Your guide to

budget hospital

Hospital cover that’s nice to your wallet.
Hospital

What’s covered
You can claim benefits towards thousands of procedures, but below is a list of the most common ones.

What we pay towards included services:

• theatre fees and hospital accommodation in a private or shared room.

• 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

Ambulance Services
Unlimited cover for medically necessary ambulance trips to the nearest hospital able to provide the level of care you require. Tas and Qld residents are covered by their state schemes.

- Removal of tonsils and adenoids
- Removal of appendix
- Surgical removal of wisdom teeth (hospital charges only)
- All joint investigations and reconstructions
- Brain surgery
- Cancer therapies (such as chemotherapy and radiotherapy)
- Colonoscopies
- Bowel surgery
- All other in-hospital services that are not restricted or excluded (where Medicare pays a benefit)
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.

What’s not covered
For these excluded services the cost of treatment won’t be covered at all.

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).

- Psychiatric services
- Rehabilitation
- Renal dialysis
- Major eye surgery
- Palliative care

- Heart-related procedures
  (such as angiograms and stents, or open heart and bypass surgery)

- All joint replacements

- Spinal fusion surgery

- Obstetrics related services

- Assisted reproductive services
  (such as IVF and GIFT)

- Weight loss surgery

- Services not covered by Medicare
  (including cosmetic treatment)

For more info see the Member Guide ahm.com.au/downloads
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:

<table>
<thead>
<tr>
<th>Your first hospital visit</th>
<th>Next and ongoing hospital visits in the same membership year</th>
</tr>
</thead>
<tbody>
<tr>
<td>You pay $500 excess</td>
<td>You pay $0 excess</td>
</tr>
</tbody>
</table>

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
- 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.

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 untrasounds.
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.

**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.
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

Monday to Friday

Chat at ahm.com.au

Call 134 246

or ask anytime

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