

Frequently Asked Questions

ANZ Health Insurance

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Q. How do Excesses work?

A. An excess on your hospital cover works like an excess on your car or home insurance – you pay a lower premium because you agree to contribute an amount (the excess) towards the cost of your hospital stay.

Q. What is the Excess Bonus feature?

A. The Excess Bonus feature is offered on some ANZ Health hospital covers. It is designed to save you money should you need to go to hospital. If you're on a Single or Single Parent membership, you'll get one excess-free overnight or same day admission to hospital every calendar year, or if you're on a Family membership, you receive two excess free admissions per calendar year.

Q. What if my children are not studying ?

A. For a few more dollars a week, you can continue to cover your single children up to their 23rd birthday by upgrading from a Family membership to a Family Plus membership. Then your children will be covered even if they are not full-time students and living away from home, which is more economical than if they take out single cover.

Q. I am under the age of 28. Do I need cover?

A. You're young and may sometimes feel invincible, but accidents and sickness can happen. ANZ Health offers an extensive range of covers for young people. Just ask an ANZ Health Consultant about our health covers designed especially with young people in mind: Young Singles Choice, Young Singles Saver and Young Couples Choice.

Q. Are alternative therapies covered?

A. ANZ Health offers cover for an extensive range of alternative therapies on selected covers, including acupuncture, Chinese herbalism, homoeopathy, massage (Bowen Technique, kinesiology, reflexology, shiatsu and Therapeutic massage), naturopathy and Western herbalism. Benefits can only be claimed when services are provided by professionals who are recognised by ANZ Health and in private practice.

Q. Does ANZ Health provide optical cover?

A. Yes, optical cover is available on all levels of ANZ Health extras cover.

Make your extras cover go further at Member First optical outlets, with higher annual limits and rebates of at least 20% more than at outlets not part of the Members First network.

Choose a Members First optical outlet and you'll get:

- › At least 20% off frames and great discounts on lenses
- › Full cover on selected frames and lenses at some Members First outlets

For more information on these benefits, contact us 13 15 91.

When purchased with prescription lenses. Not available with any other offer. Excludes Chanel and Bulgari frames.

Q. What if I want to change my extras services each year?

A. Your Choice Extras gives you the freedom to choose the four health services you most want. You have the flexibility to change your services every 12 months as your needs change. Waiting periods may apply.



Q. What do I pay if I go to hospital?

A. ANZ Health hospital insurance covers you for your hospital treatment and medical expenses, if you are admitted to any hospital within our network of Members First or participating private hospitals, or public hospitals in Australia.

Your hospital costs

These are the hospital's charges for your in-hospital services, which include:

- › Accommodation for overnight or same-day stays
- › Operating theatre, intensive care and labour ward fees
- › Supplied pharmaceuticals approved by the Pharmaceutical Benefits Scheme and provided as part of your in-hospital treatment
- › Allied services such as physiotherapy, occupational therapy and dietetics
- › No Gap Prostheses that are surgically-implanted and Government-recognised

Your medical costs

These are the fees charged by a doctor, surgeon, anaesthetist or other specialist for any treatment given to you in hospital.

We cover you for the cost of any medical treatment up to the Government Schedule fee: this is the amount set by the Federal Government for each medical service covered by Medicare.

Medicare pays 75% of the Schedule fee and ANZ Health pays the remaining 25%. If your specialist charges more than the Schedule fee, there will be a 'gap' for you to pay. However, our Ezyclaim system can help to eliminate or reduce the gap for you.

Q. What is Ezyclaim?

A. Ezyclaim is a direct billing system your specialist can use to eliminate or reduce the gap. An Ezyclaim specialist bills us directly so in most cases you won't receive a bill, and you don't incur any out-of-pocket expenses. And if there's a gap, you should be advised of the amount before your treatment. Simply ask your specialist if they use Ezyclaim.

Q. What are instant rebates?

A. On-the-spot electronic claiming is the easiest way to claim your extras services for instant rebates. More than 20,000 dentists, physiotherapists, chiropractors, opticians, psychologists, podiatrists, dieticians and speech pathologists around Australia now offer this service.

The provider swipes your membership card after your treatment and your claim is processed automatically, then you only have to pay the balance of the bill (the gap). It's a system that can save you time and effort, and keep money in your pocket.

Remember to claim your extras rebates on-the-spot where you see these signs:

Q. What are my other claiming options?

Claim on the phone

If your accounts total less than 10 claimable items or \$500.00, you can claim over the phone by calling 13 15 91 *. Our phone claiming service is open from 9:00am until 8:30pm (EST) Monday to Thursday, and 9:00am until 8:00pm (EST) on Friday.

Please have your accounts and membership card ready, and note that benefits for claims made over the phone can only be paid via EFT into a nominated Australian bank account.

* Please note that claims for hospital, medical services, pharmacy, ambulance, travel and accommodation, orthodontic and health appliances cannot be made over the phone.

Claim by mail or fax

You can make a hospital or extras claim by mail. Simply print out a claim form [link to PDF of claim form], complete it, attach the original account(s) you received from your health care provider(s), and the original receipt(s) if you paid your provider(s), and mail it to:

ANZ Health Customer Claims
PO Box 990
Adelaide SA 5001

Or you can fax your claim to 1800 354 563.

Claim queries

Remember that claims can only be paid within 2 years of the date on which the service was rendered.

If you have a question about:

- › The status of your claim
- › How to fill in a claim form
- › What documents you need to attach to your claim form

Please do not hesitate to contact us on 13 15 91.

Q. How do I switch to ANZ Health?

A. At ANZ Health we make switching pretty simple – you can leave the paper work to us, all you need to do is call us on 13 15 91 and we'll take care of the rest.

Q. Where can I get further information?

A. Simply call us on 13 15 91.

Lifetime Health Cover

Are you over 31, or about to turn 31 and don't have private health insurance? Under the Government's Lifetime Health Cover initiative, you may be required to pay a loading when you take out private health cover for the first time.

With Lifetime Health Cover, the earlier you take out cover, the better off you'll be: if you're over 31, the sooner you join, the smaller the loading you will pay. Or if you're under 31 and you join now, you may be able to avoid the loading altogether.

So it pays to take out private health cover now!

Here's how it works

If you take out cover after 1st July following your 31st birthday, you will pay a 2% loading for every year you delay taking our private health insurance over 30. Any loading is based on your age on 1st July prior to taking out cover for the first time (this is sometimes referred to as your Certified Age at Entry or your Lifetime Health Cover age). The loading increases each year until it reaches 70%. Check out the table below to see how you could be impacted.

Your age on 1 July prior to joining	Lifetime Health Cover loading
30	0%
31	2%
32	4%
33	6%
34	8%
35	10%
36	12%
37	14%
38	16%
39	18%
40	20%
41	22%
42	24%
43	26%
44	28%
45	30%
46	32%
47	34%
48	36%
49	38%
50	40%
51	42%
52	44%
53	46%
54	48%
55	50%
56	52%
57	54%
58	56%
59	58%
60	60%
61	62%
62	64%
63	66%
64	68%
65+	70% maximum

How is the loading applied?

If you have a loading, you will be required to pay this on top of the 'base rate' premium, or standard premium payable for your hospital cover. The Lifetime Health Cover loading does not apply to extras cover premiums.

How to minimise the loading

1. Take out hospital cover before you turn 31 and maintain it without a break (or any break less than three years).
2. Or, if you are over 31, take out hospital cover as soon as possible to minimise the loading you will pay. Each year you delay, your loading will increase by 2%, up to a maximum of 70%.

Where the loading doesn't apply

There are some situations where you won't have to pay the loading. These include if you:

- › Had hospital cover on 1 July 2000 and have maintained it since then or;
- › Were born on or before 1 July 1934 ;

Lifetime Health Cover does not apply to overseas visitors covers.

Also, once you've had private hospital cover with the loading for 10 consecutive years, you won't have to pay the loading any longer.

What else do I need to know?

Lifetime Health Cover Terms Explained

Term	Explanation
Certified Age at Entry (or Lifetime Health Cover Age)	Your age on the 1 July before the day on which you take out private hospital cover.
Base rate	The 'base rate' for private hospital cover is the standard premium payable for the cover if no loading applies.
Loading	The 'loading' will be 2% per year, representing the adjustment to the base rate for each year by which the Certified Age at Entry is above 30. For example, if you join at age 40, you will pay up to an additional 20% on the base rate premium.
Maximum loading	The maximum loading allowed on top of the base rate is 70%. This translates to the maximum loading for an entry age of 65 and above. However, once you have held private health insurance hospital cover for a continuous period of 10 years your loading will be removed.

Can I change my level of cover under Lifetime Health Cover?

Yes. You can still upgrade or downgrade your hospital and extras covers under Lifetime Health Cover. The usual waiting periods and applicable pre-existing condition rules will still apply.

However, because Lifetime Health Cover only applies to hospital cover, if you decide to drop your hospital cover and only maintain your extras cover, your Certified Age at Entry may be affected.

What happens to the Government Rebate under Lifetime Health Cover?

If you are eligible for the Government Rebate, this will apply to the whole premium, including any applicable Lifetime Health Cover loadings on top of the base rate premium.

Does Lifetime Health Cover affect premiums for extras cover and ambulance cover?

Lifetime Health Cover does not apply to extras cover and ambulance cover. It only applies to hospital cover.

What happens if someone is unemployed, goes overseas or simply chooses to drop out for a while?

The Government recognises that there are going to be times when people need to drop their hospital cover. For example, if people are travelling overseas for extended periods of time, or in the case of unemployment. To cater for this, people can drop their hospital cover for up to 1,094 days without having to pay an additional Lifetime Health Cover loading when they are ready to take out hospital cover again. Please note that certain days are not counted, such as days spent overseas that are part of a continuous period of being overseas for more than one year.

How does Lifetime Health Cover affect people if they wish to switch between funds?

Under Lifetime Health Cover, people are still able to transfer their private health cover between funds as they always have. All health funds are obliged to recognise the Certified Age at Entry of any new contributor transferring from another fund.