80% Up to 80% Up to 80% Up to 80% Nil Nil Nil	\$700 \$400 sub-limit \$400 sub-limit \$400 sub-limit \$400 sub-limit Nil Nil Nil
Up to \$80 Up to \$100 Up to \$170 Up to \$120 80% up to \$280 80% of Cost 80% of Cost	\$400 Limit of 2 pairs of frames each 2yrs	80% of Cost	\$200
Up to \$100 per script, after deducting the PBS Amount	\$800	Up to \$50	\$250
80% up to \$20 80% up to \$34 80% up to \$40 80% up to \$45 80% up to \$32 Up to \$85 80% of Cost 80% up to \$34 80% up to \$40 80% up to \$80 80% up to \$65 50% up to \$30 50% up to \$30 Up to \$28 Up to \$20 Up to \$28 Up to \$20	\$850 combined \$270 combined	Up to \$25 Nil Up to \$20 Nil	\$300 Combined \$100 Combined Nil

Compare General Treatment Covers

Travel & Non-Hospital Accommodation – Complete Ancillary

*Intended for members
living in remote areas*

Where a member is required to travel more than 125km each way (within Australia) to the nearest centre where medical requirements can be met, ACA Health will pay 50% of the travel costs of economy bus, rail, taxi, or air, or 20c per km if a private vehicle is used.

A registered medical practitioner must recommend the need for travel in writing.

Accommodation benefits are available for when a member is receiving hospital treatment (at the nearest centre where medical requirements can be met) more than 125km from home but is not staying in hospital. Alternatively, when the member is hospitalised, accommodation benefits may be available for one family member or carer who must accompany the member. Accommodation benefits are \$30 per night.

Annual limit on travel and accommodation:

family membership - \$400
single membership - \$200

Service	Description
Allergy Testing	When ordered and performed by a Registered Practitioner
Antenatal Classes	Class
Health Care Appliances	On recommendation by a Registered Medical Practitioner
Audiology	Hearing tests with a Registered Practitioner
Cardiac Rehabilitation	Program referred by a Registered Medical Practitioner
Confinement by Midwife	Services of a Registered Midwife in private practice, including antenatal and postnatal visits. <i>This benefit is only payable where a midwife's service is used rather than a registered medical practitioner.</i>
Diabetes Education	Diabetes Australia certified training program, consultation
Dietetics	Registered Practitioner Visit
Hearing Aids	Hearing aids, batteries, repairs and annual maintenance. <i>Pensioners must claim any pensioner rebates first</i>
Home Nursing	Services of a qualified Nurse when ordered by a registered medical practitioner
Mammography	Screening tests where Medicare benefit not payable
Orthopaedic Shoes	Ordered by Registered Medical Practitioner for a medical condition
Orthotics	Orthotics, shoe modifications and repairs
Podiatry / Chiropody	Treatment by a Registered Practitioner/ Surgeon Inpatient or Outpatient
Psychology	Initial Treatment Subsequent Treatment Clinical Assessment
Surgical Corsets / Stockings and Braces	Per Item ordered by a Medical Practitioner for a medical condition
Prescribed Vitamins, Minerals and Herbs	With letter from Registered Medical Practitioner
Wound Care Clinics	Standard Treatment, including dressing costs Extended Treatment, including dressing costs

Complete Ancillary		Ancillary Lite	
Benefit per Service	Annual Limit per person	Benefit per Service	Annual Limit per person
50% of Cost	Unlimited	Nil	Nil
Up to \$18	7 Classes	Nil	Nil
80% of Cost	Individual limits apply per appliance, contact ACA Health	Nil	Nil
50% of Cost	Unlimited	Nil	Nil
80% of Cost	Unlimited	Nil	Nil
40% of Cost	Unlimited	Nil	Nil
50% up to \$25	\$100	Nil	Nil
80% of Cost	\$300	Nil	Nil
80% of Cost	3 Year Limit \$1,500	Nil	Nil
80% of Cost (Daily Limit \$100)	\$1,200	Nil	Nil
80% of Cost	1 test	Nil	Nil
100% of Cost above \$100	\$400 2 pairs	Nil	Nil
80% of Cost		Nil	Nil
80% of Cost	\$300	Nil	Nil
Up to \$55 Up to \$40 Up to \$150	\$400	Nil	Nil
80% of Cost	\$400	Nil	Nil
50% up to \$10 per item	\$150	Nil	Nil
50% up to \$20	\$200	Nil	Nil
50% up to \$30			



More Information about General Treatment Cover

What's not covered?

- × Services while a membership is in arrears
- × Services incurred before waiting periods are served
- × Services where there is an entitlement under compensation insurance
- × Services claimed over 2 years after their service date
- × Services provided in countries outside Australia

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.

Waiting Periods

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

The exception to this is where you have an accident, not related to a pre-existing condition, and you require hospital and/or ambulance treatment.

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

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

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

More Information about joining ACA Health

Paying Contributions

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

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

- Direct Debit from your bank account
- Credit Card - MasterCard and Visa only
- Payroll Deduction (for participating SDA Church employers only)
- By mail or in person, with cash or cheque.

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

Cooling-Off Period

In the unlikely event that 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, please refer to www.acahealth.com.au or contact ACA Health 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.

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

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

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

The Ombudsman's office can be contacted:

Toll free Phone

1800 640 695

or (02) 8235 8777

Mail

Level 7

362 Kent Street

Sydney NSW 2000

Fax (02) 8235 8778.

e-mail: info@phio.org.au

www.phio.org.au

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 www.privatehealth.com.au/codeofconduct

Joining ACA Health is easy!

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

We'll take care of the rest.

Not sure?

We're here to help!

Phone: 1300 368 390 or (02) 9847 3390

Facsimile: (02) 9847 3357

E-mail: acahbf.info@acahealth.com.au

Website: www.acahealth.com.au

Office Address:

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

Information in this brochure was correct at time of printing. Changes may occur by Board of Management actions.

The operation of the Fund is governed by the Fund Rules.



...Because We Care

