



Your guide to

first step

A step towards great hospital
and extras cover.

Hospital cover

What's included

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/forms-guides

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
-  Spinal fusion surgery
-  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 restricted

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
-  Major eye surgery
-  Obstetrics related services
-  Assisted reproductive services (such as IVF and GIFT)

What's excluded

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).

 For more info see the Member Guide ahm.com.au/forms-guides

-  Heart-related procedures (such as angiograms and stents, or open heart and bypass surgery)
-  All joint replacements
-  Renal dialysis
-  Neo-natal intensive care
-  Labour ward
-  Weight loss surgery
-  Services not covered by Medicare (including cosmetic treatment)

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) and \$750 per person (up to a maximum of \$1,500 per couple). 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 \$500 excess level:

Your first hospital admission



Next and ongoing hospital admissions
in the same 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 ultrasounds.

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.

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
- Obstetrics related services

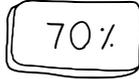
Pre-existing condition...please explain

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 cover

With first step you get 70% back on included extras until you reach your annual limit.



70% back
on included extras

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.

Included extras

Annual limits apply and reset every financial year.

| Service | Item number | Benefit | Annual Limit | Waiting Period |
|--|-------------|--|------------------|----------------|
| Routine dental (most common listed) | | This cover includes no gap dental check-ups at select dentists. Learn more at ahm.com.au/nogap | | |
| Comprehensive examination ¹ | 011 | 70% | \$400 per person | None |
| Periodic examinations ¹ | 012 | | | |
| X-ray (one film) | 022 | | | |
| Topical fluoride application ² | 121 | | | |
| Clean and polish ³ | 111 | | | |
| Scale and clean | 114 | | | |
| Mouth guard (custom made) ² | 151 | | | |
| Non-surgical extraction | 311 | | | |
| Surgical extraction | 324 | | | |

¹ These services have a combined limit of 2 services per person per financial year

² Maximum 2 services per person per financial year

³ These services have a combined limit of 3 services per person per financial year

| Service | Item number | Benefit | Annual Limit | Waiting Period |
|---|-------------|---------|---|----------------|
| Complex dental | | | | |
| Preparation of one root canal | 415 | 70% | \$400 per person \$1,400 lifetime limit on orthodontics per person | 12 months |
| Filling of one root canal | 417 | | | |
| Major dental | | | | |
| Full crown - non-metallic | 613 | | | |
| Full crown - veneered | 615 | | | |
| Bridge pontic - indirect | 643 | | | |
| Full denture - upper/lower One complete set per person every 3 financial years | 711/712 | | | |
| Orthodontics | | | | |
| Services provided by a GP or specialist dentist | | | | |
| Therapies | | | | |
| Physiotherapy | | 70% | \$300 per person | None |
| Initial consultation Max. 1 per person per financial year. | | | | |
| Subsequent consultation | | | | |
| Chiropractic | | | | |
| Initial consultation Max. 1 per person per financial year. | | | | |
| Subsequent consultation | | | | |
| Osteopathy | | | | |
| Initial consultation Max. 1 per person per financial year. | | | | |
| Subsequent consultation | | | | |
| Natural therapies | | | | |
| Remedial massage, Acupuncture | | | \$250 per person | |

| Service | Benefit | Annual Limit | Waiting Period |
|--|---|---|----------------|
| Psychology | | | |
| Service must be provided by an ahm recognised psychologist. | 70% | \$200 per person | None |
| Initial consultation Max. 1 per person per financial year. | | | |
| Subsequent consultation | | | |
| Optical | | | |
| Frames, prescription lenses and contact lenses Only payable on scripted sight correcting products. | 70% | \$200 per person | None |
| Pharmacy | | | |
| General items such as hormonal implants, contraceptives for medical reasons, preventative/travel vaccines Excludes PBS scripts, over the counter medicines, vitamin and herbal medicines. | 70% of the cost of each item above the general patient PBS amount | \$250 per person (including a max of \$150 per person towards contraceptives) | None |

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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