

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 more than 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.



Jody Burgoyne
Manager – ACA Health Benefits Fund



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- Insert: Pricing Guide

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 at www.acahealth.com.au



Who can join ACA Health?

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

- Sanitarium Health Food Company
- Sydney Adventist Hospital
- Signs Publishing Company
- Adventist Development & Relief Agency
- Adventist Schools
- Adventist Retirement Villages
- Plus more!

Partners, spouses and dependant children of employees are entitled to be covered under the family membership. We consider children dependent until the age of 21, or if they are unmarried full-time students earning less than \$20,000pa, they can remain under the family cover until the age of 25 at no extra cost.

Dependant Extension

If your children are aged between 21 and 25, 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 till they are 25, 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 Deluxe Hospital or Private Hospital and General Treatments policy. It is not available with 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.

Even if you didn't join ACA Health while you were employed, it's possible that you may be able to join now*. 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.

* If you were employed by an Adventist entity before it became a separately incorporated company, you may not be able to join ACA Health. Most Adventist organisations incorporated between 2000 and 2004.

Who can join ACA Health?

- Employees of the Seventh-day Adventist Church and its affiliated companies
- Partners/spouses and dependant children of ACA Health members
- Past members of ACA Health

Why join ACA Health?

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



Why join ACA Health?

■ **More choice for your health treatment**

Private health cover means you have more choice in your health treatment. You can have more say in choosing your doctor, hospital and room type. And importantly, you can avoid public patient waiting lists.

If you are not sure 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, which means more benefits for you!

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

You're not bombarded with a thousand different choices with different 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 Deluxe Hospital and Complete Ancillary package you receive one of the most comprehensive hospital and general treatment insurance packages available in the industry. We are proud to have comparable prices to other similar packages in the industry, while offering some of the highest benefits.

■ **We're member focused**

Your feedback is taken seriously, with many improvements to our products and services coming directly from members' feedback. With customer satisfaction ratings among the highest in the industry, our customer service team is well experienced in the health insurance industry and are committed to serving our members with personal and professional service. As part of the Seventh-day Adventist Church community and the Health Insurance Restricted Membership Association of Australia (HIRMAA*), we are a quality insurer you can trust.

■ **Federal Government Incentives**

The Australian Government has 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. Read over the page for more details...

* HIRMAA, established in 1978 exists to represent the interests of 17 restricted insurers and like-minded organisations. For more info visit www.hirmaa.com.au

Federal Government Incentives

- Federal Government Rebate
- Medicare Levy Surcharge
- Lifetime 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 insurance 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 July 2010) as:

- Singles - annual taxable income greater than \$77,000; or
- Families / Couples - combined taxable income greater than \$154,000.

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

All members who join hospital cover by 1 July following their 31st birthday do not incur a loading on their premium. If you had hospital cover at some point after July 2000, you are able to drop your hospital cover for a cumulative period of 1094 days without affecting your premium (called Absence Days). If you do not take-up hospital cover before 1094 days have passed, loadings will continue to accrue.

The LHC loading will only apply to a member's premiums for a maximum of 10 years.

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

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

Hospital Covers

- Deluxe Hospital
- Private Hospital
- Basic Hospital



Deluxe Hospital

‘Our top hospital cover - for the ultimate peace of mind’

With no excess, no co-payments, and no exclusions - you have the most comprehensive cover available in health insurance!

What are you covered for?

Service	Benefit
Private or public hospital accommodation; <ul style="list-style-type: none"> • Overnight accommodation in a private or shared room • Same day admissions • Intensive care • Hospital-Substitute treatment (such as Hospital-in-the-Home) • In-hospital psychiatric treatment • In-hospital rehabilitation treatment 	100% cover* with contracted private hospitals & day facilities in Australia. (Deluxe Hospital benefits are limited to 100 days per calendar year. Basic Hospital default accommodation rates apply thereafter.)
Theatre / Procedure fees (including Labour Ward, Chemotherapy, Sleep Studies)	100% cover*
In-hospital medical services, such as: <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, laser-eye surgery
- ✗ Services while a membership is in arrears
- ✗ Services incurred before waiting periods are served (including any service for a pre-existing condition)
- ✗ Services received as an outpatient, such as in the Emergency department or visit to your General Practitioner
- ✗ 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 transport provided by the NSW & ACT State Ambulance Service, for residents of NSW & ACT. For residents of other states, ambulance transport is covered under the General Treatment Products (see page 26 for more information)



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 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 (not applicable in a public hospital)
Private or public hospital accommodation; <ul style="list-style-type: none"> Overnight accommodation in a private or shared room Same day admissions Intensive care Hospital-Substitute treatment (such as Hospital-in-the-Home) In-hospital psychiatric treatment In-hospital rehabilitation treatment 	100% cover* with contracted private hospitals & day facilities in Australia. Private Hospital benefits are limited to 100 days per calendar year. Basic Hospital default accommodation rates apply thereafter.	\$40 per day - shared room or same day admission \$70 per day - private room
Theatre / Procedure fees (including Labour Ward, Chemotherapy, Sleep Studies)	100% cover*	\$80 per theatre or same-day procedure 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, laser-eye surgery
- ✗ Services while a membership is in arrears
- ✗ Services incurred before waiting periods are served (including any service for a pre-existing condition)
- ✗ Services received as an outpatient, such as in the Emergency department or visit to your General Practitioner
- ✗ 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 transport provided by the NSW & ACT State Ambulance Service, for residents of NSW & ACT. For residents of other states, ambulance transport is covered under the General Treatment Products (see page 26 for more information)



Basic Hospital

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

At this level of cover you can choose your own doctor and have shared room accommodation in a public hospital. Basic Hospital is designed for treatment in a public hospital, if you are admitted to a private hospital, you may have significant out-of-pocket expenses.

What are you covered for?

Service	Benefit
Shared room in a public hospital	100% cover with public hospitals & day facilities in Australia.
Private room in a public hospital; or Shared or private room in a private hospital	Limited cover* (Federal Government Default Benefit only)
Theatre / Procedure fees (including Labour Ward, Chemotherapy, Sleep Studies)	Not covered in a private hospital
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

* The **Federal Government Default Benefit** 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 have 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, laser-eye surgery
- ✗ Services while a membership is in arrears
- ✗ Services incurred before waiting periods are served (including any service for a pre-existing condition)
- ✗ Services received as an outpatient, such as in the Emergency department or visit to your General Practitioner
- ✗ 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 in a **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 transport provided by the NSW & ACT State Ambulance Service, for residents of NSW & ACT. For residents of other states, ambulance transport is covered under the General Treatment Products (see page 26 for more information)

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
Surgical Prosthesis	Yes	Yes	Yes
Hospital Substitute Services (i.e. early discharge programs/Hospital in the Home)	Yes	Yes	No
Accommodation for Nursing Home Type Patients	Limited	Limited	Limited
In-Hospital Medical Services*			
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
In-hospital pharmacy (some conditions)	Yes	Yes	Yes
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
Chronic Disease Management Programs (when combined with Complete Ancillary Cover)	Yes	No	No
Qualify for Government Incentives	Yes	Yes	Yes
Ambulance	Yes - NSW and ACT Residents Only <i>(In other states Ambulance is covered under the General Treatment Products)</i>		
Australia wide coverage	Yes	Yes	Yes
Dependants covered to age 21 (or 25 if eligible fulltime students)	Yes	Yes	Yes
Dependant Extension (for Dependants who are not full time students aged 21-25 when combined with a General Treatments Cover)	Yes	Yes	No
Standard waiting periods apply	Yes	Yes	Yes
Cover level limited to 100 days per year	Yes	Yes	No

* Out-of-pocket costs may occur depending on the charges and whether the Access Gap Cover Scheme is being used. Please see page 18.

** 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 directly from another health fund to ACA Health (with no gap in contribution payments and on providing your Clearance Certificate for verification), ACA Health benefits up to the level of your previous cover may be paid immediately.

If you upgrade your cover, 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 a telephone based, nursing support service to help identified members manage their chronic disease. Common chronic diseases include, heart disease, diabetes, and mental health.

This program is only available for members who qualify, are identified by ACA Health, and have a Deluxe Hospital and Complete Ancillary policy.

For more information, please contact us.

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, 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.

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.

Nursing Home Type Patients

If you are in hospital for more than 35 days in succession and are no longer in need of acute care, you will be regarded as a 'nursing home type patient'.

If you are a nursing home type patient, ACA Health will only pay benefits for your hospital stay for 7 days (or 14 days on application to management). You must also pay an uninsurable contribution towards your care that is set by the Federal Government.



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 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 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 \$400 per service (or \$800 for obstetrics)

It is your doctor's choice to bill using the Access Gap Cover Scheme, and they may do so on a case-by-case basis, so it's important to discuss this with them before your treatment begins.

Surgically Implanted 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 Ageing 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 need to pay the gap amount.

Early Discharge/Hospital Substitute Options

ACA Health is proud to offer the Total Health for Hospital program to help you transition more easily from hospital to home. Where clinically appropriate, the program could even help you avoid a hospital admission altogether.

The Total Health for Hospital 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 your choice and for more information, **call toll free: 1800 653 316.**

Other Hospital Substitute programs for early discharge or in-home care are also available, and you should talk with your treating Doctor or hospital about whether these may be available to you. You will also need to confirm with us if it is an ACA Health approved program.

General Treatment Covers

- Complete Ancillary
- Ancillary *lite*



Complete Ancillary

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

- Ambulance Transport
- 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 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.

Ancillary *lite*

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, such as;

- Ambulance Transport
- General Dental and some 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.

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

		Complete Ancillary		Ancillary life	
Service	Description	Benefit per Service	Annual Limit per person	Benefit per Service	Annual Limit per person
Ambulance <i>Pensioners must claim the pensioner discount first</i>	Transport Costs <i>For a full description of what's covered see page 26</i>	100%	Unlimited	100%	Unlimited
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	80% up to \$100 80% up to \$100 80% up to \$100 80% up to \$120 80% up to \$1000 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> \$1,000 sub-limit \$1,200 sub-limit \$1,200 sub-limit 5yr limit: \$1,700 Lifetime Limit: \$3,600	80% up to \$100 80% up to \$100 80% up to \$100 80% up to \$120 Up to 80% Up to 80% Up to 80% Up to 80% Nil Nil Nil	\$700 <i>(For all dental items)</i> \$400 sub-limit \$400 sub-limit \$400 sub-limit \$400 sub-limit Nil Nil Nil
Optical <i>Must be accompanied by a relevant prescription</i>	Lenses (pair) Frames (for prescription lenses) Contact Lenses Contact Lens Solution Repairs	Up to \$280 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
Pharmacy	Prescriptions costing over the Pharmaceutical Benefits Scheme (PBS) Limit (\$34.20 as at 1/1/11)	Up to \$100 per script, after deducting the PBS Amount	\$800	Up to \$50	\$250
Physiotherapy / Hydrotherapy	Short Treatment Standard Treatment Extended Treatment	80% up to \$20 80% up to \$34 80% up to \$40	\$850 Combined	Up to \$25	\$300 Combined
Chiropractic / Osteopathy	Initial Treatment Subsequent Treatment X-Ray	80% up to \$45 80% up to \$32 Up to \$85			
Orthoptics	Eye Therapy	80% of Cost			
Speech Therapy	Standard Treatment Extended Treatment	80% up to \$34 80% up to \$40			
Occupational Therapy	Initial Individual Assessment Subsequent Individual Assessments	80% up to \$80 80% up to \$65	\$360 Combined	Up to \$20	\$100 Combined
Remedial Massage	Registered Practitioner Visit	50% up to \$30			
Acupuncture	Registered Practitioner Visit	50% up to \$30			
Naturopathy	Registered Practitioner Visit	50% up to \$30			
Herbalist / Homeopathy	Registered Practitioner Visit	50% up to \$30		Nil	Nil
Allergy Management	Allergy testing, membership to Medic Alert (or equivalent), and tags, when ordered and performed by a Registered Practitioner	50% of Cost	\$500	Nil	Nil

Compare General Treatment Covers

		Complete Ancillary		Ancillary Life	
Service	Description	Benefit per Service	Annual Limit per person	Benefit per Service	Annual Limit per person
Appliances <i>On recommendation by a Registered Medical Practitioner</i>	CPAP Machine	Up to 80% of Cost	5 Year Limit \$1,200	Nil	Nil
	Other appliances including: Blood Glucose Monitor, Nebuliser, Wheelchair (contact us to confirm for a particular item)		Individual limits apply, contact us		
Audiology	Hearing tests with a Registered Practitioner	50% of Cost	Unlimited	Nil	Nil
Cardiac Rehabilitation	Program referred by a Registered Medical Practitioner	80% of Cost	Unlimited	Nil	Nil
Diabetes Education	Diabetes Australia certified training program, consultation	50% up to \$25	\$100	Nil	Nil
Dietetics	Registered Practitioner Visit	80% of Cost	\$300	Nil	Nil
Hearing Aids <i>Pensioners must claim any pensioner rebates first</i>	Hearing aids, repairs and annual maintenance	80% of Cost	3 Year Limit \$1,500	Nil	Nil
	Hearing aid batteries, cochlear implant batteries		\$200		
Home Nursing	Services of a Registered Nurse when ordered by a Registered Medical Practitioner	80% of Cost (Daily Limit \$100)	\$1,200	Nil	Nil
Mammography/ Bone Density Testing	Screening tests where a Medicare benefit is not payable	80% of Cost	1 test	Nil	Nil
Maternity Services & Appliances	Pre-natal classes, Post-natal classes, Settling classes, Lactation Consultations	80% of Cost	\$500 per policy	Nil	Nil
	Appliances for hire or purchase, including: Breast Pump, Infant Sound and Respiratory Monitor (to prevent SIDS), TED stockings Blood Glucose Monitor, TENS Machine				
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)	40% of Cost	Unlimited	Nil	Nil
Orthopaedic Shoes	Ordered by a Health Professional for a medical condition	100% of Cost above \$100	\$400 Limit of 2 pairs of shoes	Nil	Nil
Orthotics	Orthotics, shoe modifications and repairs	80% of Cost		Nil	Nil
Podiatry / Chiropody	Treatment by a Registered Practitioner/ Surgeon - Inpatient or Outpatient	80% of Cost	\$300	Nil	Nil
Psychology <i>No benefits are payable for educational assessments or reports</i>	Initial Treatment	Up to \$55	\$400	Nil	Nil
	Subsequent Treatment	Up to \$40			
	Clinical Assessment	Up to \$150			
Surgical Corsets / Stockings and Braces	Per Item ordered by a Medical Practitioner for a medical condition	80% of Cost	\$400	Nil	Nil
Vitamins, Minerals and Herbs	With letter from a Health Professional	50% up to \$20 per item	\$200	Nil	Nil
Wound Care Clinics	Standard Treatment, including dressing costs	50% up to \$20	\$200	Nil	Nil
	Extended Treatment, including dressing costs	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 or products provided from 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.

If your healthcare provider does not offer electronic claiming, you will need to post or deliver 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. If your claim is successful, it will be paid by direct deposit to your

nominated account or by cheque to the address listed on your membership. If your claim is unsuccessful, it will be returned to you with a letter explaining why it cannot be paid.

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.

If you transfer directly from another health fund to ACA Health (with no gap in contribution payments and on providing your Clearance Certificate for verification), ACA Health benefits up to the level of your previous cover may be paid immediately.

If you upgrade your cover, 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 (including maternity appliances)	12 Months
Hearing aids	12 Months
All other services	2 Months

More Information about 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 under your Hospital Cover policy, but in NSW & ACT only. If you'd like to be covered for ambulance transport in *all states and territories* you will also need Complete Ancillary or Ancillary *lite* cover.
- **QLD, VIC, TAS, SA, WA & NT**, you are covered for ambulance transport in *all states and territories* under your Complete Ancillary or Ancillary *lite* cover.

What's covered?

Your ACA Health Ambulance Cover provides benefits for the full cost of ambulance charges when provided by a state ambulance service, in the following circumstances:

- ✓ When it is medically necessary for you to be transported to hospital in an ambulance. Medically necessary means that due to the patient's medical condition, ambulance transport is necessary as they could not be transported by any other means;
- ✓ When you need immediate medical attention at a hospital or approved facility;

- ✓ When an ambulance is called to attend to you, but you do not subsequently need to be taken to hospital;
- ✓ Transport required while travelling outside your state of residency, that meets the above criteria.

What's not covered?

Ambulance charges are not covered when:

- ✗ It is not medically necessary for you to be transported in an ambulance;
- ✗ Your transport is at the request of a hospital because the hospital does not have the medical facilities to treat you. These costs should be covered by the hospital requesting the transfer;
- ✗ The emergency transport provided is not part of a state or territory ambulance service. Please check with your state ambulance service before using: private ambulance services, including transport by helicopter, water boat, or other transport;
- ✗ For NSW & ACT residents, transport provided in another state or territory may not be covered under your hospital policy. We recommend Complete Ancillary or Ancillary *lite* to ensure you are fully covered for ambulance transport while travelling interstate.

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 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. See the Contribution Rates liftout inside this brochure 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 www.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.

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 by:

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

Online Member Services

With ACA Health's Online Member Services you can manage your membership online at a time convenient to you - 24 hours, 7 days a week! With Online Member Services 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
- ✓ Change your contact details
- ✓ Change your payment/bank account details
- ✓ Change your cover
- ✓ Add a partner/child to your membership
- ✓ Make a credit card payment
- ✓ View your membership details
- ✓ Download your tax statement or claims history - all online!

To register or login once your membership is up and running, simply visit www.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:
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!

Call 1300 368 390

Phone: +61 2 9847 3390

Fax: +61 2 9847 3357

Email: info@acahealth.com.au

Web: www.acahealth.com.au

Postal Address:

Locked Bag 2014

Wahroonga NSW 2076

Office Address:

146 Fox Valley Rd

Wahroonga NSW 2076

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 time of printing. Changes may occur by Board actions. The operation of the Fund is governed by the Fund Rules which can be read in the Policy Booklet in-conjunction with the relevant Product Benefit Guide/s for your membership.



...Because We Care

