



Your guide to

# premium silver plus

Full of all the right stuff.

# 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.

## ✗ Excluded Service

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

There are a number of MBS items that will also be included to support the services under this cover where a benefit is payable. These may include items like in-hospital consultations, and some scans and anaesthetics that are associated with your hospital admission.

<sup>1</sup>Your hospital cover does not include non-PBS drugs. We will only pay towards cancer-related surgery where that surgery is an Included or Restricted Service under your cover.

<sup>2</sup>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.

<sup>3</sup>For Podiatric surgery we only pay benefits towards hospital charges. There are no Medicare benefits payable for podiatric surgery. This means we also don't pay any benefits towards the podiatric surgeon's fees under Hospital cover and you could incur significant out-of-pocket expenses.

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

Rehabilitation	✓
Hospital psychiatric services	✓
Palliative care	✓
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 <sup>1</sup>	✓
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 <sup>2</sup>	✓
Podiatric surgery (provided by a registered podiatric surgeon) <sup>3</sup>	✓
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.

### Travel and accommodation benefits

We'll pay a travel and accommodation benefit related to a hospitalisation where:

- The patient has to travel more than 200km return in relation to a hospitalisation, or
- In life or death situations, for a partner or next of kin (supporter) to accompany the patient, or
- A parent accompanies a Child Dependant under the age of 21.

The benefit is only payable where both the patient and the supporter are under an eligible ahm Hospital policy.

The combined benefit for both travel and accommodation, is \$75 per day, up to \$750 per person per financial year. We won't pay benefits for both the patient and the supporter for the same dates.

Accommodation for a patient is only payable for one night before and one night after the admission, unless supported by a medical certificate confirming the need for an extended stay. Accommodation for the supporter is only payable during the patient's hospital admission.

Proof of travel and accommodation costs will be required.

#### Benefits payable include:

Travel – 15c per kilometre travelled

Accommodation – \$75 per night

Up to \$750 per person, per financial year.

### Disease management appliances

Appliance	Benefit	Limits
CPAP machine or BiPAP respirator	\$500	1 per person every 5 continuous financial years
CPAP machine or BiPAP respirator mask and/or rental	\$80	1 of each appliance per person every 3 continuous financial years
Blood pressure monitor	\$80	
Blood glucose testing machine	\$80	
Instant injector or insulin pen	\$80	
TENS machine purchase	\$60	
TENS machine hire	\$40	1 per person every financial year
Nebuliser	\$80	1 of each appliance per person every 2 continuous financial years
Peak Flow Meter	\$40	
Spacer	\$40	
Lymphoedema garments and consultations	\$40 per garment	3 garments per person per financial year
	\$30 per consult	4 consults per person per financial year

## Daily Charge explained

A \$250 Daily Charge (also known as a co-payment) is the daily amount you pay towards the cost of treatment in hospital or day surgery. It applies to each person on your cover with a cap of \$500 per person (up to a maximum of \$1,000 per couple/family) each Membership Year.

Membership Year is the annual period commencing on the date 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 how a \$250 Daily Charge works when you go to hospital:



### We'll waive your Daily Charge for the following:

- For any Child Dependant, Student Dependant or Adult Dependant on your policy who requires a hospitalisation; or
- Hospitalisation as a result of an Accident; or
- For the first admission each Membership Year in relation to a non-compensable Accident.

Where possible we'll waive the Daily Charge upfront. However, due to the way we receive claims for hospitalisations relating to Accidents, the hospital may require you to pay the Daily Charge on the day of admission. We'll then reimburse this amount, subject to eligibility for the waiver.

## 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](http://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. Waiting Periods may apply if you have a gap of more than 30 days between cancelling and re-joining, or switching to ahm from another insurer. 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
- Travel and accommodation related to hospitalisation

**2**  
months

- Rehabilitation, Hospital psychiatric services and Palliative care (regardless of whether it is a Pre-Existing Condition)
- Hospital treatment for Included Services (where there are no Pre-Existing Conditions)
- Doctor's health checks and Healthy Heart checks

**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.
- Speech processor and insulin pump replacements
- Disease management appliances

## 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](https://ahm.com.au/forms-guides), or visit one of our help pages at [help.ahm.com.au](https://help.ahm.com.au) - it's full of health insurance goodness.


## Monday to Friday

 Chat at [ahm.com.au](https://ahm.com.au)

 Call 134 246  
8am - 7pm Monday to Friday (AEDT)

## or ask anytime

 [facebook.com/ahm.health.insurance](https://facebook.com/ahm.health.insurance)

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

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