## You’re covered for lots of things
There’s way too many to list here, but here are a few of the more common ones:

- Treatment following an accident
- Removal of tonsils
- Removal of appendix
- Removal of adenoids
- Wisdom teeth removal
- Knee reconstruction
- Shoulder reconstruction
- Achilles tendon surgery
- Services recognised by Medicare for medical reasons

## You’re not covered for the following
As this is a basic policy you’re not paying for things you don’t think you’ll need. For example:

- Pregnancy related services Assisted reproductive services, sterility reversal, labour and delivery
- Cardiothoracic related services Heart and lungs
- Cataract and eye lens procedures
- Dialysis Chronic kidney failure
- Joint replacements Including prostheses
- Bariatric surgery Lapband, gastric bypass
- Spinal surgery
- Neurostimulators
- Insulin pumps
- Cochlear implants
- Services Medicare doesn’t cover Including for non-medically necessary surgery (e.g., cosmetic surgery)

## Restrictions
You’re covered to a minimum level for the following services:

- Rehabilitation
- Psychiatric services
- Podiatric surgery

This policy allows you to be treated as a private patient in a shared ward of a public hospital, not a private hospital.

## Want more coverage?
If you think you’d like to be covered for more services then contact us. We’ll help you work out which of our other policies may be more suitable for you, your lifestyle and your pocket.

The most up to date information on your policy is always available online 24/7.
Going to hospital
We’re here to help you take the pain out of going to hospital. Here’s how it works. We’ll cover the cost of your bed (same day or overnight), meals, nurses, theatre fees, intensive care fees and government approved implanted prostheses. The federal Government’s Medicare Benefits Schedule (MBS) lists the maximum amount that health insurers like us are allowed to provide to you as a benefit for all those things. Legally we can only pay 25% of the MBS fee and Medicare pays the remaining 75%. And don’t forget, for every hospital admission you’ll have to pay the Excess amount you nominated when joining.

Medical services performed by doctors
Doctors are able to charge whatever they like. The MBS determines how much we can provide to you as a benefit. If your doctor chooses to charge more than the MBS fee, then, by law, we’re only able to pay 25% of the MBS fee and Medicare pays 75%. If your doctor wants to charge more than the MBS fee then you’ll have to pay the difference. That could hurt more than the procedure! Ask your doctor if they will participate in our Access Gap Cover scheme – see the next column.

Out of pocket expenses
If there is a difference between what the MBS states and what the hospital or doctor wants to charge you, then you’ll have to pay the difference. This is called an out of pocket expense or a gap payment. You can minimise these expenses by choosing one of our contracted hospitals and asking your doctor to use our Access Gap Cover scheme. We have contracts with 95% of the larger private hospitals. If you use an un-contracted hospital you may be left with significant out of pocket expenses.

Before you agree to do anything, do some research
1. Ask your doctor for a full cost estimate that includes the fees of any others involved, such as the anaesthetist or an assistant surgeon.
2. Access Gap Cover scheme
   We have a scheme to help you reduce or eliminate your out of pocket expenses called Access Gap Cover. On a case by case basis doctors can decide if they’ll participate in our scheme, so ask your doctor if they will. Almost 9 out of 10 medical services under our Access Gap Cover scheme have no out of pocket expenses.
3. If you need to have a prosthesis ask your doctor if they plan to use the government listed prosthesis or a more expensive one (that you’ll need to pay extra for).
4. If your doctor recommends a particular hospital then go and ask that hospital for an estimate of any charges you could be liable for.
5. When you signed up with health.com.au you would have agreed to pay an Excess so be sure to include that amount in your calculations.
6. Once you’re comfortable with the charges then ask your doctor to provide you with informed financial consent in writing.

Waiting periods
All health insurers impose waiting periods. Ours are:
1 day  Accidents, emergency ambulance transport
2 months Psychiatric, rehabilitation, palliative
2 months All other services, except those noted below
12 months Pre-existing conditions

Ambulance cover
You’re covered for transportation to hospital in an emergency situation only.

Please read our Policy Guide
This Features Guide is rather brief but you can find loads more detail in the health.com.au Policy Guide.

Got a question?
The Knowledge Base on our website is the best place to find the most up to date information. It’s accessible twenty four hours a day.

Find a hospital we have a contract with
Let’s get started.

Hassle-free health insurance
We want this to be easy. If you’ve got any questions, about anything at all, just get in touch. Our website is accessible twenty four hours a day and always has the most up to date information.

Use your favourite health care providers, not ours
Most health funds want you to use their providers. We want you to use the ones that you’re most comfortable with. It’s your body and we reckon you should choose who treats it. This goes not only for physios and dentists but hospitals and surgeons. So do your research and shop around.

Hospital admissions
If your doctor uses our Access Gap Cover scheme you don’t need to worry about claiming as your bill will be sent to us. If you do get a bill just take it to Medicare and they’ll help you sort it.

Don’t forget
You need to claim within two years of the date of your service or treatment. Also, for audit reasons, please keep your receipts for two years.

Not happy?
We do take your feedback seriously, though if you ever feel that we haven’t resolved your problem to your satisfaction then please contact the Private Health Insurance Ombudsman.

Private Health Insurance Ombudsman

WEB
www.health.com.au

EMAIL
customers@health.com.au

BLOG

FACEBOOK
www.facebook.com/health.com.au

TWITTER
www.twitter.com/@healthcomau

TELEPHONE
1300 199 802
Monday to Friday

ADDRESS
Locked Bag 423
Abbotsford VIC 3067

Make a claim right now
Mini Policy Guide

This Mini Policy Guide gives you a summary of the full version of our Policy Guide which can be found at health.com.au/policyguide

This Mini Policy Guide covers:
- Money-back guarantee
- Premium discount
- Pre-existing conditions
- Emergency admissions
- Waiting periods
- Transferring from another fund
- Dependents
- Contract hospitals
- Making a claim
- Access Gap Cover scheme
- Privacy
- Contact us

After reading this version if you still have any queries we recommend you read the full version of the Policy Guide.

Money-Back guarantee
If you are new to health.com.au and decide that the policy you have chosen is not for you then we will give you a refund if you contact us within 30 days of signing up. If you have made any claims under the policy we will deduct the amount that we have paid and refund any difference. After 30 days, you can cancel at any time, but may not be entitled to a refund of any amounts already paid.

Premium discount
Pay by direct debit from your bank, building society or credit union cheque or savings account and we’ll give you a 4% discount on the cost of your premiums. Payments made by MasterCard or Visa also get the discount. Pricing on the health.com.au website includes this discount.

Pre-existing conditions
A pre-existing condition is any ailment, illness or condition that you had signs or symptoms of during the six months before you joined or upgraded to a higher level of cover with health.com.au. It is not necessary that you or your doctor knew what the condition was, or whether the condition was diagnosed.

A condition can still be classed as pre-existing even if you didn’t see your doctor about it before joining health.com.au. If you weren’t well, or had signs of an ailment that a doctor would have detected had you seen one during the six months prior to taking out cover, then the ailment would be considered as pre-existing.

By law, a medical referee appointed by health.com.au will decide whether your condition is pre-existing. The decision is not yours or your doctors’. The medical referee must consider your treating doctors’ opinions on the signs and symptoms of your ailment, but is not obliged to agree with them.

As a new Policy Holder with a pre-existing condition you will have to wait 12 months before you can receive benefits for the services related to the pre-existing condition. This is also true if you have upgraded your cover to receive the higher benefits, including benefits for those services not previously covered.

health.com.au reserves the right to determine whether the pre-existing condition waiting period applies on an individual claim basis. This may mean that even if a first claim is not considered to be subject to the waiting period then a subsequent claim may be.

Psychiatric and rehabilitation services are not considered to be pre-existing conditions and are only subject to a two month waiting period.

Emergency admissions
In an emergency we may not have time to determine if you are affected by the pre-existing condition waiting period before you are admitted. Consequently, if you have been a health.com.au Policy Holder for less than 12 months and you are admitted as a private patient, and we determine that the condition for which you were admitted was pre-existing, you may have to pay for some or all of the hospital and medical costs remaining after Medicare benefits have been paid.

Waiting periods
You will have to serve waiting periods before some benefits can be paid. Our waiting periods are as follows:

- 2 months
  - All services, including psychiatric, rehabilitation and palliative care, except the ones listed below;
- 12 months
  - pre-existing conditions;
  - pregnancy related services;
  - major dental services;
  - hearing aids;
  - blood glucose monitors;
  - other health appliances.

Policy Holders transferring from an Overseas Visitors health insurance product or an Overseas Student Health Cover product will have to serve all waiting periods applicable to their health.com.au policy.

We have talked about what we mean by pre-existing conditions in the previous section.

Transferring from another fund
If you are transferring from another health insurance fund you will have continuous coverage. This means that you’ll be covered for services on your new policy from the date you join if those services were also included on your previous policy and you had already served any relevant waiting periods. You just have to join health.com.au within two months of leaving your former fund. If you have not served all of the relevant waiting periods you’ll need to serve the balance with health.com.au before you are eligible for benefits. Waiting periods will apply if you have switched to a higher level of cover with health.com.au for services not previously covered, or if you waited more than two months between leaving your former fund and joining health.com.au.

Extras benefits paid under your previous policy with your old fund will count against any benefit limits of your new health.com.au policy.

Dependants
Dependants are the Policy Holder’s children, or those of the Policy Holder’s spouse or partner.

Dependant children are covered:
- until 21 years of age; or
- between the ages of 21 and 25 years of age if the dependant is in full time study, in a family or single parent family policy.

When a child turns 21, stops studying fulltime or turns 25, they have two months to arrange their own policy. They will not have to serve any waiting periods if they take out the same or lower level of cover within two months.

Adding a child
If you are planning to start a family and your hospital cover does not include pregnancy related services you will need to upgrade your hospital cover to include this. Be aware that there is a 12 month waiting period for pregnancy and assisted reproduction related services.

A new born baby is usually not admitted to hospital as a patient unless they require neo-natal intensive care, or is the second or later child of a multiple birth. If this were to happen your baby will not be covered for accommodation or medical services unless your child has served the appropriate waiting period. If you already have a Family or Single Parent family you need to notify us two months before the baby is due to ensure the child is covered from the date of birth.
Contract hospitals
A contract hospital is a private hospital with which health.com.au has an agreement relating to direct billing of fees and benefits. These agreements aim to maximise your cover and minimise your out of pocket expenses.

We have a hospital agreement with nearly every private hospital in Australia. If your chosen hospital does not have an agreement with us, you will be covered up to a default rate (set by the Government) and you will incur significant out of pocket expenses.

The best thing is to check our website or ring us to make sure that the hospital you are using is contracted. You can also ask them when you go there, and they are required to advise you, of any out of pocket expenses. Of course we cover you if you choose to go to a public hospital as a private patient.

To find a hospital we have a contract with go to health.com.au/provider-search

Privacy
health.com.au takes care to manage any personal information we collect according to our Privacy Policy. This can be found at www.health.com.au/privacypolicy

Making a claim

Compensation and damages
Benefits aren’t payable for services or treatments where you are, or may be, entitled to compensation and/or damages. This includes Government workers’ compensation schemes, traffic accident schemes, public liability claims or third party claims.

Hospital Claims
health.com.au pays hospital claims directly to the hospital (if they are a hospital we have a contract with). Just hand over your health.com.au Claims Card when you are admitted and we will pay the bill directly. Once we have paid your claim to the hospital we will let you know.

Each of the medical practitioners and other health care professionals involved in your care will probably charge a fee. Medical practitioners and health care professionals may include medical specialists, surgeons, anaesthetists, pathologists and radiologists. These fees are additional to the fees the hospital may charge for accommodation and other hospital specific charges.

You should always ask your hospital and your medical practitioner (and their colleagues involved in your care) about the expected costs of your treatment, and any out of pocket expenses you may be liable for. You are entitled to this information before any treatment begins and you may be able to lower your out of pocket expenses by being fully informed.

Extras claims
There are two ways you can claim for extras services, such as dental and optical.

We use HICAPS, an electronic system that lets you claim your extras benefit directly after your consultation with more than 45,000 providers across Australia. This operates very much the same way as EFTPOS machine and your claim is processed in seconds. If there is a difference between what your provider charges and what your policy benefit is then you will have to pay the balance at the time.

You can also claim at health.com.au. Complete your claim details and we will pay your benefits into your nominated bank account.

For audit purposes we ask that you keep your accounts and receipts for two years.

Medical Claims
Medical benefits available from health.com.au go towards the fees raised by a medical professional (for example a surgeon or an anaesthetist) who will bill you separately from the hospital you have been admitted to.

If your medical practitioner doesn’t use our medical Access Gap Cover scheme, claims can only be paid after Medicare has assessed your claim for medical services. We do not pay benefits for services provided if you were not a hospital inpatient.

If your medical practitioner does use our medical Access Gap Cover scheme, the medical practitioner will bill health.com.au directly and we then pay the medical practitioner.

Access Gap Cover scheme
Our Access Gap Cover scheme allows you to reduce or eliminate your out of pocket expenses. On a case by case basis medical practitioners can decide if they will participate in our scheme. Almost 9 out of 10 medical services under the Access Gap Cover scheme have no out of pocket expenses. If your medical practitioner chooses not to participate then health.com.au is only able, by law, to pay 25% of the Medicare Benefits Schedule (MBS) fee. Medicare pays 75% of the MBS fee. However medical practitioners are able to charge what they like. If your bill is more than the MBS fee you’ll have to pay the difference.