Private Health Information Statement - Combined policy

Bronze Essentials Hospital 500 and Mid Ancillary SA

ACA Health Benefits Fund	*Monthly Premium*	Covers 2 adults (and no-one else)
http://acahealth.com.au info@acahealth.com.au 1300 368 390	*$468.66 #* (before any rebate, loading or discount)	Available in South Australia

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.

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.

X **Not Covered**
These categories are not covered by this policy.

This policy ✓ **includes** cover for

✓ Bone, joint and muscle	✓ Eye (not cataracts)	✓ Miscarriage and termination of pregnancy
✓ Brain and nervous system	✓ Gastrointestinal endoscopy	✓ Pain management
✓ Breast surgery (medically necessary)	✓ Gynaecology	✓ Skin
✓ Chemotherapy, radiotherapy and immunotherapy for cancer	✓ Hernia and appendix	✓ Tonsils, adenoids and grommets
✓ Diabetes management (excluding insulin pumps)	✓ Joint reconstructions	R Hospital psychiatric services
✓ Digestive system	✓ Kidney and bladder	R Palliative care
✓ Ear, nose and throat	✓ Male reproductive system	R Rehabilitation

This policy X **does not include** cover for

X Assisted reproductive services	X Heart and vascular system	X Plastic and reconstructive surgery (medically necessary)
X Back, neck and spine	X Implantation of hearing devices	X Podiatric surgery (provided by a registered podiatric surgeon – limited benefits)
X Blood	X Insulin pumps	X Pregnancy and birth
X Cataracts	X Joint replacements	X Sleep studies
X Dental surgery	X Lung and chest	X Weight loss surgery
X Dialysis for chronic kidney failure	X Pain management with device	

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 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 $500 per person and $500 per policy 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

$500 excess per person per annum for adult non-dependents. 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.

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	$1,100 per person (combined limit for general dental, major dental & endodontic)	Periodic oral examination - $100.00 Scale & clean - $100.00 Fluoride treatment - $100.00
Major dental	9		Surgical tooth extraction - $270.00 Full crown veneered - $1,000.00
Endodontic	9		Filling of one root canal - $1,100.00
Optical	4	$300 per person	Single vision lenses & frames - $300.00 Multi-focal lenses & frames - $300.00
Non PBS pharmaceuticals	2	$400 per person (combined limit for non pbs pharmaceuticals & vaccinations)	Per eligible prescription - $100.00
Physiotherapy	2	$500 per person (combined limit for physiotherapy, chiropractic, exercise physiology, occupational therapy, osteopathy & speech therapy)	Initial visit - $75.00 Subsequent visit - $55.00
Chiropractic	2		Initial visit - $45.00 Subsequent visit - $32.00
Podiatry	2	$250 per person (combined limit for podiatry & orthotics (podiatric orthoses))	Initial visit - 80% of charge Subsequent visit - 80% of charge
Psychology	2	$300 per person	Initial visit - $110.00 Subsequent visit - $80.00

Acupuncture	2	$300 per person (combined limit for acupuncture, remedial massage, chinese medicine & dietetics/dietary advice)	Initial visit - $30.00 Subsequent visit - $30.00
Remedial massage	2		Initial visit - $30.00 Subsequent visit - $30.00
Hearing aids	12	$600 per person 1 service(s) every 3 years	Hearing aid - $600.00
Blood glucose monitors	12	$55 per person 1 service(s) every 1 year	Per monitor - $55.00
Ante-natal/Post-natal classes	2	$300 per policy	Initial visit - 80% of charge Subsequent visit - 80% of charge
Chinese medicine	2	Combined limit - see Acupuncture	Initial visit - 80% of charge Subsequent visit - 80% of charge
Dietetics/dietary advice	2	Combined limit - see Acupuncture	Initial visit - 80% of charge Subsequent visit - 80% of charge
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - $22.50 Subsequent visit - $22.50
Occupational therapy	2	Combined limit - see Physiotherapy	Initial visit - $80.00 Subsequent visit - $65.00
Orthotics (podiatric orthoses)	12	Combined limit - see Podiatry	Orthotics supply & fit - 80% of charge
Osteopathy	2	Combined limit - see Physiotherapy	Initial visit - $45.00 Subsequent visit - $32.00
Speech therapy	2	Combined limit - see Physiotherapy	Initial visit - $50.00 Subsequent visit - $40.00
Vaccinations	2	Combined limit - see Non PBS pharmaceuticals	Per service - $100.00
Excludes Orthodontic, Audiology, Orthoptics, Home nursing. Podiatry and Orthotics does not include benefits for the purchase of shoes to accommodate orthoses or shoe modification.			

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

✗ Orthodontic	✗ Other treatments - check with your insurer

Ambulance cover

In South Australia 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.

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.