

Private Health Cover Is it right for you?

Many Australians choose to take out private health cover to avoid being in a situation where they cannot afford the health care they need. This can include undergoing major surgery in a private hospital, easing the cost of regular visits to the optometrist, physiotherapist, and of course your 6 monthly visit to the dentist. Whether what you have as private health cover suits all of your health care needs is not clear cut.

If you already have private health cover, you need to check if what you have is in fact what you need. It's important to realise that not all private health insurers and products are the same, and each should be judged on their own merit. There are many rules and complicated policies in place that make the decision process very difficult.

If you have private health cover, regularly review your choice of policy, and consider whether your private health cover is still right for you.

If you do not have cover or if you are undertaking a review of your cover, the Australian Dental Association (ADA) has put together a series of essential questions you should ask of your private health insurer to make sure you are getting value and security from your policy – that is, whether you are getting the most out of your policy.

Private Health Cover and your visit to the dentist

Private health insurance companies classify dental check-ups and surgery as 'General' or 'Ancillary' Treatment. This means your policy will cover a portion of the cost of your visit to the dentist in the form of a 'rebate' - but how much will this rebate be?

It's important to know that not all private health insurance providers and products are the same; so your level of cover (and the cost of your premiums) will affect how much you will receive for your rebate. If you are unsure of what your cover offers you, contact your private health cover provider.

Your dentist has no control over your rebate! Private health insurance companies enjoy absolute control in setting their premiums and what health care services you will receive cover for.

Mind the Gap!

When it comes time to claim your private health insurance rebate – Mind the Gap! Private health insurance providers rarely cover the cost for any particular dental service; and even then, they include a pre set annual limit as to what you can recover in any one year. This leaves you to cover the rest!

The ADA continues to monitor the actions of the private health insurance industry. Our surveillance shows that over time, the fees set by dentists for dental services have increased at a rate lower than the General Health Index. Conversely, private health cover premiums have increased at a far higher rate.

Figures show that Australians use their private health cover for dental services more than any other health service.

This means private health insurers are allowing the gap to widen for the purpose of their profitability and they seem to be doing this at their members' expense.

The ADA is also working with dentists nation-wide to ensure you and other patients are provided with all the information necessary to make an informed decision and to equip you with the knowledge to make an informed choice as to whether to seek private health cover, and if you do, with whom to obtain it.

How can we close the Gap?

If you suspect you are being short-changed by your private health insurer and agree that Australians deserve rebates that are more reflective of the cost of the service, the ADA recommends you make a complaint with the Private Health Insurance Ombudsman.

This is your chance to voice your opinion and make the Private Health Insurance Ombudsman aware that you and other Australians will not accept private health insurers minimising rebates whilst maximising premiums.

Do your part to close the gap!

Private Health Insurance Ombudsman Website: www.phio.org.au/complaints/make-a-complaint.aspx

HOTLINE: 1800 640 695 **Tel:** (02) 8235 8777



For more information visit ada.org.au