

Fund Rules Changes Summary – 24 July 2023



Fund Rules changes

Change: Various definitions updated

Clause B2

- Added definitions and clarifications for closed and open products from sections I to J.
- Clarified the Accidental Injury Benefit, when not claimable from another source.
- Clarification of Benefit exclusions where compensation, damages, or benefits may be claimable from another source.
- Definition of compensation clarified to include National Disability Insurance Scheme payments

Change: Clarified policy suspension rules for members who are on full-time military service overseas

Clause C9.2

- A policy may be suspended for a maximum of three years for members on full-time military service overseas. We may extend the suspension at our discretion.

Change: Premium related changes

Clause D1 & D2

- Added bank charges associated with payment of premiums by credit or debit cards will be passed on to the relevant policy holders.
- Clarified that where premiums are paid in advance, the premium applicable at the time of receipt by Defence Health will apply for the full period of prepayment.
- Simplified information on premium frequency. Premiums payable for each product can be found on Private Health Information Statements, located at www.privatehealth.gov.au

Change: Exclusion of benefits when contributions are in arrears

Clause E1.8

- Clarified that benefits are payable for treatment or service received during a period of arrears, once the arrears are paid beyond the claim date.

Change: Clarification of waiting periods associated with hospital covers including mental health and home birth

Clause F3.4 & F3.5

- Changed 'Hospital Covers' to 'Hospital Treatments' and 'Extras Cover' to 'Extras Treatment' to make it clearer and align with Definitions.
- Clarified that policies with restricted benefits for psychiatric care can be upgraded to include psychiatric care in a private hospital without an additional waiting period. This exemption applies once per lifetime and can only be accessed after completing an initial two months of membership on any hospital policy.
- Clarified that Midwifery – home /registered hospital birthing facility delivery has a 12-month waiting period and is covered under General Treatment.

- As we move from a system which is policy based to a system which is person based, insured people can manage their personal details, make their own claims and terminate themselves from the policy.
- Clarify that insured people aged 16 and over can keep their information private from others on the policy (with the exception of claim limits). To clarify that policy holders can choose to delegate authorities to their partner or third parties to act on their behalf.

- Clarified that Minimum Benefits apply to all Clinical Categories.