



Hi !

Thanks for comparing your health insurance with Choosewell.

Your reference:

Here is the quote summary for the product we discussed.

Take a look in more detail to understand if it's right for you, and remember that I am here to answer any questions you have.

When you're ready, please call me back on **(02) 8026 4093** or **1300 421 154**.

Senior Health Advisor

Quote Summary

This health insurance is provided by:



\$0.00

Your selected income tier: 0

To make private health insurance more affordable the Federal Government provides many Australians with a Health Insurance Rebate, which is income tested and is based on the age of the oldest person on the membership. Your quote is based on your nominated income tier and includes the rebate as a premium reduction. The applicable income and age tiers for the Australian Government Rebate from 1 April 2017 to 31 March 2018 are as follows:

Tier 0 Single \$90,000 or less, Family \$180,000 or less Age < 65: 25.934% Age 65-69: 30.256% Age 70+: 34.579%	Tier 1 Single \$90,001 - \$105,000, Family \$180,001 - \$210,000 Age < 65: 17.289% Age 65-69: 21.612% Age 70+: 25.934%	Tier 2 Single \$105,001 - \$140,000, Family \$210,001 - \$280,000 Age < 65: 8.644% Age 65-69: 12.966% Age 70+: 17.289%	Tier 3 Single \$140,001 or more, Family \$280,001 or more. Age < 65: 0% Age 65-69: 0% Age 70+: 0%
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Waiting Periods

Waiting periods refer to the amount of time you'll need to wait before you can begin claiming on your health insurance policy.

Waiting Periods

About waiting periods

You will only have to serve a waiting period when you first take out a private health insurance policy, have held cover for less than 12 months, or increased your level of cover.

When you transfer from one fund to another at the same level of cover there are usually no new waiting periods although the balance of any waiting periods not yet completed will most likely need to be served.

The following information is provided as a general guide only and may include reference to waiting periods for services not covered by your particular policy. You should ask your Choosewell adviser about waiting periods for specific benefits.

What is a pre-existing condition

A pre-existing condition is defined by law as any condition, illness, or ailment that you had signs or symptoms of during the six months before you joined a hospital policy or upgraded to a higher hospital policy. It is not necessary that you or your doctor knew what your condition was or that the condition had been diagnosed. A condition can still be classed as pre-existing even if you hadn't seen your doctor about it before joining the hospital policy or upgrading to a higher hospital policy. If you knew you weren't well, or had signs of a condition that a doctor would have detected (if you had seen one) during the six months prior to joining the hospital table, then the condition would be classed as pre-existing.

I'm new to health insurance or held hospital cover for less than 12 months.

The government sets the maximum waiting periods that funds can impose for hospital treatment:

- 12 months for pre-existing conditions
- 12 months for pregnancy
- 2 months for psychiatric care, rehabilitation or palliative care, even for a pre-existing condition
- Accidents are covered from the day after you join the health fund.
- Two months in all other circumstances

People who are new to Extras cover or who upgrade their cover may need to serve waiting periods. The standard waiting period for most Extras services is usually 2 months. For some services, like glasses, contact lenses, major dental, orthodontics and hearing aids, the waiting period can range between 6 - 24 months. For your convenience, your quote includes information about waiting periods for each service.

I'm upgrading my cover

In most cases, you will have waiting periods (including 12 months for pre-existing conditions and pregnancy) on those services that are included on the new cover but weren't on the old policy. For example if you add pregnancy to the cover, you will need to wait 12 months to claim on pregnancy, but all other services that were on the old cover can usually be claimed immediately providing you have already fully served the waiting period for those services. Ask your Choosewell adviser about any exceptions that may apply.

I've had my old cover for less than 12 months, and I wasn't previously insured

Any time spent with the old fund will be recognised by the new fund, and will be deducted from the waiting periods that would otherwise apply. For example, if you held the old cover for 9 months, you'd only need to wait the remaining 3 months for pre-existing conditions when you switch to an equivalent cover.

I'm reducing my hospital excess

When you reduce your hospital excess you actually increase your cover and will need to serve waiting periods before your new lower hospital excess can apply. During the waiting periods, your previous level of hospital excess will apply.

The waiting periods will be:

- 12 months for pre-existing conditions
- 12 months for pregnancy
- 2 months for psychiatric care, rehabilitation or palliative care, even for a pre-existing condition
- 1 day for accidents
- 2 months in all other circumstances

I have Extras cover and have claimed some services from my old fund this year.

If you have used part or all of your annual benefits with your previous health fund, your new fund will adjust your benefit limit accordingly. For example, if your annual benefit for optical is \$200 and you have claimed \$150 with your previous health insurer, this claimed amount will be carried across to your new fund. Annual limits are reset on either 1 January or 1 July each year. Please check with your Choosewell consultant when your new fund resets annual Extras limits.

Ambulance waiting periods

Benefit limitation periods

A benefit limitation period is an initial period of membership during which only minimal hospital benefits are paid for some types of treatment (after any applicable waiting periods have been served).

Quote Summary

This health insurance is provided by:



\$0.00 + \$ excess

\$ Price

Our advisory service is free. We quote the same price as going direct to the fund, no mark ups.

Advice

We are a team of 60 people, and collectively we have over 300 years of insurance experience - we know our stuff!

★ Service

We are confident you'll love our service, but also offer a 30 day unconditional refund. Check out our 5 star service rating on www.womo.com.au/reviews/choosewell-melbourne



This quote contains important information relating to this policy which you should read and retain. All premiums quoted are subject to variation and/or rounding. A slight variation may be expected. Please contact us on 1300 421 154 or email us at insurance@choosewell.com.au if you require any further information. If you change your mind and choose to cancel within 30 days, you can receive a full refund on your hospital and/or extras premiums if you haven't made a claim. Choosewell prides itself on high quality customer service, but in the event that you need to make a complaint, please read our complaints and dispute resolution information located on our website. For information regarding the complaint resolution process for the funds that Choosewell represents, please visit: [AHM](#), [Australian Unity](#), [HCF](#), [GMHBA](#), [NIB](#), [Peoplecare](#)