



Your guide to

essentials basic plus

Basic hospital essentials with
some handy services.

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).

Call us on 134 246 before any treatment to check what we'll pay towards and what out-of-pocket costs you may incur.

✓ 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.

X Excluded Service

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

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

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.

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

Accident Override means that services which are normally Restricted or Excluded 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 under Accident Override.

Excess explained

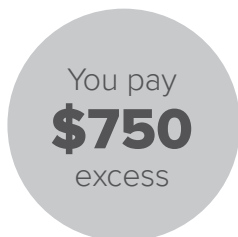
Excess is the amount you pay towards your hospital admission (same-day or overnight), often at the time of your admission, before we pay any benefits.

Excess levels available on this product are \$0 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.

Here's an example of \$750 excess level:

Your first hospital admission



Next and ongoing hospital admissions
in the same Membership Year



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.

Get help with our simple Going to hospital checklist from ahm.com.au/forms-guides

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
8am - 7pm Monday to Friday (AEDT)

or ask anytime

 facebook.com/ahm.health.insurance

 [@ahmhealth](https://twitter.com/ahmhealth)

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