

## Private Health Information Statement - Combined policy

### Bronze Essentials Hospital 500 and Flex Ancillary TAS

#### ACA Health Benefits Fund

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

#### Monthly Premium

**\$186.72<sup>#</sup>**

(before any rebate, loading or discount)

Covers only one person  
 Available in Tasmania

<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.

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

✓ 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 ✗ does not include cover for

✗ Assisted reproductive services	✗ Heart and vascular system	✗ Plastic and reconstructive surgery (medically necessary)
✗ Back, neck and spine	✗ Implantation of hearing devices	✗ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits)
✗ Blood	✗ Insulin pumps	✗ Pregnancy and birth
✗ Cataracts	✗ Joint replacements	✗ Sleep studies
✗ Dental surgery	✗ Lung and chest	✗ Weight loss surgery
✗ Dialysis for chronic kidney failure	✗ 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](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 \$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	\$650 per policy (combined limit for general dental, physiotherapy, acupuncture, chinese medicine, dietetics/dietary advice, exercise physiology & vaccinations)	Periodic oral examination - 60% of charge Scale & clean - 60% of charge Fluoride treatment - 60% of charge
Optical	4	\$175 per policy	Single vision lenses & frames - 60% of charge Multi-focal lenses & frames - 60% of charge
Physiotherapy	2	Combined limit - see General dental	Initial visit - 60% of charge Subsequent visit - 60% of charge
Acupuncture	2	Combined limit - see General dental	Initial visit - 60% of charge Subsequent visit - 60% of charge
Chinese medicine	2	Combined limit - see General dental	Initial visit - 60% of charge Subsequent visit - 60% of charge
Dietetics/dietary advice	2	Combined limit - see General dental	Initial visit - 60% of charge Subsequent visit - 60% of charge
Exercise physiology	2	Combined limit - see General dental	Initial visit - 60% of charge Subsequent visit - 60% of charge
Vaccinations	2	Combined limit - see General dental	Per service - 60% of charge

Also excludes Blood glucose monitors, Audiology, Ante-natal/Post-natal classes, Orthoptics, Home nursing, Occupational therapy, Orthotics, Osteopathy, Speech therapy, Vaccinations

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

<b>X</b> Blood glucose monitors	<b>X</b> Major dental	<b>X</b> Psychology
<b>X</b> Chiropractic	<b>X</b> Non PBS pharmaceuticals	<b>X</b> Remedial massage
<b>X</b> Endodontic	<b>X</b> Orthodontic	<b>X</b> Other treatments - check with your insurer
<b>X</b> Hearing aids	<b>X</b> Podiatry	

## Ambulance cover

Ambulance cover is provided by the State government for residents of Tasmania. This may include cover whilst interstate, except for South Australia and Queensland where no cover applies. In other states please check with Ambulance Tasmania - [https://www.health.tas.gov.au/ambulance/fees\\_and\\_accounts](https://www.health.tas.gov.au/ambulance/fees_and_accounts).

## 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.