

# Cloudera Corporate Health Plan

## Frequently Asked Questions

### 1. How does the Cloudera Corporate Health Plan work?

Cloudera has selected a high level of Corporate Hospital and Extras cover (*underwritten by Medibank*) to compliment your health and wellbeing - see below.

**Hospital Cover;** Corporate Gold Health Cover with \$250 Excess

**Extras Cover;** Better Health 80 Extras

You can find what's included under these covers by visiting the Cloudera web portal at <https://cloudera.hica.com.au> or contact HICA on 1300 44 22 01.

### 2. What are the allowance amounts?

Employees choosing to participate in the Plan will be paid a monthly allowance through the payroll to contribute to the cost of the plan. The amount of the allowance will be dependent on your level of coverage as follows;

- Single Employees - \$440 per month
- Employees covering their partners and or dependents - \$880 per month

The monthly Cloudera Health Allowance is a taxable benefit, and Pay As You Go (PAYG) withholding tax will be deducted. As an added bonus allowance payments are subject to superannuation guarantee contribution.

### 3. Why are we using Medibank Private as the underwriter?

Cloudera, via our consultant HICA, continuously reviews the corporate health insurance market. Based upon a number of requirements, Cloudera has decided that the Medibank Corporate product benefits meets the requirements set out and have been offered at the most competitive premiums for this level of cover.

### 4. Can I stay with the current health fund?

Employees wishing to take advantage of the benefits and monthly allowance offered by Cloudera must switch to the corporate product underwritten by Medibank. You can transfer without having to re-serve any additional waiting periods already served with your current health fund or an equivalent level of cover.

### 5. Do I need to re-apply/enrol?

Yes, you will need to visit <https://cloudera.hica.com.au> and apply. Download the application form, complete it and return it to HICA at [corporate.services@hica.com.au](mailto:corporate.services@hica.com.au)

**6. Does Medibank have preferred hospitals/providers?**

***Hospital***

Medibank has one of the largest health provider networks in Australia covering most private hospitals and a wider range of extras services than any other health insurer. The arrangements secured with Members' Choice hospitals means you receive quality healthcare and you will benefit with less or no gap to pay compared to non- Members' Choice hospitals.

***Extras***

Medibank has over 12,000 Members' Choice extras providers for services including dental, chiro, physio, podiatry, acupuncture, naturopathy and remedial massage.

Medibank has set maximums on what Members' Choice extras providers can charge, so you'll maximise your benefits by using Members' Choice providers.

Ultimately, you have the freedom to choose the provider of your choice.

**7. Will / when do I get a new membership card?**

You will be sent an email confirming receipt of your enrolment. You will subsequently receive a 'Welcome' email confirming your cover and membership number after which you'll be mailed your membership card.

**8. Where can I find a copy of the latest policy document?**

Details of your cover can be found at <https://cloudera.hica.com.au>

**9. The hospital cover has an excess of \$250 – what is this and how do I pay it?**

An excess reduces the cost of the hospital premium. The excess is the amount you would normally pay directly to the hospital at the time of admission/discharge, before Medibank contributes to your hospital costs. An excess will apply to each adult member admitted to hospital per calendar year and does not apply to a child or student dependants on family memberships.

**10. Can I claim straight away?**

Yes, from the day your Medibank cover starts you can receive a benefit for services that are covered in both your old and new cover and where you've already served relevant waiting periods. Conditions do apply.

#### 11. Will I have to serve any new waiting periods?

Medibank will honour all waiting periods that you have served with the previous health fund. If you're upgrading to a higher level of cover within Medibank or from another health insurer, or have served less than 12 months of continuous cover with the previous health fund(s) then additional waiting periods may apply.

You'll be covered from the date you join\* if:

- those services are also included on the Medibank cover and Medibank consider to be most similar to the cover you had with your former health insurer, and
- you join Medibank within two months of leaving that former insurer, and
- you've served applicable waiting periods and
- Medibank receive your transfer certificate within 30 days of joining.

Medibank will credit you with waiting periods you've already served, so you'll only need to serve the balance with Medibank before you can claim. **Also, benefits that have been paid under your previous cover may be taken into account in determining the benefits payable under your Medibank cover.**

\*Subject to Medibank receiving a transfer certificate from your previous health fund within 30 days of joining. For more information, please call Medibank on 1300 763 422.

All private health insurers have a waiting period of 12 months before you can claim for a pre-existing condition. This is an ailment, illness or condition with signs or symptoms that existed as determined by one of Medibank's doctors in the six months before starting your membership or changing cover and applies only to hospital cover. If you go to hospital within the first 12 months of joining, Medibank may check whether you're being treated for a pre-existing condition.

**Please ensure you complete the transfer section of the application form. This will ensure Medibank receives your previous fund details / record which will assist in providing continuity of cover.**

#### 12. How can I make a claim with the new fund?

You can make extras claims online, at the provider through HICAPS, or a Medibank retail centre. Medibank also has a Mobile App to claim for dental, physiotherapy, optical and chiropractic services wherever you are 24 hours a day, 7 days a week.

#### 13. What happens to my used/unused annual limits from my extras when I switch to the new cover?

Benefits used under the extras cover with the previous fund will be deducted from the annual limits of the new extras cover with Medibank. Annual limits will refresh on the 1<sup>st</sup> of January.

#### 14. I was scheduled to go into hospital – what do I need to do now that we're changing funds?

You need to inform your specialist and private hospital of your Medibank membership details.

#### 15. How much will my premium be?

When you visit <https://cloudera.hica.com.au> you will be quoted the premium depending on, Australian Government Rebate and Lifetime Health Cover loading you select. Please note the premium amount shown is not reduced directly by the allowance paid to you.

**16. How do I pay the premium?**

You pay your premium by monthly direct debit deductions. Premiums will be deducted on the date you nominate each month.

Please note that your first direct debit may not be a standard monthly deduction. This is due to your first direct debit deducting premiums from your start date to the first direct debit date plus also deducting a month's premium in advance. An example illustration is as follows:

*Start date with Medibank:* 1 May 2020

*First direct debit date:* 16 May 2020

*First direct debit calculation:* 1/5/2020 – 15/5/2020 **PLUS** 16/5/2020 – 15/6/2020

**17. Do I complete of a direct debit form?**

Yes, to activate a monthly direct debit plan you will need to complete and return a Direct Debit Authorisation form included with your application form.

**18. Can I pay by credit card?**

Yes.

**19. When will my monthly premiums be taken?**

Deductions will be taken on the date you nominate each month.

**20. What happens if my deduction dishonours?**

Medibank will contact you by phone/email to advise you of the dishonour to arrange for payment.

**21. What is the Australian Government Rebate (AGR) and how does it affect me?**

The Australian Government Rebate (AGR) is an incentive for individuals and families to take out private health insurance. Depending on your income and age the AGR can help you reduce your premium, so you may pay less while getting the benefits that private health cover has to offer.

From 1 April 2025, the Australian Government is reducing the AGR rebate percentages. The reduction is based on a calculation that incorporates any changes to the average health insurance premium and cost of living. The Government will adjust the rebate percentage on 1st April every year.

For more information, visit [www.ato.gov.au/privatehealthinsurance](http://www.ato.gov.au/privatehealthinsurance)

## Private Health Insurance Rebates Effective 1 April 2025 and income thresholds effective 1 July 2024

Income Brackets	Base Tier	Tier 1	Tier 2	Tier 3
<b>Singles</b>	Up to \$97,000	\$97,001 to \$113,000	\$113,001 to \$151,000	\$151,001 and over
<b>Families/Couples</b>	Up to \$194,000	\$194,001 to \$226,000	\$226,001 to \$302,000	\$302,001 and over
<b>Less than 65 yrs</b>	24.288%	16.192%	8.095%	0%
<b>65 yrs - 69 yrs</b>	28.337%	20.240%	12.143%	0%
<b>70+ yrs</b>	32.385%	24.288%	16.192%	0%

Note: The family income threshold is increased by \$1,500 for each dependent child after the first child.

Nominating a rebate tier helps ensure you're receiving the correct rebate for your circumstances:

If you don't nominate your rebate tier, or you nominate a rebate tier to which you are not entitled, your correct rebate entitlement will be worked out by the ATO when you lodge your income tax return.

Not nominating the correct rebate tier could mean having to repay any amounts you've received above your entitlement at tax time. We recommend that you contact the ATO or your financial adviser for further information.

### 22. How do I change the Australian Government Rebate (AGR)?

You can do this via Online Member Services <https://secure.medibank.com.au/sml/login.aspx> or you can contact Medibank on 1300 763 422 and they will email you a link to the form for you to complete.

### 23. What is the Medicare Levy Surcharge (MLS)?

The Medicare Levy Surcharge works like an additional tax and applies to Australian residents for taxation purposes who are high income earners and don't have an appropriate level of hospital cover.

The table below outlines the income thresholds and the surcharge that will apply as of 1 July 2024 to 30 June 2025. \*

Medicare Levy Surcharge				
Income Brackets	Base Tier	Tier 1	Tier 2	Tier 3
<b>Singles</b>	Up to \$97,000	\$97,001 to \$113,000	\$113,001 to \$151,000	\$151,001 and over
<b>Families/Couples</b>	Up to \$194,000	\$194,001 to \$226,000	\$226,000 to \$302,000	\$302,001 and over
<b>ALL AGES</b>	Nil	1%	1.25%	1.5%

#### **24. What happens at tax time?**

Employees with a resident hospital cover will receive a Tax Statement in July.

#### **25. I'm soon to go on an overseas assignment with my company - what happens to my domestic membership?**

You can opt to suspend your membership. If you hold a resident policy you can suspend your cover for a minimum of 2 months and a Maximum of 4 years.

To request a suspension of your membership contact HICA on 1300 44 22 01

#### **26. What's Lifetime Health Cover Loading (LHC)?**

The Australian Government is incentivising people to take out their own private health cover through taxes and rebates and because they want us to do it sooner rather than later, they also apply a Lifetime Health Cover (LHC) loading to people who haven't taken out hospital cover by 1 July following their 31<sup>st</sup> birthday. For every year you don't have hospital cover after your 31st birthday, you'll pay a 2% loading on top of the base rate of your hospital cover premium – up to a maximum of 70%. The loading will be removed once you've had hospital cover continuously for 10 years.

##### **Who's exempt?**

People born before 1 July 1934 don't have to pay a LHC loading. You can learn more about other exemption categories at [www.health.gov.au](http://www.health.gov.au)

##### **What if you drop your hospital cover?**

Life's unpredictable and you may be forced to cancel or suspend your hospital cover for a period of time.

The good news is you can drop your hospital cover for up to three years (1,094 permitted days) during your lifetime without impacting your LHC loading status. Any longer than this and you'll have to pay the loading once you take out hospital cover again. There are some circumstances when your days without hospital cover won't count towards your 1,094 permitted days without hospital cover, such as:

- if you've been overseas continuously for more than one year (this includes visits back to Australia of less than 90 days at a time), and/or
- if your health insurer has agreed to a period of suspension of your cover.

#### **27. Switching from another health insurer?**

If you switch to Medibank from another health insurer, it's best to keep your existing cover until the day you become a Medibank member. This way you can avoid using up any of the 1,094 permitted days you can be without hospital cover during your lifetime. Any period of time you've had the loading applied by another health insurer will be transferred to your Medibank cover and counted towards the 10 year loading period. Remember the loading will be removed after having 10 years of continuous hospital cover.

#### **28. I am leaving the organisation, can I continue to hold the same level of cover?**

As you're leaving the company, you will no longer be entitled to the subsidy offered by your employer. You may also find that you do not require the level of coverage that was subsidised. Please contact HICA on 1300 44 22 01 and they can give you a quote on other options that may better meet your health coverage requirements.

**29. I am leaving the organisation, who do I notify to cancel my coverage?**

If you wish to cancel your coverage, you can contact HICA on 1300 44 22 01 to discuss your alternative options. However you need to contact Medibank to cancel your cover including any direct debit arrangements.

Alternatively, your employer may notify HICA to inform that you are no longer entitled to the subsidy and HICA will contact you to discuss.

**30. What if we are currently in the middle of orthodontic treatment?**

We would recommend that you speak to Medibank to discuss the ability to claim the ongoing dental fees.

**31. I'm due to have a baby, what should I do now that I'm switching my cover to Medibank?**

We would recommend that you:-

- Finalise your application for the new cover as soon as possible, this will enable Medibank to process your enrolment and to provide you with your new membership number
- contact your Obstetrician and hospital and advise them of your new health fund, product names(s) and membership number
- contact Medibank and let them know that you've communicated with your Obstetrician and hospital, Medibank will liaise with them to verify your cover