

How the Code helps consumers

Apart from promoting improved standards in clarity of information given to you, the Code is designed to help solve problems between you and your fund. Health funds have internal dispute resolution systems. The PHI Code of Conduct does not give additional legal rights to you, but does outline the dispute resolution options for you if you have a problem with your fund. Examples of a dispute include:

- content of advertising by the fund;
- representations made to you when you purchased a health insurance product;
- features of your health insurance product;
- benefits paid under your health insurance product.

If you are not satisfied with the outcome of the internal dispute resolution procedure, the Code ensures that your fund must tell you that you are entitled to go to an external dispute resolution body, such as the Private Health Insurance Ombudsman (PHIO).



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Private Health Insurance Code of Conduct

Health
Insurance
Restricted &
Regional Membership
Association of
Australia (HIRMAA)
www.hirmaa.com.au

The Code is designed to help you by providing clear information and transparency in your relationships with health funds.

The Code covers four main areas of conduct in private health insurance:

- ensuring you receive the correct information on private health insurance from appropriately trained staff;
- ensuring you are aware of the internal and external dispute resolution procedures available in the event that you have a dispute with a private health insurance fund;
- ensuring policy documentation contains information to assist you to make an informed decision about your purchase and that all communications between you and your fund are conducted in a way that the appropriate information flows between you and the person you are dealing with; and
- ensuring all information between you and your fund is protected in accordance with privacy principles.

What do health funds promise under the Code?

Funds who are signatories to the Code will:

- work towards improving the standards of practice and service in the private health insurance industry;
- provide information to you in plain language;
- promote better informed decisions about their private health insurance products and services by:
 - ensuring that policy documentation is full and complete;
 - providing clear explanations of the contents of the policy documentation when asked by you; and
 - ensuring that persons providing information on health insurance are appropriately trained.
- provide information to you on your rights and obligations under your relationship with your health fund, including information on this PHI Code of Conduct; and
- provide you with easy access to their internal dispute resolution procedures, which will be undertaken in a fair and reasonable manner, and advise your rights to take an issue to an external body such as the Private Health Insurance Ombudsman (PHIO).

Where did the Code come from?

The Code was developed by the two industry associations covering private health funds in Australia:

- the Australian Health Insurance Association (AHIA); and
- the Health Insurance Restricted & Regional Membership Association of Australia (HIRMAA).

A Code Compliance Committee has been established to monitor, investigate (in the event of a complaint) and review compliance with the Code. The Code Compliance Committee will only look at breaches of the Code reported to it by a fund or external body such as the Private Health Insurance Ombudsman (PHIO).

How can I get a copy of the Code?

A full copy of the Code is available at www.privatehealth.com.au/codeofconduct.php

