



Ombudsman's Introduction

The role of the Private Health Insurance Ombudsman is transferring to the Commonwealth Ombudsman from 1 July 2015. For consumers there will be no changes to how we handle complaints, and all the functions such as the consumer website www.privatehealth.gov.au will be transferred.

Our contact details will remain the same and enquiries will be forwarded as our systems are integrated into the Commonwealth Ombudsman's email and phone systems.

Planning a Family with Private Health Insurance

If you're thinking about starting a family and you want to be covered for private hospital admissions, then you need to plan well in advance. That is because when you join or upgrade to a new hospital policy, waiting periods apply to the new benefits. These include:

- 12 months for obstetrics benefits (pregnancy)
- 12 months for pre-existing conditions (for example, infertility).

The waiting period applies to the person being admitted to hospital. That means you need to have upgraded and held a policy that covers obstetrics or assisted reproductive services for at least 12 months before being admitted to hospital.

If you need to be admitted to hospital before the waiting period is over, then the health fund is not obliged to pay towards your hospital admission. The waiting period is usually applied very strictly by all funds. It's important to plan well in advance because if, for example, your baby is born prematurely and the waiting period is not yet completed, then the health fund does not have to pay any benefits, even if the baby's due date was after the conclusion of the waiting period.

Checking your cover and upgrading a checklist:

1. Check your cover by contacting your health fund

- Does your policy include obstetrics and/or assisted reproductive services such as IVF?
- Does your policy cover these items in a private hospital, or only at a restricted level (public hospital only)?
- If your policy does include obstetrics and/or assisted reproductive services, have you completed the waiting periods? If not, when does the waiting period conclude?

If your policy does not include these benefits, upgrade to an appropriate policy and confirm the waiting period with your fund.

Always check your annual tax statements and rate increase letters from your health fund, and any other letters you receive. Sometimes benefits can change on your policy, so always make sure you know what you are and aren't covered for.

2. Going to hospital and planning an admission

- If you are expecting a hospital admission, which hospital are you attending and does the hospital have an agreement with your fund? If not, how much extra will it cost to attend the hospital?
- What are your obstetrician's fees? How much will be covered by Medicare and your health fund, and how much will be at your own expense?
- If you are expecting a baby, when should you add your baby to the policy for he or she to be covered without waiting periods? Some funds will require your baby to be added some months before birth, while others may allow your baby to be added after birth.

Check with your health fund, hospital and doctor to find out how you are covered and if there are any expenses you need to pay such as a hospital excess and medical gap fees. Ask for quotes in writing if there are any extra expenses you need to pay.

Check with your health fund about how and when to add your baby to your policy.



Recent and Upcoming Events in Private Health Insurance

June 2015

- **Considering buying hospital insurance? Recently turned 31?** If you answered yes to either of these questions, then you should be aware that for most Australian residents it's cheaper to buy hospital insurance before the end of the financial year. Under the Lifetime Health Cover (LHC) rules, you can buy hospital insurance at the lowest rates if you purchase before the 1 July following your 31st birthday. If you're already over 31, then you should be aware that each financial year it will become more expensive to purchase hospital insurance for the first time.

July 2015

- **Commonwealth Ombudsman transfer.** As mentioned in the introduction, from 1 July 2015 the role of the Private Health Insurance Ombudsman will transfer to the Office of the Commonwealth Ombudsman. As part of the Commonwealth Ombudsman, we will continue to protect the interests of private health consumers and provide advice on private health insurance.
- **Tax statements.** Look for a tax statement from your health fund confirming your level and duration of cover for the previous financial year. Your tax statement details may be required for your income tax return.

Useful Links and Resources

- **Privatehealth.gov.au:** This is PHIO's consumer website and is Australia's leading independent source of consumer information about private health insurance. To **search a database** of every health insurance policy in Australia, please visit our website.

Find out more about planning a family and going to hospital in our factsheets and brochures:

- [Obstetrics Factsheet](#)
- [Assisted Reproductive Services Factsheet](#)
- [Waiting Periods Brochure](#)
- [Doctors' Bills Brochure](#)

Contact Us

The Private Health Insurance Ombudsman (PHIO) protects the interests of people covered by private health insurance. We provide an independent service to help consumers with health insurance problems and enquiries. The Ombudsman can deal with complaints from health fund members, health funds, private hospitals or medical practitioners. Our services are free of charge.

General Enquiries:

1300 737 299 and website@phio.gov.au

Complaints Hotline:

1800 700 465 and info@phio.gov.au

Websites:

www.phio.gov.au and www.privatehealth.gov.au

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