

Changes to Benefit Policy

1. Policy Statement

We are committed to improving the quality of our products, services and processes to maximise satisfaction for our insured people and keep complaints to a minimum. Consistent with this commitment, proposed changes to your private health insurance policy will be communicated to the Contributor as follows:

1. General changes to hospital or general treatment (extras) policies

A notice of 30 days will be provided to the affected Contributor for general changes to a hospital or general treatment policy, which includes:

- (a) a change of policy name; or
- (b) a change to payment frequency or method.

A written notice of 60 days minimum will be provided to the affected Contributor where there is a detrimental change to hospital or general treatment (extras) policies and includes:

- (a) Where the change to a payment frequency or method results in a payment frequency or method no longer being available.
- (b) Where closing a product has a significant detrimental effect to a policy holder, or group of policy holders (such as a when policy holders are required to move to an alternative product).

2. Detrimental changes to hospital treatment policy benefits

A detrimental change to hospital treatment benefits includes:

- (a) removal of a clinical category;
- (b) an increase to an excess or co-payment under a policy; or
- (c) a change in which an excess or co-payment may apply.

Where there is a detrimental change to hospital treatment benefits, we will:

- (a) provide the affected Contributor with a minimum of 60 days' notice;
- (b) not apply the changes to pre-booked hospital admissions prior to the notification date; and
- (c) put in place transitional measures for patients already in a course of treatment for a reasonable time period, for example, be up to six months.

3. Detrimental changes to general treatment (extras) policy benefits

A detrimental change to general treatment (extras) benefits includes:

- (a) the reduction of a limit; or
- (b) a change to entitlement under such limit; or
- (c) removal of a service or modality covered under a general treatment (extras) policy.

For these detrimental changes to general treatment (extras) treatment benefits, we will:

- (a) provide the affected Contributor with a minimum of 60 days' written notice; and
- (b) provide a transitional period where a course of treatment is being undertaken in relation to orthodontic or endodontic services, for up to 6 months.

If accumulative roll over type benefits are affected, we may provide for up to 6 months a transitional period for unused benefits in the previous year.

4. General principle in relation to detrimental changes to policies and benefits

For any detrimental change (that is not significant) we will adopt the approach to provide 30 days' notice.

2. Purpose and Scope

This policy outlines the principles to be followed when there is a detrimental change to your private health insurance policy and benefits. While these principles will be adhered to in the majority of cases, reserved is the flexibility to deal with special or unusual circumstances on a case by case basis.

While not constituting a change to hospital treatment benefits for the purpose of this policy, changes to hospital contracting arrangements with a hospital can affect an insured person. Requirements for notification of such changes and transition arrangements are included in the relevant agreements and codes relating to conduct between health insurers and hospitals.

3. Definitions

Contributor means the person registered as the Contributor for a policy, and who is responsible for payment of contributions of the policy.

4. Policy Administration

- Approved by CEO, effective from: 20 December 2021
- Policy Review Date: 31 December 2024