



AUSTRALIAN DENTAL ASSOCIATION INC.

## YOU AND YOUR HEALTH FUND DENTAL COVER

### Medicare

Rebates on dental treatment are not generally available under Medicare. However, limited services are available for selected cases under the Enhanced Primary Care Scheme for patients with severe and chronic illness, where dental treatment will assist the management of the illness. To receive such benefits you require a special referral from your general medical practitioner. Some surgical procedures and services for cleft lip and palate patients are also available.

### Health Funds

Our primary duty is to you. Our objective is to provide you with the best possible care that suits you. We have therefore chosen not to enter into contracted arrangements with any health funds. Amongst many reasons for this is that the Australian Dental Association has received legal advice that this may "conflict with a (our) duty to (you) the patient".

You are free to choose to subscribe to dental cover from a health fund that provides rebates on dental treatment, but it should be understood that your dental cover is a matter **between you and your health fund**. We will assist you by providing all the item numbers that appropriately describe your treatment. However as there are over 30 health funds operating in Australia, many of which have their own set of different business rules, subject to change without notice, we are not able to advise you about your fund.

### Dental Cover

The following points regarding dental cover from health funds should also be appreciated:

- Health fund rebates do not currently provide full cover or a set percentage of dental fees.
- Health funds establish benefit tables that may not include a rebate for all service items, and which tables are subject to change at any time.
- The gap between your dental fee and the rebate received may be considerable.
- Whether a health fund decides to rebate an item of treatment and if so, how much, is determined by its business rules and so is out of the control of the dentist.
- You should choose the dentist from whom you receive treatment. Health funds accept the same premium from their members regardless of whether they attend a contracted provider or not. Fund members who exercise their right to choose a dentist who is not a contracted provider may be denied their right to receive benefits of equivalent value to those who attend contracted providers, irrespective of the quality of care.
- Because each patient's dental condition may be different, item numbers used by dentists to describe treatment provided may not necessarily reflect the complexity of work involved, i.e., the same number could involve treatment which takes less than 20 minutes or over an hour to complete, depending upon the circumstances in which it is provided.

### Information and Statistics

The following information and statistics may be of interest to you:

- The payment of dental fees is split up as 68% direct patient payments, 17% government and 15% health funds.
- Health fund premiums, as at 1 April 2005, have increased 30% since 2002 while benefits from Dec 1996 - Dec 2004 decreased by 16%.
- Private Health Insurance Administration Council figures show that the health funds collect substantially more premiums for ancillary cover than they pay out in benefits. For dental services this is less than 50%. This means that your ancillary premium is in part funding other areas of the health funds' activities.
- There are over 30 health funds operating in Australia, each of which has devised their own set of business rules - many of which are unique to that fund.