



Your guide to

# **black+white** lite flexi

Hospital and extras cover with a bit more  
peace of mind.



# Hospital

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## What's covered

Only a minimal number of procedures are included on black+white lite flexi.

### What we pay towards included services:








- theatre fees and hospital accommodation in a private or shared room.
- accident override - this is cover towards hospital treatment, including rehabilitation, required as the result of an accident that occurred after joining this cover.
- surgically implanted prostheses up to the minimum benefit listed on the Federal Government's Prostheses List.
- doctors' fees for in-hospital medical services.
- GapCover for participating doctors', specialists' and surgeons' medical fees. See our section on GapCover for more info on possible out-of-pocket expenses.

 For more info see the Member Guide [ahm.com.au/downloads](https://ahm.com.au/downloads)

### Ambulance Services

Limited to 1 per single policy or 2 per couple or family policy per financial year. Tas and Qld residents are covered by their state schemes.






-  Accidents
-  All joint investigations and reconstructions
-  Grommets in ears
-  Minor gynaecological procedures
-  Removal of appendix
-  Removal of tonsils and adenoids
-  Surgical removal of wisdom teeth in hospital

## What's partially covered

You can claim benefits towards these 'restricted services' but the full cost of treatment won't be covered and you may be left with large out-of-pocket expenses.

### What we pay towards restricted services:

- shared accommodation at a public hospital or a reduced level of accommodation benefits at a private hospital.
- surgically implanted prostheses up to the minimum benefit listed on the Federal Government's Prostheses List.
- doctors' fees for in-hospital medical services.
- GapCover for participating doctors', specialists' and surgeons' medical fees. See our section on GapCover for more info on possible out-of-pocket expenses.

-  Psychiatric services
-  Rehabilitation
-  Palliative care













## What's not covered

For these excluded services the cost of treatment won't be covered at all. We've listed some of the common ones below.

### Just a heads up:

There are some other procedures, charges and items that we don't pay benefits for because they aren't covered by Medicare or listed on the Medicare Benefits Schedule (MBS).

 For more info see the Member Guide  
[ahm.com.au/downloads](https://ahm.com.au/downloads)

-  All joint replacements
-  Cancer therapies  
(such as chemotherapy and radiotherapy)
-  Colonoscopies
-  Heart related procedures  
(such as angiograms and stents, or open heart and bypass surgery)
-  Major eye surgery  
(such as cataracts)
-  Obstetrics related services
-  Assisted reproductive services  
(such as IVF and GIFT)
-  Renal dialysis
-  Spinal fusion surgery
-  Weight loss surgery
-  Services not covered by Medicare  
(including cosmetic treatment)
-  All other in-hospital services

## Excess explained

An excess is an upfront lump sum payment that you agree to pay towards the cost of your hospital stay or day surgery. You'll have to pay this directly to the hospital and in most cases they will require this on admission.

### Here's an example:

Your first hospital visit



Next and ongoing hospital visits in the same membership year



Limit of \$500 per person (or \$1,000 per family) in a membership year.

### There might be a gap...

The benefit we pay towards medical services is based on the Medicare Benefits Schedule (MBS). If a service is listed on the MBS and included on your cover, Medicare will pay 75% of the MBS fee and we'll pay 25%.

A doctor may choose to charge more than the MBS fee. This may leave you with an out-of-pocket expense you have to pay. This is the 'medical gap'.

Before you book your treatment:

- to limit medical gaps, check with your doctor to see if they will participate in GapCover before agreeing to treatment. You can search for doctors who have previously registered for GapCover at [ahm.com.au/find-a-doctor](http://ahm.com.au/find-a-doctor)
- call us to ask about the benefits you can expect to receive and any out-of-pocket expenses you might incur
- confirm any out-of-pocket expenses with your hospital and doctors before admission.

## Accident Override

Accident Override means that services which are normally partially covered or not covered will be treated as Included services where you require hospital treatment as the result of an accident that occurred after joining this cover.

Benefits are payable for the initial and ongoing hospital treatment for injuries resulting from the accident covered by ahm under Accident Override.

### What is GapCover?

GapCover is designed to help reduce or remove the medical gap so that you pay less for your treatment or nothing at all. If your doctor chooses to participate in GapCover, we'll provide benefits up to an agreed fee and then you'll have to pay any difference.

Under GapCover, the maximum gap that you'll have to pay is \$500 per claiming provider (i.e. doctor's account).

GapCover doesn't apply to diagnostic services such as blood tests, x-rays and ultrasounds.

### This means...

We'll help cover the hospital costs if you get injured in an accident after joining us. Please note that we won't pay benefits towards services that aren't covered by Medicare, even if they're required as the result of an accident.

# Hospital waiting periods

This is a set amount of time you must wait before you can receive benefits for a service included on your cover. A waiting period applies when you first join or re-join after some time without health insurance, change to a higher level of cover, get cover for additional services or increase your limits.

There are also waiting periods on your extras, but let's talk about that in the extras section.

**1**  
day

- Hospital treatment as a result of an accident that occurred after joining this cover
- Ambulance Services

**2**  
months

- Hospital treatment (where there are no pre-existing conditions)
- Rehabilitation, psychiatric services and palliative care (regardless of whether the condition is pre-existing)

**12**  
months

- Pre-existing conditions

## Pre-existing condition...please explain

This is any kind of condition, illness or ailment that you had the signs or symptoms of (in the opinion of ahm's appointed Medical Practitioner) in the 6 months before you joined private health insurance or changed your cover.



Before any hospital visit call us on **134 246** to make sure you're covered.

**Extras! Extras! Read all about them...on the next page.**



# Extras

With ahm black+white lite flexi you get one flexi limit to use on one, or all, of your Included extras each financial year plus a separate optical limit. The longer you're a member with us, the more you can claim.



**\$700**  
flexi limit

+



**\$200**  
optical limit



## Loyalty rewards

Your annual limit for included extras will start increasing after you've been with us for one full financial year. This means you get a \$100 more to spend on your included extras each full consecutive financial year you stay with us, capped at \$1,100 in year 5. The limit is calculated by using the number of full continuous financial years the Principal Member has held cover with us.

When you join	Year 1	Year 2	Year 3	Year 4	Year 5
\$700	\$700	\$800	\$900	\$1,000	\$1,100

## Included extras


Annual limits apply per person and reset every financial year.

Service	Item number	Benefit	Waiting Period
 <b>Routine dental</b> (most common listed)			
Comprehensive examination <sup>1</sup>	011	\$30.00	2 months
Periodic examination <sup>1</sup>	012	\$30.00	
Topical fluoride application <sup>2</sup>	121	\$18.00	
Clean and polish <sup>3</sup>	111	\$33.65	
Scale and clean <sup>3</sup>	114	\$50.00	
Non-surgical extraction	311	\$65.30	
Surgical extraction	324	\$160.15	
 <b>Complex dental</b>			
Preparation of one root canal	415	\$131.60	12 months
Filling of one root canal	417	\$119.55	

<sup>1</sup> These services have a combined limit of 2 services per person per financial year

<sup>2</sup> Maximum 2 services per person per financial year

<sup>3</sup> These services have a combined limit of 3 services per person per financial year

Service	Benefit	Waiting Period	
 <b>Therapies</b>			
<b>Physiotherapy</b>			
Initial consultation Max. 1 per person per financial year.	\$37	2 months	
Subsequent consultation	\$30		
Group or class (hydrotherapy, antenatal, pilates and rehabilitation) All classes must be provided by an ahm recognised physiotherapist.	\$16		
<b>Chiropractic</b>			
Initial consultation Max. 1 per person per financial year.	\$35		
Subsequent consultation	\$28		
<b>Osteopathy</b>			
Initial consultation Max. 1 per person per financial year.	\$37		
Subsequent consultation	\$30		
<b>Natural therapies</b>			
Remedial massage	\$20		

## Your separate optical limit

Service	Benefit	Annual Limit	Waiting Period
 <b>Optical</b>			
Frames, prescription lenses and contact lenses Only payable on scripted sight correcting products.	100%	\$200	6 months

### Extras waiting periods

Like hospital cover, waiting periods on extras are the set amount of time you must wait before you can receive benefits for a service included in your cover. If you switch to us from another private health insurer or change to a different cover with us, we'll generally recognise any waiting periods you've already served for comparable extras.

## Got questions? We're here to help

Now that you've read this guide make sure to save a copy. You can find out more information in our Member Guide - it's full of health insurance goodness, download a copy at [ahm.com.au/downloads](https://ahm.com.au/downloads)

### Monday to Friday



Chat at [ahm.com.au](https://ahm.com.au)



Call 134 246

### or ask anytime



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