



## **Private Health Insurance (Complying Product) Amendment Rules 2012 (No.4)**

I, RICHARD MAGOR, delegate of the Minister for Health, make these Rules under item 3 of the table in section 333-20 of the *Private Health Insurance Act 2007*.

Dated 17 May 2012

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Richard Magor  
Assistant Secretary  
Private Health Insurance Branch  
Medical Benefits Division  
Department of Health and Ageing

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## **Part 1 Preliminary**

### **1. Name of Rules**

These Rules are the *Private Health Insurance (Complying Product) Amendment Rules 2012 (No.4)*.

### **2. Commencement**

These Rules commence on 1 July 2012.

### **3. Amendment of the *Private Health Insurance (Complying Product) Rules 2010 (No.2)***

The Schedule amends the *Private Health Insurance (Complying Product) Rules 2010 (No.2)*.

## **Schedule – Amendments**

### **[1] Schedule 1- Standard information statements: hospital treatment**

Delete Schedule 1 and substitute:

### **Schedule 1—Standard information statements: hospital treatment**

#### **Form of statement**

Note: The next page of these rules is page 15. It appears without page number, header or footer.  
This is to allow the form to be shown in its actual size as an A4 page.

## Private Health Insurance Standard Information Statement – Hospital Policy

This Statement provides basic information for the purposes of comparison only. **For full explanation of this hospital policy please contact the health insurer** on <phone number> or visit [<website URL>](http://<website URL>).

<p>HEALTH INSURER: <b>&lt;Health Insurer name&gt;</b> (This insurer has membership restrictions)</p> <p>PRODUCT NAME: <b>&lt;Product name&gt;</b></p> <p>AVAILABLE FOR: <b>Residents of &lt;State/Territory&gt;</b> Employees/Members of <b>&lt;Company/Organisation name&gt;</b> <b>Closed to new members</b></p>	<p>WHO IS COVERED: <b>&lt;Type of cover&gt;</b></p> <p>MONTHLY PREMIUM: <b>\$&lt;xx.yy&gt;</b> (no rebate) \$&lt;xx.yy&gt;</p> <p>(must be purchased with certain general treatment policies)</p> <p>MEDICARE LEVY SURCHARGE: <b>&lt;NOT&gt; Exempt</b></p> <p>AVAILABLE FROM: <b>&lt;dd mmm yyyy&gt;</b></p>
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Your actual premium may include a Lifetime Health Cover loading or insurer discounts. Australian Government Rebates also range from 0% to 40% and depend on age and income levels. The most common rebate of 30% is shown above. Check with your insurer for more details.

<b>WHAT'S COVERED IF I HAVE TO GO TO HOSPITAL?</b>	✓ <Insert appropriate text>
<b>WHAT SERVICES ARE NOT COVERED AT ALL?</b> (Exclusions)	✗ <Insert list of exclusions> OR No exclusions
<b>WHAT SERVICES ARE ONLY COVERED TO A LIMITED EXTENT?</b> (Restrictions, Benefit Limitation Periods)	<p>You are not fully covered for: OR No restrictions</p> <ul style="list-style-type: none"> <li>• &lt;Insert list of restrictions&gt;</li> </ul> <p>You are not fully covered for the time period listed after the services for: OR No benefit limitation periods</p> <ul style="list-style-type: none"> <li>• &lt;Insert list of BLP items + limitation periods&gt;</li> </ul>
<b>HOW LONG ARE THE WAITING PERIODS FOR NEW AND UPGRADING MEMBERS?</b>	<ul style="list-style-type: none"> <li>• &lt;Insert list of waiting periods&gt;</li> </ul>
<b>WILL I HAVE TO PAY ANYTHING IF I GO TO HOSPITAL?</b> (Excesses, Co-payments, Medical/Hospital gaps)	<p><b>EXCESS:</b> &lt;insert appropriate phrase&gt;</p> <p><b>EXTRA COSTS PER DAY (CO-PAYMENTS):</b> &lt;Insert appropriate phrase(s)&gt; OR No co-payments</p> <p><b>DOCTORS' AND HOSPITAL BILLS:</b> &lt;X&gt; out of 10 medical services paid for by this health insurer in &lt;State/Territory&gt; have no out-of-pocket expenses. plus (optionally) This insurer also has arrangements that may mean lower out-of-pocket expenses on doctors' bills. OR Gap cover benefits are not available under this policy.</p> <p>You may have to pay additional costs depending on the doctors chosen, the treatment you are having and the hospital you go to.</p> <p><b>Before you go to hospital, you should ask your doctor, hospital and health insurer about any out-of-pocket costs that may apply to you.</b></p>
<b>WHAT OTHER FEATURES DOES THIS POLICY HAVE?</b>	

**[2] Schedule 2- Standard information statements: general treatment**

Delete Schedule 2 and substitute:

**Schedule 2—Standard information statements:  
general treatment**

**Form of statement**

Note: The next page of these rules is page 17. It appears without page number, header or footer.  
This is to allow the form to be shown in its actual size as an A4 page.

# Private Health Insurance Standard Information Statement – General Treatment Policy

This Statement provides basic information for the purposes of comparison only. **For full explanation of this general treatment policy please contact the health insurer** on <phone number> or visit [<website URL>](http://<website URL>).

HEALTH INSURER: <b>&lt;Health Insurer name&gt;</b> (This insurer has membership restrictions)	WHO IS COVERED: <b>&lt;Type of cover&gt;</b>
PRODUCT NAME: <b>&lt;Product name&gt;</b>	MONTHLY PREMIUM: <b>\$&lt;xx.yy&gt;</b> (no rebate) \$<xx.yy>
AVAILABLE FOR: Residents of <b>&lt;State/Territory&gt;</b> Employees/Members of <b>&lt;Company/Organisation name&gt;</b> Closed to new members	(must be purchased with certain hospital policies) MEDICARE LEVY SURCHARGE: <b>NOT Exempt</b> AVAILABLE FROM: <b>&lt;dd mmm yyyy&gt;</b>

Australian Government Rebates range from 0% to 40% and depend on age and income levels. The most common rebate of 30% is shown above. It does not include any discounts that may be available. Check with your insurer for more details.

**PREFERRED SERVICE PROVIDER ARRANGEMENTS:** By using this health insurer's "preferred providers" you will have lower out-of-pocket costs on <list of services> and have access to more "no gap" services. A list of preferred providers is available from the health insurer. OR Insurer's own wording

SERVICES	COVER	WAITING PERIOD (MONTHS)	BENEFIT LIMITS (PER 12 MONTHS)	EXAMPLES OF MAXIMUM BENEFITS
<b>DENTAL</b>				Periodic oral examination – \$<xx.yy> OR <xx>% of charge
• General dental				Scale & clean – \$ OR % as above Fluoride treatment – \$ OR %
• Major dental				Surgical tooth extraction – \$ OR % Full crown veneered – \$ OR %
• Endodontic				Filling of one root canal - \$ OR %
• Orthodontic				Braces for upper & lower teeth, including removal plus fitting of retainer – \$ OR %
<b>OPTICAL</b> (eg prescribed spectacles/ contact lenses)				Single vision lenses & frames – \$ OR % Multi-focal lenses & frames – \$ OR %
<b>NON PBS PHARMACEUTICALS</b>				Per eligible prescription item - \$ OR %
<b>PHYSIOTHERAPY</b>				Initial visit – \$ OR % Subsequent visit – \$ OR %
<b>CHIROPRACTIC</b>				Initial visit – \$ OR % Subsequent visit – \$ OR %
<b>PODIATRY</b>				Initial visit – \$ OR % Subsequent visit – \$ OR %
<b>PSYCHOLOGY</b>				Initial visit – \$ OR % Subsequent visit – \$ OR %
<b>ACUPUNCTURE</b>				Initial visit – \$ OR % Subsequent visit – \$ OR %
<b>NATUROPATHY</b>				Initial visit – \$ OR % Subsequent visit – \$ OR %
<b>REMEDIAL MASSAGE</b>				Initial visit – \$ OR % Subsequent visit – \$ OR %
<b>HEARING AIDS</b>				Per hearing aid – \$ OR %
<b>BLOOD GLUCOSE MONITORS</b>				Per monitor – \$ OR %
<b>AMBULANCE</b>				<Insert appropriate phrase>

★ <Special features of the product>

**OTHER FEATURES:**

**[3] Schedule 3- Standard information statements: combined products**

Delete Schedule 3 and substitute:

**Schedule 3—Standard information statements:  
combined products**

**Form of statement**

Note: The next two pages of these rules appear without a header. This is to allow the form to be shown in its actual size as an A4 page.

## Private Health Insurance Standard Information Statement – Combined Policy

This Statement provides basic information for the purposes of comparison only. **For full explanation of this combined hospital and general treatment policy please contact the health insurer** on <phone number> or visit [<website URL>](http://<website URL>).

HEALTH INSURER:	<b>&lt;Health Insurer name&gt;</b> (This insurer has membership restrictions)	WHO IS COVERED:	<b>&lt;Type of cover&gt;</b>
PRODUCT NAME:	<b>&lt;Product name&gt;</b>	MONTHLY PREMIUM:	<b>\$&lt;xx.yy&gt;</b> (no rebate) \$<xx.yy>
AVAILABLE FOR:	Residents of <b>&lt;State/Territory&gt;</b> Employees/Members of <b>&lt;Company/Organisation name&gt;</b> Closed to new members	MEDICARE LEVY SURCHARGE:	<b>&lt;NOT&gt; Exempt</b>
		AVAILABLE FROM:	<b>&lt;dd mmm yyyy&gt;</b>

Your actual premium may include a Lifetime Health Cover loading or insurer discounts. Australian Government Rebates also range from 0% to 40% and depend on age and income levels. The most common rebate of 30% is shown above. Check with your insurer for more details.

### Hospital Component

The following applies to the hospital component for the **<Product name>** policy from **<Health Insurer name>**.

<b>WHAT'S COVERED IF I HAVE TO GO TO HOSPITAL?</b>	✓ <Insert appropriate text>
<b>WHAT SERVICES ARE NOT COVERED AT ALL?</b> (Exclusions)	✗ <Insert list of exclusions> OR No exclusions
<b>WHAT SERVICES ARE ONLY COVERED TO A LIMITED EXTENT?</b> (Restrictions, Benefit Limitation Periods)	You are not fully covered for: OR No restrictions <ul style="list-style-type: none"> <li>• &lt;Insert list of restrictions&gt;</li> </ul> You are not fully covered for the time period listed after the services for: OR No benefit limitation periods <ul style="list-style-type: none"> <li>• &lt;Insert list of BLP items + limitation periods&gt;</li> </ul>
<b>HOW LONG ARE THE WAITING PERIODS FOR NEW AND UPGRADING MEMBERS?</b>	<ul style="list-style-type: none"> <li>• &lt;Insert list of waiting periods&gt;</li> </ul>
<b>WILL I HAVE TO PAY ANYTHING IF I GO TO HOSPITAL?</b> (Excesses, Co-payments, Medical/Hospital gaps)	<p><b>EXCESS:</b> &lt;insert appropriate phrase&gt; OR No excess</p> <p><b>EXTRA COSTS PER DAY (CO-PAYMENTS):</b> &lt;Insert appropriate phrase(s)&gt; OR No co-payments</p> <p><b>DOCTORS' AND HOSPITAL BILLS:</b> &lt;X&gt; out of 10 medical services paid for by this health insurer in &lt;State/Territory&gt; have no out-of-pocket expenses. plus (optionally) This insurer also has arrangements that may mean lower out-of-pocket expenses on doctors' bills. OR Gap cover benefits are not available under this policy.</p> <p>You may have to pay additional costs depending on</p> <ul style="list-style-type: none"> <li>• the doctors chosen</li> <li>• the treatment you are having and</li> <li>• the hospital you go to.</li> </ul> <p><b>Before you go to hospital, you should ask your doctor, hospital and health insurer about any out-of-pocket costs that may apply to you.</b></p>
<b>WHAT OTHER FEATURES DOES THIS HOSPITAL POLICY HAVE?</b>	

## General Treatment Component

The following applies to the general treatment component for the <Product name> policy from <Health Insurer name>.

**PREFERRED SERVICE PROVIDER ARRANGEMENTS:** By using this health insurer's "preferred providers" you will have lower out of pocket costs on <list of services> and have access to more "no gap" services. A list of preferred providers is available from the health insurer. OR Insurer's own wording

SERVICES	COVER	WAITING PERIOD (MONTHS)	BENEFIT LIMITS (PER 12 MONTHS)	EXAMPLES OF MAXIMUM BENEFITS
<b>DENTAL</b>				Periodic oral examination – \$<xx.yy> OR xx% of charge
• General dental				Scale & clean – \$ OR % as above Fluoride treatment – \$ OR %
• Major dental				Surgical tooth extraction – \$ OR % Full crown veneered – \$ OR %
• Endodontic				Filling of one root canal -- \$ OR %
• Orthodontic				Braces for upper & lower teeth, including removal plus fitting of retainer – \$ OR %
<b>OPTICAL</b> (eg prescribed spectacles/ contact lenses)				Single vision lenses & frames – \$ OR % Multi-focal lenses & frames – \$ OR %
<b>NON PBS PHARMACEUTICALS</b>				Per eligible prescription item – \$ OR %
<b>PHYSIOTHERAPY</b>				Initial visit – \$ OR % Subsequent visit – \$ OR %
<b>CHIROPRACTIC</b>				Initial visit – \$ OR % Subsequent visit – \$ OR %
<b>PODIATRY</b>				Initial visit – \$ OR % Subsequent visit – \$ OR %
<b>PSYCHOLOGY</b>				Initial visit – \$ OR % Subsequent visit – \$ OR %
<b>ACUPUNCTURE</b>				Initial visit – \$ OR % Subsequent visit – \$ OR %
<b>NATUROPATHY</b>				Initial visit – \$ OR % Subsequent visit – \$ OR %
<b>REMEDIAL MASSAGE</b>				Initial visit – \$ OR % Subsequent visit – \$ OR %
<b>HEARING AIDS</b>				Per hearing aid – \$ OR %
<b>BLOOD GLUCOSE MONITORS</b>				Per monitor – \$ OR %
<b>AMBULANCE</b>				<Insert appropriate phrase>

★ <Special features of the product>

**OTHER FEATURES:**

**[4] Schedule 4- Standard information statements: permitted content**

Delete Schedule 4, Part 1 and substitute:

**Schedule 4—Standard information statements:  
permitted content**

**Part 1—all statements**

<b>Field</b>	<b>Description</b>	<b>Permitted content</b>
<b>Date of Issue:</b>	<b>Date on which the content of the SIS is updated.</b>	<i>dd [month in words] yyyy</i>
<b>Health Insurer:</b>	<b>Trading Name or Brand Name of the health insurer in the State the product is being sold.</b>	<i>[Health insurer trading name]</i>
<b>Restricted Membership insurers:</b>	<b>Disclaimer to be printed directly below the health insurer name if the product is offered by a restricted membership insurer.</b>	<i>(This insurer has membership restrictions)</i>
<b>Available for:</b>	<b>Name of the State/Territory in which the product subgroup is available for sale. <i>All States</i> can only be used where every feature of the product subgroups are identical, including the premium.</b>	<b>One of:</b> <ul style="list-style-type: none"> <li>• <i>NSW &amp; ACT; OR</i></li> <li>• <i>Northern Territory; OR</i></li> <li>• <i>Queensland; OR</i></li> <li>• <i>South Australia; OR</i></li> <li>• <i>Tasmania; OR</i></li> <li>• <i>Victoria; OR</i></li> <li>• <i>Western Australia OR</i></li> <li>• <i>All States</i></li> </ul>
<b>Corporate products:</b>	<b>One of the following statements to be printed directly below the State name if the product is a corporate product. One of “employees” or “members” may be deleted or both can be used.</b>	<i>Employees/Members of [Company/Organisation name]</i> <b>OR</b> <i>Employees/Members of organisations with arrangements with this health insurer</i>
<b>Closed Products:</b>	<b>Statement to be printed directly below the State name (or below the corporate product statement if applicable) if the product is not currently available for purchase.</b>	<i>Closed to new members</i>
<b>Product Name:</b>	<b>Marketing name of the product.</b>	<i>[product name]</i>
<b>Who is covered:</b>	<b>Who is covered under this policy.</b>	<b>One of the following:</b> <ul style="list-style-type: none"> <li>• <i>One adult; OR</i></li> <li>• <i>Two adults; OR</i></li> <li>• <i>Dependants only; OR</i></li> <li>• <i>One adult &amp; dependant(s); OR</i></li> <li>• <i>One adult &amp; any dependants; OR</i></li> <li>• <i>Two adults &amp; dependant(s); OR</i></li> <li>• <i>Two adults &amp; any dependants; OR</i></li> <li>• <i>At least 3 adults &amp; any dependants;</i></li> </ul>

<b>Monthly Premium:</b>	<b>Total monthly premium, and monthly premium less the 30% Rebate. Other discounts are not to be included here.</b>	<i>[\$xx.yy amount of premium]</i> (no rebate) <i>[\$xx.yy]</i>
<b>Available from:</b>	<b>Date from which the product becomes available for purchase. Field only to appear/be completed if the statement is provided before the product is available. The field is to be placed beneath the monthly premium field.</b>	<i>dd [month in words] yyyy</i>
<b>Medicare Levy Surcharge:</b>	<b>Indicates whether or not the policy will exempt the holder from the Medicare Levy Surcharge. The field is to be placed beneath the monthly premium field.</b>	<i>Exempt OR NOT exempt</i>
<b>&lt;product code&gt;</b>	<b>A unique identifying code for the standard information statement</b>	<b>A product code generated by the PrivateHealth.gov.au system.</b>