

## Private Health Information Statement - Combined policy

### Silver Plus Hospital 750 and Complete Ancillary - Extension

#### ACA Health Benefits Fund

<http://acahealth.com.au>  
[info@acahealth.com.au](mailto:info@acahealth.com.au)  
 1300 368 390

#### Monthly Premium

**\$753.48<sup>#</sup>**

(before any rebate, loading or discount)

Covers two adults & dependants, including non-student dependants (3 or more people, only 2 of whom are adults)

Available in All States

<sup>#</sup> You may be entitled to an Australian Government rebate on the above premium. Your premium may also include a Lifetime Health Cover loading or an insurer discount. Check with your insurer for details.

This policy covers children, students up to and including the age of 24 and non-students up to and including the age of 30, as well as persons with a disability who qualify as a child, student or non-student in these age ranges.

Membership of this insurer is restricted to Seventh-day Adventist Church employees, Local Church Officers and their families.

### Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy does not provide accident cover or benefits for travel and accommodation (outside of hospital).

#### ✓ Covered

For information on what is covered under each category, see <https://privatehealth.gov.au/categories>

#### R Restricted

Restricted categories partially cover your hospital costs as a private patient in a public hospital. You may incur significant expenses in a private room or private hospital.

#### ✗ Not Covered

These categories are not covered by this policy.

This policy ✓ includes cover for

|   |  |   |
|---|--|---|
| ✓ Back, neck and spine                                    | ✓ Gastrointestinal endoscopy               | ✓ Pain management with device   |
| ✓ Blood   | ✓ Gynaecology                              | ✓ Plastic and reconstructive surgery (medically necessary)                          |
| ✓ Bone, joint and muscle                                  | ✓ Heart and vascular system                | ✓ Podiatric surgery (provided by a registered podiatric surgeon - limited benefits) |
| ✓ Brain and nervous system                                | ✓ Hernia and appendix                      | ✓ Skin  |
| ✓ Breast surgery (medically necessary)                    | ✓ Implantation of hearing devices          | ✓ Sleep studies   |
| ✓ Chemotherapy, radiotherapy and immunotherapy for cancer | ✓ Joint reconstructions                    | ✓ Tonsils, adenoids and grommets  |
| ✓ Dental surgery  | ✓ Kidney and bladder                       | R Hospital psychiatric services   |
| ✓ Diabetes management (excluding insulin pumps)           | ✓ Lung and chest                           | R Palliative care   |
| ✓ Digestive system  | ✓ Male reproductive system                 | R Rehabilitation  |
| ✓ Ear, nose and throat                                    | ✓ Miscarriage and termination of pregnancy |   |
| ✓ Eye (not cataracts)                                     | ✓ Pain management                          |   |

This policy ✗ does not include cover for

|                                  |                 |                       |
|----------------------------------|-----------------|-----------------------|
| ✗ Assisted reproductive services | ✗ Insulin pumps | ✗ Weight loss surgery |
|----------------------------------|-----------------|-----------------------|

|                                       |                       |  |
|---------------------------------------|-----------------------|--|
| ✗ Cataracts                           | ✗ Joint replacements  |  |
| ✗ Dialysis for chronic kidney failure | ✗ Pregnancy and birth |  |

The benefits paid for hospital treatment will depend on the type of cover you purchase and whether your fund has an agreement in place with the hospital in which you are treated. See 'Agreement Hospitals' on [privatehealth.gov.au](https://privatehealth.gov.au) for which hospitals have arrangements with your insurer – <https://privatehealth.gov.au/dynamic/agreementhospitals>.

Under this policy, you may have to pay out-of-pocket costs above what you get from Medicare or your private health insurer. Before you go to hospital, you should ask your doctors, hospital and health insurer about any out-of-pocket costs that may apply to you.

The following payments may also apply for hospital admissions

**Excess:** You will have to pay an excess on admission. This is limited to a maximum of \$750 per person per year.

**Co-payments:** No co-payments

The following waiting periods for hospital admissions apply to new or upgrading members

**Waiting periods:**

- 2 months for palliative care, rehabilitation and hospital psychiatric treatments, even if pre-existing
- 12 months for other pre-existing conditions
- 12 months for pregnancy and birth (obstetrics)
- 2 months for all other treatments

### Gap Cover

This provider offers '[known gap](#)' or '[no gap](#)' cover for medical bills for this product.

The [Medical Costs Finder](#) lets you find out more about the cost of specialist medical services.

### Other features of this hospital cover

\$750 excess per person per annum. For NSW & ACT residents only, Hospital cover includes ambulance cover for emergency (unlimited with no waiting period) and call-out fees (paid for each attendance, including emergency treatment without transport to hospital) in that state or territory only. No ambulance cover for excluded services.

For further information about this policy see

<https://acahealth.com.au/quote-details/?hospital=silver&extras=complete>

## General Treatment Cover

This health insurer does not operate a preferred provider scheme.

This policy  includes General treatment (Extras) cover for

| Treatment               | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)  | Examples of maximum benefits  |
|-------------------------|-------------------------|---|---|
| General dental          | 9                       | \$1,700 per person<br>(combined limit for general dental, major dental, endodontic & other services - <b>Sub-limits apply</b> ) | Periodic oral examination - \$100.00<br>Scale & clean - \$100.00<br>Fluoride treatment - \$100.00 |
| Major dental            | 9                       |   | Surgical tooth extraction - \$270.00<br>Full crown veneered - \$1,000.00                          |
| Endodontic              | 9                       |   | Filling of one root canal - \$1,200.00  |
| Orthodontic             | 9                       | \$1,700 per person<br>\$3,600 lifetime limit<br>( <b>Sub-limits apply</b> )   | Braces for upper & lower teeth, including removal plus fitting of retainer - \$3,600.00           |
| Optical                 | 4                       | \$450 per person<br>( <b>Sub-limits apply</b> )   | Single vision lenses & frames - \$400.00<br>Multi-focal lenses & frames - \$400.00                |
| Non PBS pharmaceuticals | 2                       | \$800 per person<br>(combined limit for non pbs pharmaceuticals & vaccinations)   | Per eligible prescription - \$100.00  |

|  |    |  |   |
|--|----|--|---|
| Physiotherapy  | 2  | \$950 per person<br>(combined limit for physiotherapy, chiropractic, exercise physiology, eye therapy (orthoptics), occupational therapy, osteopathy, speech therapy & other services) | Initial visit - \$75.00<br>Subsequent visit - \$55.00             |
| Chiropractic   | 2  |  | Initial visit - \$56.00<br>Subsequent visit - \$40.00             |
| Podiatry   | 2  | \$400 per person   | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Psychology   | 2  | \$500 per person<br>(combined limit for psychology & other services)   | Initial visit - \$110.00<br>Subsequent visit - \$80.00            |
| Acupuncture  | 2  | \$500 per person<br>(combined limit for acupuncture, remedial massage, chinese medicine & other services)  | Initial visit - \$45.00<br>Subsequent visit - \$45.00             |
| Remedial massage   | 2  |  | Initial visit - \$45.00<br>Subsequent visit - \$45.00             |
| Hearing aids   | 12 | \$1,500 per person<br>1 appliance(s) every 3 years<br>(combined limit for hearing aids & other services)   | Hearing aid - \$1,500.00  |
| Blood glucose monitors   | 12 | \$150 per person<br>1 appliance(s) every 1 year<br>(combined limit for blood glucose monitors & other services)  | Per monitor - \$150.00  |
| Audiology  | 2  | No annual limit  | Initial visit - 50% of charge<br>Subsequent visit - 50% of charge |
| Ante-natal/Post-natal classes                                    | 2  | \$500 per policy   | Initial visit - 80% of charge                                     |
| Chinese medicine   | 2  | Combined limit - see Acupuncture   | Initial visit - \$45.00<br>Subsequent visit - \$45.00             |
| Dietetics/dietary advice   | 2  | \$300 per person   | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Exercise physiology  | 2  | Combined limit - see Physiotherapy   | Initial visit - \$22.50<br>Subsequent visit - \$22.50             |
| Eye therapy (orthoptics)   | 2  | Combined limit - see Physiotherapy   | Initial visit - 80% of charge                                     |
| Home nursing   | 2  | \$1,200 per person up to \$100 per service<br><b>(Sub-limits apply)</b>  | Initial visit - \$1,200.00  |
| Occupational therapy   | 2  | Combined limit - see Physiotherapy   | Initial visit - \$80.00<br>Subsequent visit - \$65.00             |
| Orthotics (podiatric orthoses)                                   | 12 | \$400 per person   | Orthotics supply & fit - \$400.00                                 |
| Osteopathy   | 2  | Combined limit - see Physiotherapy   | Initial visit - \$45.00<br>Subsequent visit - \$32.00             |
| Speech therapy   | 2  | Combined limit - see Physiotherapy   | Initial visit - \$50.00<br>Subsequent visit - \$40.00             |
| Vaccinations   | 2  | Combined limit - see Non PBS pharmaceuticals   | Per service - \$100.00  |
| Natural Therapies: Naturopathy, Western Herbal Medicine, Shiatsu |    |  |   |

This policy **X** does not include General treatment (Extras) cover for

**X** Other treatments - check with your insurer

#### Other features of this general treatment cover

Product also covers Osteopathy, Speech Therapy, Occupational Therapy, Homeopathy, Antenatal Classes, Cardiac Rehabilitation, Confinement by Midwife, Diabetes Education, Dietetics, Home Nursing, Orthopaedic Shoes, Vitamins, Naturopathy, Western Herbal Medicine, Shiatsu, and more.

For further information about this policy see

<https://acahealth.com.au/quote-details/?hospital=silver&extras=complete>

## Ambulance cover

In All States this policy provides:

**Emergency:** Unlimited with no waiting period.

**Call-out fees:** will be paid for each attendance, including emergency treatment without transport to hospital.

State schemes provide ambulance services for residents of Tasmania ([https://www.health.tas.gov.au/ambulance/fees\\_and\\_accounts](https://www.health.tas.gov.au/ambulance/fees_and_accounts)) and Queensland (<https://www.ambulance.qld.gov.au/>).

For further information about this policy see

<https://acahealth.com.au/quote-details/?hospital=silver&extras=complete>

### Disclaimer

The information contained in this Private Health Information Statement was provided by the insurer and is intended as general information. It may not take into account your particular circumstances. For information please contact the insurer.