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.

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)

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

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).

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)

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

<table>
<thead>
<tr>
<th>Your first hospital admission</th>
<th>Next and ongoing hospital admissions in the same Membership Year</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="Image" alt="You pay $500 excess" /></td>
<td><img src="Image" alt="You pay $0 excess" /></td>
</tr>
</tbody>
</table>

**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.

**Your first hospital admission**

You pay $500 excess

**Next and ongoing hospital admissions in the same Membership Year**

You pay $0 excess
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.

<table>
<thead>
<tr>
<th>Service</th>
<th>Item number</th>
<th>Benefit</th>
<th>Annual Limit</th>
<th>Waiting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Routine dental (most common listed)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comprehensive examination¹</td>
<td>011</td>
<td></td>
<td>70%  $400 per person</td>
<td>None</td>
</tr>
<tr>
<td>Periodic examinations¹</td>
<td>012</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X-ray (one film)</td>
<td>022</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Topical fluoride application²</td>
<td>121</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clean and polish³</td>
<td>111</td>
<td>70%</td>
<td>$400 per person</td>
<td></td>
</tr>
<tr>
<td>Scale and clean</td>
<td>114</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mouth guard (custom made)²</td>
<td>151</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-surgical extraction</td>
<td>311</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical extraction</td>
<td>324</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

This cover includes no gap dental check-ups at select dentists. Learn more at ahm.com.au/nogap
### Complex dental

<table>
<thead>
<tr>
<th>Service</th>
<th>Item number</th>
<th>Benefit</th>
<th>Annual Limit</th>
<th>Waiting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation of one root canal</td>
<td>415</td>
<td>70%</td>
<td>$400 per person $1,400 lifetime limit on orthodontics per person</td>
<td></td>
</tr>
<tr>
<td>Filling of one root canal</td>
<td>417</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Major dental

<table>
<thead>
<tr>
<th>Service</th>
<th>Item number</th>
<th>Benefit</th>
<th>Annual Limit</th>
<th>Waiting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full crown - non-metallic</td>
<td>613</td>
<td>70%</td>
<td>$300 per person</td>
<td>12 months</td>
</tr>
<tr>
<td>Full crown - veneered</td>
<td>615</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bridge pontic - indirect</td>
<td>643</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full denture - upper/lower</td>
<td>711/712</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** One complete set per person every 3 financial years.

### Orthodontics

Services provided by a GP or specialist dentist

### Therapies

#### Physiotherapy

<table>
<thead>
<tr>
<th>Service</th>
<th>Item number</th>
<th>Benefit</th>
<th>Annual Limit</th>
<th>Waiting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial consultation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Max. 1 per person per financial year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Subsequent consultation                |             | 70%     | $300 per person                                                               | None           |

#### Chiropractic

<table>
<thead>
<tr>
<th>Service</th>
<th>Item number</th>
<th>Benefit</th>
<th>Annual Limit</th>
<th>Waiting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial consultation</td>
<td></td>
<td>70%</td>
<td>$300 per person</td>
<td>None</td>
</tr>
<tr>
<td>Max. 1 per person per financial year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Subsequent consultation                |             |         |                                                                              |                |

#### Osteopathy

<table>
<thead>
<tr>
<th>Service</th>
<th>Item number</th>
<th>Benefit</th>
<th>Annual Limit</th>
<th>Waiting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial consultation</td>
<td></td>
<td>70%</td>
<td>$300 per person</td>
<td>None</td>
</tr>
<tr>
<td>Max. 1 per person per financial year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Subsequent consultation                |             |         |                                                                              |                |

#### Natural therapies

Remedial massage, Acupuncture

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Annual Limit</th>
<th>Waiting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>$250 per person</td>
<td>$400 per person $1,400 lifetime limit on orthodontics per person</td>
<td>None</td>
</tr>
<tr>
<td>Service</td>
<td>Benefit</td>
<td>Annual Limit</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>---------</td>
<td>---------------------</td>
</tr>
<tr>
<td><strong>Psychology</strong></td>
<td>70%</td>
<td>$200 per person</td>
</tr>
<tr>
<td>Initial consultation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Max. 1 per person per financial year.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subsequent consultation</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Optical</strong></td>
<td>70%</td>
<td>$200 per person</td>
</tr>
<tr>
<td>Frames, prescription lenses and contact lenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Only payable on scripted sight correcting products.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pharmacy</strong></td>
<td>70% of the cost of each item above the general patient PBS amount</td>
<td>$250 per person (including a max of $150 per person towards contraceptives)</td>
</tr>
<tr>
<td>General items such as hormonal implants, contraceptives for medical reasons, preventative/travel vaccines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excludes PBS scripts, over the counter medicines, vitamin and herbal medicines.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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

ahm health insurance is a business of Medibank Private Ltd ABN 47 080 890 259.

‘ahm health insurance’ and ‘ahm’ are references to Medibank Private Ltd trading as ahm health insurance.

This information is current as at 1 April 2019 and subject to change from time to time.