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| Page Title | 6 Things to Know About Waiting Periods for Dental Cover |
| Meta Description | Private health insurers require new members to serve waiting periods before they are able to claim benefits from the fund. Understand how waiting periods work to avoid disappointment when it comes time to pay for your dental services. |

6 Things to Know About Waiting Periods for Dental Cover



Private health insurance providers usually require new members to serve [waiting periods](#) before they are able to claim benefits from the fund. It's important for you to understand how these waiting periods work to avoid disappointment when it comes time to pay for your dental services.

Waiting periods typically apply for procedures covered under both extras cover and hospital cover policies. Cover for routine dental care is included in most private health insurers' extras cover policies; and hospital cover may be necessary for some types of major dental procedures such as tooth extractions, which are often performed in private hospitals in Australia. Read on to discover 6 of the most important things you need to know about waiting periods for dental cover and hospital cover in Australia.

1. Sometimes Funds Make Special Offers Available to Waive Certain Waiting Periods

All the major health funds in Australia impose specified waiting periods on new clients. The waiting periods vary depending on the type of care needed.

However, from time to time, certain funds do make special offers available to waive the waiting periods on various types of care. The details of these offers can vary, but the offers that are most frequently made available involve waiving the typical 2 – 6 month waiting periods. It would be highly unusual to find an offer waiving the longer 12-month waiting periods. For example, a 12-month waiting period is standard for pre-existing conditions, and most insurers will choose to enforce this rather than waiving it as part of a special.

2. Maximum Waiting Periods for Hospital Cover Are Determined by the Australian Government

The [Australian government](#) has been actively involved in determining what a fair waiting period is for the hospital cover benefits that are available in the country through private health insurance providers. Our lawmakers take an interest in this because they want to ensure that nobody has to wait for an extended or unfair duration of time. At the same time, they also have an interest in protecting the health funds, because the funds help to significantly ease the burden on the public healthcare system.

3. Maximum Waiting Periods for Extras Cover Are Determined by Individual Health Funds

Waiting periods for extras cover can vary between providers. This is because the government allows each fund to determine the duration of the waiting period for ancillary healthcare services. Many plans impose a 2-month waiting period on general, routine dental visits. There's typically a 12-month waiting period for major dental procedures such as wisdom tooth

extraction, dentures, bridges and crowns. 12 months is also a typical wait time for orthodontics. However, be sure to check with each fund for the specifics on their waiting periods before you enrol in a new scheme.

4. Waiting Periods Exist for the Purpose of Protecting Fund Members and the Fund

You might be wondering why you have to serve a waiting period. If you're paying premiums to your fund, why can't you claim your benefits immediately?

Waiting periods help to protect the interests of both fund members and the fund itself. Without waiting periods, there would likely be numerous people who would take out health insurance just prior to needing expensive procedures. Then they'd cancel their policies immediately after receiving the needed care.

This sort of behaviour would reduce the money available for funds to work with, while driving up their operating expenses. It would have the effect of raising the price of health insurance premiums to the point that few people could afford them. The end result would likely be that health insurance schemes would be unprofitable to maintain. This would be a losing situation for everyone. Waiting periods help to ensure that people are not simply taking advantage of the insurance system.

5. You Can Change Insurers on Hospital Cover Without Having to Wait All Over Again

Once you've served your waiting period for a hospital cover insurance policy, you don't have to serve it again – even if you change health insurance providers. The Australian government protects you by mandating portability requirements for hospital cover. The most recent relevant legislation regarding portability is contained in the [Private Health Insurance Act of 2007](#). This is important for patients who need wisdom teeth extraction, as most wisdom teeth procedures take place in private hospitals.

If you switch to a new insurer and you enrol in a new plan that is comparable to your old plan, the portability requirements assure you that your new insurer will waive the waiting periods that new members usually have to serve.

Be aware that portability only applies to comparable policies. It's also important to be aware that the legally mandated portability requirements specifically apply to hospital cover insurance

plans. Many health insurers will also grant portability for extras cover plans, which is the type of plan needed to cover general, routine dental work such as teeth cleaning and plaque removal.

6. Waiting Periods Apply When You Upgrade Your Level of Cover

If you switch insurers and at the same time, you upgrade your cover to include more benefits, portability does not necessarily apply to the benefits over and above what you were covered for under your previous plan. You will still have to serve any waiting periods that you weren't subject to under your old plan.

For example, let's say you switch from a basic extras cover plan that didn't include orthodontics. You upgrade to a new comprehensive extras cover plan that does include orthodontics. The new plan may impose a waiting period before you can claim orthodontics benefits. This would most likely be a 12-month waiting period, but you would be wise to double check the waiting period details with the fund before you sign up for the new policy.

These are 6 of the most important things to be aware of regarding waiting periods for private health insurance in Australia. We hope this information is helpful to you in understanding what to expect from your private health insurance policy. To avoid disappointment, do be sure to understand whether any relevant waiting periods have been served before you book an appointment with us or any other healthcare provider.