ahm
health insurance

Your guide to

core hospital (basic+)

Hospital essentials, plus more.

This information is current as at 1 May 2025
and subject to change from time to time.

See what your product is all about

Hospital cover

Your ahm hospital cover can pay towards services you receive when you're admitted to hospital and treated as a private patient. It can't pay towards any services when you're not admitted to hospital (eg. seeing your GP or specialist).

We won't pay benefits towards services that aren't covered by Medicare or listed on Medicare Benefit Schedule (MBS).

✔ Included Service

We pay benefits towards overnight and same day hospital accommodation, intensive care and medical services where a Medicare benefit is payable.

ahm has arrangements with most private hospitals and day surgeries in Australia - these are known as Partner Private hospitals. You'll generally get better value if you go to one of these providers.

If you're treated at a non-Partner Private hospital, we'll generally pay lower benefits and you may incur significant out-of-pocket expenses.

Where you're treated as a private patient in a public hospital, we'll pay benefits towards overnight and same-day accommodation in a shared room.

R Restricted Service

We pay the minimum benefit set by the government towards hospital accommodation.

If you're treated in a private hospital for a Restricted Service, you are likely to incur substantial out-of-pocket expenses because this minimum benefit will not be enough to cover all hospital costs.

For Restricted Services as a private patient in a public hospital we'll pay minimum shared room benefits.

✘ Excluded Service

We won't pay any benefits towards these Excluded Services, including any hospital accommodation or medical services.

[1] For Dental surgery performed by a dentist rather than a medical practitioner we only pay benefits towards hospital charges. If the surgery is performed by a medical practitioner and Medicare benefits are payable, we will pay benefits towards the hospital and medical charges.

The table below shows what's Included, Excluded and Restricted in your hospital cover.

Rehabilitation	R
Hospital psychiatric services	R
Palliative care	R
Brain and nervous system	✘
Eye (not cataracts)	✘
Ear, nose and throat	✘
Tonsils, adenoids and grommets	✔
Bone, joint and muscle	✘
Joint reconstructions	✔
Kidney and bladder	✘
Male reproductive system	✘
Digestive system	✘
Hernia and appendix	✔
Gastrointestinal endoscopy	✘
Gynaecology	✘
Miscarriage and termination of pregnancy	✔
Chemotherapy, radiotherapy, immunotherapy for cancer	✘
Pain management	✘
Skin	✘
Breast surgery (medically necessary)	✘
Diabetes management (excluding insulin pumps)	✘
Heart and vascular system	✘
Lung and chest	✘
Blood	✘
Back, neck and spine	✘
Plastic and reconstructive surgery (medically necessary)	✘
Dental surgery[1]	✔
Podiatric surgery (provided by a registered podiatric surgeon)	✘
Implantation of hearing devices	✘
Cataracts	✘
Joint replacements	✘
Dialysis for chronic kidney failure	✘
Pregnancy and birth	✘
Assisted reproductive services	✘
Weight loss surgery	✘
Insulin pumps	✘
Pain management with device	✘
Sleep studies	✔

But wait, there's more...

Ambulance Services

Unlimited benefits for medically necessary ambulance trips to the nearest hospital that is able to provide the level of care you require. TAS and QLD have State schemes to cover ambulance services for residents of those States.

Accident Override

Services which are normally Restricted or Excluded Services will be treated as Included Services where you require hospital treatment as the result of an Accident that occurred after joining the cover.

Benefits are payable under Accident Override for the initial hospital treatment for injuries resulting from the Accident.

Benefits are also payable for ongoing hospital treatment where the services are required to continue the initial course of treatment paid under Accident Override.

If you are admitted to hospital for an accident, where possible we'll waive the excess upfront. However, due to the way we receive claims for hospitalisations relating to accidents, the hospital may require you to pay the excess on the day of the admission.

We'll then reimburse this amount, subject to eligibility of the waiver. The excess will only be waived for the first admission each membership year in relation to a non-compensatable accident.

What is an Accident?

An Accident is defined by ahm as 'an unplanned or unforeseen event resulting in bodily injuries that requires immediate medical treatment in a hospital.' Note: this includes both public and private hospitals.

Excess explained

Excess is the amount you pay towards your hospital admission (same-day or overnight), often at the time of your admission, before we pay any benefits.

Excess levels available on this product are $500 per person (up to a maximum of $1,000 per couple / family) and $750 per person (up to a maximum of $1,500 per couple / family). Excess applies per member, per Membership Year.

Membership Year is the annual period commencing on the date that you join an ahm hospital cover, or change to a new ahm cover for hospital treatment, and renews every year on that date.

We'll waive the excess for any Child Dependant, Student Dependant or Adult Dependant on the policy; and for hospitalisation as a result of an accident.

Here's an example of $500 excess level:

Your first hospital admission

You pay **$500** excess

Next and ongoing hospital admissions in the same Membership Year

You pay **$0** excess

GapCover

How to reduce your in-hospital medical out-of-pocket expenses

GapCover is designed to help eliminate or reduce your out-of-pocket expenses for in-hospital doctor's charges.

Where your doctor decides to charge more than the MBS fee (the set government fee), you will be left with an out-of-pocket expense, commonly referred to as the 'gap'.

Doctors can choose to participate in GapCover on a claim-by-claim basis.

Check upfront with each doctor involved if they'll participate in GapCover for each claim as part of your treatment, to help reduce your out-of-pocket expense. Out-of-pocket expenses may still apply.

It's important to know GapCover doesn't apply to diagnostic services.

Going to hospital?

It can be a little daunting going to hospital.

Find out everything you need to know before and during admission, by visiting ahm.com.au/going-to-hospital.

Hospital Waiting Periods

A Waiting Period is a set amount of time you must wait before any benefits are payable for items and services that are included under your cover. Benefits are not payable for items and services received during a Waiting Period.

Waiting Periods apply when you first join private health insurance. If you have a gap of more than 30 days between cancelling and re-joining, or switching to ahm from another insurer, Waiting Periods may apply. They also apply if you change to a level of cover that has additional services or higher benefits on services, or changing cover to reduce any Excess and/or Daily Charges.

1 day	• Ambulance services • Hospital treatment as a result of an Accident that occurred after joining this cover
2 months	• Rehabilitation, Hospital psychiatric services and Palliative care (regardless of whether it is a Pre-Existing Condition) • Hospital treatment for Included and Restricted Services (where there are no Pre-Existing Conditions)
12 months	• Pre-Existing Conditions An ailment, illness or condition that, in the opinion of a Medical Practitioner appointed by ahm, the signs or symptoms of which existed at any time in the 6 month period prior to the day on which you became insured under the policy or changed your cover.

Joining us from another insurer?

You may not need to re-serve Waiting Periods if you join ahm within 30 days of leaving your previous health insurer, and you've already served the Waiting Period for that service.

Got questions? We're here to help

You can find out more information in our Member Guide at **ahm.com.au/forms-guides** - it's full of health insurance goodness

Monday to Friday

Chat at ahm.com.au

Call 134 246
9am - 6pm, Monday to Friday (AEST/AEDT)

or ask anytime

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