

Private Health Information Statement - Combined policy

Basic Hospital and Complete Ancillary		
ACA Health Benefits Fund http://acahealth.com.au info@acahealth.com.au 1300 368 390	Monthly Premium \$478.80 # (before any rebate, loading or discount)	Covers 2 adults (and no-one else) Available in All States

# 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.

✗ Not Covered

These categories are not covered by this policy.

This policy ✓ includes cover for

✓ Palliative care	R Hospital psychiatric services	R Rehabilitation
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This policy ✗ does not include cover for

✗ Assisted reproductive services	✗ Ear, nose and throat	✗ Male reproductive system
✗ Back, neck and spine	✗ Eye (not cataracts)	✗ Miscarriage and termination of pregnancy
✗ Blood	✗ Gastrointestinal endoscopy	✗ Pain management
✗ Bone, joint and muscle	✗ Gynaecology	✗ Pain management with device
✗ Brain and nervous system	✗ Heart and vascular system	✗ Plastic and reconstructive surgery (medically necessary)
✗ Breast surgery (medically necessary)	✗ Hernia and appendix	✗ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits)
✗ Cataracts	✗ Implantation of hearing devices	✗ Pregnancy and birth
✗ Chemotherapy, radiotherapy and immunotherapy for cancer	✗ Insulin pumps	✗ Skin
✗ Dental surgery	✗ Joint reconstructions	✗ Sleep studies
✗ Diabetes management (excluding insulin pumps)	✗ Joint replacements	✗ Tonsils, adenoids and grommets
✗ Dialysis for chronic kidney failure	✗ Kidney and bladder	✗ Weight loss surgery
✗ Digestive system	✗ Lung and chest	

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:** No excess

**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

NSW & ACT residents covered for ambulance. Theatre Fees are not covered under Basic Hospital Cover

For further information about this policy see

<https://acahealth.com.au/quote-details/?hospital=basic&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 (combined limit for general dental, major dental, endodontic, orthodontic & other services - <b>Sub-limits apply</b> )	Periodic oral examination - \$100.00 Scale & clean - \$100.00 Fluoride treatment - \$100.00 Surgical tooth extraction - \$168.00
Major dental	9		Full crown veneered - \$1,000.00
Endodontic	9		Filling of one root canal - \$1,200.00
Orthodontic	9		Braces for upper & lower teeth, including removal plus fitting of retainer - \$3,600.00
Optical	4	\$400 per person (combined limit for optical & other services)	Single vision lenses & frames - \$400.00 Multi-focal lenses & frames - \$400.00
Non PBS pharmaceuticals	2	\$800 per person	Per eligible prescription - \$100.00
Physiotherapy	2	\$850 per person (combined limit for physiotherapy, chiropractic, exercise physiology, eye therapy (orthoptics), occupational therapy, osteopathy, speech therapy & other services)	Initial visit - \$40.00 Subsequent visit - \$34.00
Chiropractic	2		Initial visit - \$45.00 Subsequent visit - \$32.00
Podiatry	2	\$300 per person	Initial visit - 80% of charge Subsequent visit - 80% of charge

Psychology	2	\$500 per person (combined limit for psychology & other services)	Initial visit - \$110.00 Subsequent visit - \$80.00
Acupuncture	2	\$400 per person (combined limit for acupuncture, remedial massage & other services)	Initial visit - \$30.00 Subsequent visit - \$30.00
Remedial massage	2		Initial visit - \$30.00 Subsequent visit - \$30.00
Hearing aids	12	\$1,500 per person 1 appliance(s) every 3 years	Hearing aid - \$1,500.00
Blood glucose monitors	12	\$150 per person 1 appliance(s) every 1 year (combined limit for blood glucose monitors & other services)	Per monitor - 80% of charge
Audiology	2	No annual limit	Initial visit - 50% of charge Subsequent visit - \$50.00
Ante-natal/Post-natal classes	2	\$500 per policy	Initial visit - \$500.00
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - \$20.00 Subsequent visit - \$20.00
Eye therapy (orthoptics)	2	Combined limit - see Physiotherapy	Initial visit - 80% of charge
Home nursing	2	\$1,200 per person (Sub-limits apply)	Initial visit - \$100.00 Subsequent visit - \$100.00
Occupational therapy	2	Combined limit - see Physiotherapy	Initial visit - \$80.00 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 Subsequent visit - \$32.00
Speech therapy	2	Combined limit - see Physiotherapy	Initial visit - \$50.00 Subsequent visit - \$40.00
Vaccinations	20	\$800 per person	Per service - \$100.00

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

**✗** 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, and more.

For further information about this policy see

<https://acahealth.com.au/quote-details/?hospital=basic&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

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### 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.