



Territory
HEALTH FUND

Your health cover is changing



A guide to how the Federal Government's Private Health Insurance
Reforms will affect your policy from 1 April 2019





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From 1 April 2019, the Federal Government's Private Health Insurance Reforms will be implemented.

These reforms have been designed to improve affordability and reduce the complexity of private health insurance. The aim is to make it easier to compare policies and to encourage younger people to consider taking out private health insurance.

Your premium rate change notification includes an overview of the changes to your policy and this guide has been designed to provide more details.

There will be a mixture of changes to hospital products as a result of the new clinical category classifications and some required changes made to extras products with the removal of benefits for natural therapies. Most Members will only be minimally impacted by the reforms and there are some positive changes too.

In implementing the Federal Government's Private Health Insurance Reforms, Territory Health Fund has been determined to minimise any negative impact on Members' policies, while taking advantage of new opportunities to improve your cover.

If you have any feedback or questions about your cover, we are always happy to help you.

PRODUCT TIERS

To make comparing policies from different health funds easier, all health insurers are now required to classify their hospital products into one of the following product tiers:

Gold

Silver

Bronze

Basic

Minimum coverage requirements for each of these product tiers have been set by the Government from a list of 38 separate clinical categories. A product can have additional services covered over the minimum requirements for each product tier, identified with the word 'Plus' or the symbol '+' within the product name.

From 1 April 2019, the name of your policy will include the relevant product tier classification.

CLINICAL CATEGORIES

To make it easier for consumers to understand their coverage and more simply make comparisons, all health insurers must now use the same standard set of clinical definitions and categories to communicate which treatments and services are covered.

To comply with the legislation of these clinical categories, some Territory Health Fund hospital products have undergone minor changes. Depending on your policy, this means that from 1 April 2019, benefits for some procedures or services that you were previously covered for may now only be partially covered (Restricted Benefits*), or in some cases excluded. On a positive note, you may now receive full benefit entitlements for other services that previously had Restricted Benefit entitlements.

In the following section you can view the changes specific to your policy and find out how you will be affected by these new clinical category classifications.

**Restricted Benefits: You will be covered for shared ward accommodation in a public hospital only. If you go to a private hospital or day surgery for the service, it is likely to result in large out-of-pocket expenses. Some private specialists may not operate in a public facility.*





HOSPITAL COVER

Find your current hospital policy below to learn what's changing from 1 April 2019



TOP HOSPITAL

New name: Top Hospital (Gold)

Closed product - not available for purchase.

- ✓ A new benefit towards the cost of accommodation when travelling away from home for hospitalisation will be introduced - refer to the 'Added Benefits' section of this guide for conditions.
- ✓ Nationwide ambulance cover will be introduced (previously only available to Members who live in the Northern Territory) - refer to the 'Added Benefits' section of this guide for conditions.

VALUE PLUS

New name: Better Hospital (Silver+)

- ✗ This policy currently excludes cover for weight loss surgeries; however there have been some weight loss *related* procedures that were still fully covered on this product. As a result of the clinical categories reform these procedures are now required to be included under the category of **Weight Loss Surgery** and therefore are now also excluded. This means you will no longer be eligible for benefits for these types of procedures.
- ✓ A new benefit towards the cost of accommodation when travelling away from home for hospitalisation will be introduced - refer to the 'Added Benefits' section of this guide for conditions.
- ✓ Nationwide ambulance cover will be introduced (previously only available to Members who live in the Northern Territory) - refer to the 'Added Benefits' section of this guide for conditions.

If you are concerned about the coverage of any treatment you have begun, or are already scheduled to commence after 1 April 2019, please contact our team to discuss transitional arrangements.

INTERMEDIATE HOSPITAL

New name: Intermediate Hospital (Basic+)

Closed product - not available for purchase.

✗ This policy currently excludes cover for hip and knee joint replacements; however there were some other joint replacement procedures that were still fully covered on this product. These other joint replacement procedures included but were not limited to:

- Finger and toe joint replacements
- Elbow joint replacements
- Shoulder joint replacements

As a result of the clinical categories reform these other joint procedures are now required to be included under the category of **Joint Replacements** and therefore are now also excluded. This means you will no longer be eligible for benefits for any type of joint replacement.

We are offering a three month grace period in which we will waive the waiting periods on joint replacement surgery (for the other joint replacement procedures listed above) for those Members wishing to upgrade their policy. This upgrade will need to be completed before 30 June 2019 to be eligible for this offer.

✗ This policy currently provides partial coverage (Restricted Benefits*) for the following categories:

- Weight Loss Surgeries
- Pregnancy and Birth
- Assisted Reproductive Services - e.g. IVF

However, there were a small number of services *related* to these categories that still had full benefit entitlements on this product. As a result of the clinical categories reform these related services are now required to be included under the relevant new clinical categories above and therefore benefits for these services are now restricted. This means you will now only be partially covered for these services (Restricted Benefits*).

✓ There are some procedures that you are currently only partially covered for by this product (Restricted Benefits*). As a result of the clinical categories reform there are a small number of treatments under the following categories for which you will now have full benefit entitlements:



- Eye (excluding Cataracts)
 - Miscarriage and Termination of Pregnancy
 - Chemotherapy, Radiotherapy and Immunotherapy
 - Lung and Chest
- ✓ A new benefit towards the cost of accommodation when travelling away from home for hospitalisation will be introduced - refer to the 'Added Benefits' section of this guide for conditions.
- ✓ Nationwide ambulance cover will be introduced (previously only available to Members who live in the Northern Territory) - refer to the 'Added Benefits' section of this guide for conditions.

If you are concerned about the coverage of any treatment you have begun, or are already scheduled to commence after 1 April 2019, please contact our team to discuss transitional arrangements.

**Restricted Benefits: You will be covered for shared ward accommodation in a public hospital only. If you go to a private hospital or day surgery for the service, it is likely to result in large out-of-pocket expenses. Some private specialists may not operate in a public facility.*

EXTRAS COVER

Discover the differences to your extras policy from 1 April 2019



PREMIUM, ESSENTIAL AND YOUNG EXTRAS

✗ As required by the Federal Government's Private Health Insurance Reforms, the following natural therapies will be removed – including from your Healthy Living Benefits:

- Bowen Therapy
- Homeopathy
- Naturopathy
- Pilates
- Yoga

✓ Remedial massage and acupuncture coverage will stay.

✓ Chinese Medicine coverage will be a new addition to this product, with the following benefits to apply to initial and subsequent consultations:

	Premium Extras	Essential Extras	Young Extras
Benefit from 1 April 2019	\$35.00	\$25.00	\$30.00
Limits	No sub-limit – overall therapies limit applies	No sub-limit – overall therapies limit applies	Per therapy, per person, per policy limits apply

For more information about sub-limits and annual limits please contact us.

✓ Dental scale and clean benefits will be increased as follows:

	Premium Extras	Essential Extras	Young Extras
Previous benefit	\$79.00	\$55.00	\$59.00
New benefit	\$84.00	\$59.00	\$63.00

Please note sub-limits and annual limits apply. For more information on these limits please contact us.



SELECT EXTRAS

✗ As required by the Federal Government's Private Health Insurance Reforms, benefits for the following natural therapies will be removed – including from your Healthy Living Benefits:

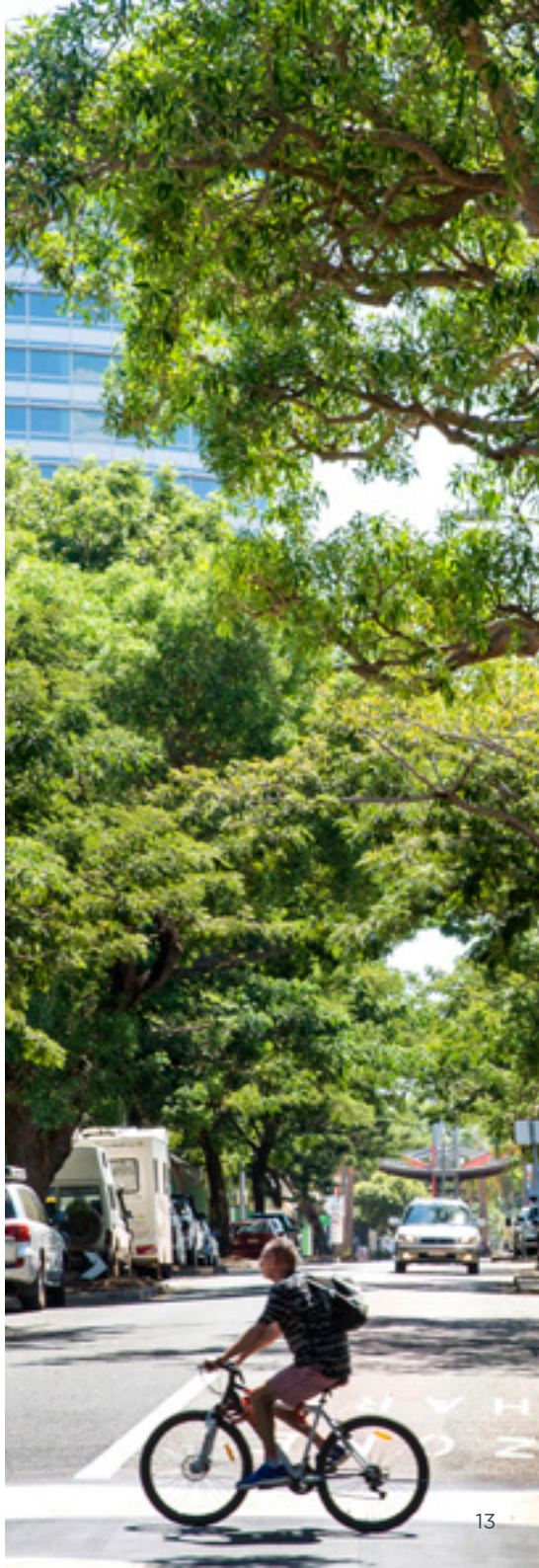
- Bowen Therapy
- Pilates
- Yoga

✓ Remedial massage will stay.

✓ Dental scale and clean benefits will be increased as follows:

	Select Extras
Previous benefit	\$63.00
New benefit	\$67.00

Please note sub-limits and annual limits apply. For more information on these limits please contact us.



ADDED BENEFITS

ACCOMMODATION

An accommodation benefit will be introduced on all Territory Health Fund hospital products from 1 April 2019. This will apply to Members who need to travel more than 300 km return journey for hospital treatment.

The benefit will be up to \$50 per night and will apply for the period of hospitalisation, including one night prior to hospitalisation and also the night of discharge. A carer or support person is permitted to stay in the accommodation, however the benefit will only apply to one room per Member per hospitalisation.

AMBULANCE

From 1 April 2019 nationwide ambulance cover will be introduced for Members with a Territory Health Fund hospital policy (previously only available to Members who live in the Northern Territory).

Ambulance benefits will be applied to emergencies only and limited to one per person per Membership Year, when provided by recognised providers. Ambulance benefits do not apply to permanent residents of Queensland, as they are already automatically covered by the Queensland Government. Conditions apply - please contact us for more information.

AGE-BASED DISCOUNT

If you're 18-29 years and not currently covered under your parent/s or guardian/s policy, you'll be entitled to a discount on your Territory Health Fund hospital cover from 1 April 2019.

Depending on your age, the following discount will apply:

Age*	Discount
18-25	10%
26	8%
27	6%
28	4%
29	2%

** As at 1 April 2019 for existing Members, or the join date for new Members.*

Your discount will be retained in full until you turn 41 (unless age-based discounts are discontinued on your policy). The discount will then gradually phase out by age 45, as per the following:

Age	Discount
41	Age-based discount, less 2%
42	Age-based discount, less 4%
43	Age-based discount, less 6%
44	Age-based discount, less 8%
45	0%

Members will be allowed to retain their age-based discount when transferring from another hospital product, whether internally or from another fund.



We're here to help!

The Private Health Insurance Reforms means there's a lot changing in our industry and we have worked hard to ensure positive outcomes for Territory Health Fund Members.

If you have any questions about how you will be personally affected by policy changes, please get in touch.

Our team can be reached on **1800 623 893** from 7.30am to 5pm on Monday, Tuesday, Thursday, Friday, and 8.30am to 4.30pm Wednesday (ACST).

You can also connect with us on Facebook and keep an eye on our website for any further updates.

Thanks for your continued support!

HOW TO CONTACT US

If you have any questions or need more information, please contact us by:

Website territoryhealth.com.au

Email info@territoryhealth.com.au

Call 1800 623 893

Post GPO Box 1265 Darwin NT 0801

Facebook @TerritoryHealthFund