

# Health Links

March 2017



## A message from the CEO

Phoenix Health Fund's commitment as a not-for-profit and Member-owned Health Fund is to pass on the lowest premium rate increase necessary to cover increases in health care costs and to continue to deliver top quality cover and benefits that our Members expect from us.

Revised premiums specific to your Membership based on the type of health insurance cover held has been calculated and is noted in the attached letter. The percentage increase for your Membership may differ from the average rate, as the publicised rate notified in the media reflects the fund average increase applicable across all policies.

The cost of health services continues to rise well above inflation and is the key contributor to premium rate increases. We are in total support of proposed health industry reforms on health costs as a way of reducing the pressure on price increases. We will continue to work with the Government and Health Minister to improve outcomes for Members.

We recognise that rising premiums are having a big impact on household budgets, and we understand that this price increase notice is disappointing to all of our Members. These changes ensure that we remain a financially strong and stable, Not-for-Profit Health Insurer, while continuing to provide our Members peace of mind that a high level of health insurance cover and Member services remain in place.

*Sharon*

**Sharon Waterhouse**  
Chief Executive Officer

## We pay higher than industry average returns!

Have you seen the latest Health Fund ranking report published by APRA? Phoenix outperforms all the big for-profit brands that you've likely heard before. How do we do this? Easy - We're not for profit! This means that we only charge what it costs to pay claims to our Members and keep the Health Fund operating.

## Claiming growth in the last year

Last year we saw a big increase in benefits paid to our Members, with benefits growing by 12.7%. While claims are on the up, we are proud to show that we've given more back to our Members in 2016.

Take a look at a breakdown in each claim category...

- Hospital Claims +15.5%
- Extras claims +6.8%
- Medical claims +14.3%

Phoenix	92.8%
Industry Average	86.1%
Bupa	85.5%
Nib	85.0%
Medibank	83.9%

Benefits paid as a percentage of contributions  
Operations of Private Health Insurers Annual Report 2015-2016

## The new and improved Mobile App is here!

Improvements include the ability to update communication details, view benefit limits and entitlements, look up previous claims, request a new card, submit a claim and much more! Download the app from the App Store or Google Play store now!



## Why are Health Insurance prices increasing?

Phoenix recognises that rising premiums are having a big impact on household budgets and we understand that this price increase notice is disappointing to all of our Members. While any price increase is unfortunate, the fund would like to share the industry reasons behind this price increase so that our Members are aware of why this increase is occurring.

1. Increases in health care costs - Medical (Doctors), Prosthesis (artificial medical devices) Hospital and Extras expenses charged to the fund have increased by 12.7% in the last year.

2. Greater use of Private Health Insurance - With Australian's average life span increasing to its highest age ever, more medical treatment and intervention is being used, meaning more claims are being paid per Member by us.

3. Improved medical technologies - New medical technology is paving the way for greater surgery outcomes for Members with robotic technology now replacing some doctors in performing complex surgery. While surgery outcomes are better for Members, new technology used by some doctors can result in increased costs to the fund.

Hot  
Claiming  
Tips!

## No Ambulance Subscription? No worries!

Phoenix Health Fund no longer requires Members renew their Ambulance Subscriptions to maintain Ambulance coverage. Should your current Ambulance Membership expire, make sure that you do not renew it, as we've already covered you for Ambulance coverage Australia wide without the need for a subscription since April 2016.

These changes have been made and have been shared with all Members since April 2016 as a way to simplify Ambulance coverage for all Members.

Please be aware that this change means that we are unable to continue paying benefits for Ambulance subscriptions any longer.

## Will I have a gap for my upcoming procedure?

When a hospital or healthcare provider charges more for a treatment or service than what is covered by Medicare and your Private Health Insurance, the amount left to pay is known as "the gap" payment.

Contacting us before you commit to surgery is an important step in your process to eliminate or reduce any potential gaps that your Doctor may be charging you.

If Members don't get in touch with us, they run the risk of being potentially overcharged and facing higher than expected Gaps.

Because we're here to help, be sure to contact our friendly team at Phoenix Health and we can walk you through a number of important things to consider as part of your expected surgery to give you the best financial outcome including:

- How much is the doctor charging and is there a planned Gap?
- Does the doctor participate in Access Gap Cover?
- Is the Hospital your attending on contract with Phoenix?
- Additional costs the doctor may not have discussed with you

Choice Magazine  
has ranked Phoenix  
with Australia's best  
value Top Hospital  
cover in 2016!

Call **1800 028 817**

We are open 8:30am - 5:00pm Monday - Friday (AEDT)

Jump onto Online Member Services (OMS) by visiting  
<https://members.phoenixhealthfund.com.au>

Email us on, [enquiries@phoenixhealthfund.com.au](mailto:enquiries@phoenixhealthfund.com.au)

**MEMBERS  
OWN  
HEALTH FUND**