



Your guide to

top hospital level 5

Hospital cover with all the bells, whistles
and stethoscopes.



Hospital

What's covered

You can claim benefits towards thousands of procedures, but below is a list of the most common ones.

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.



- | | |
|---|--|
|  Accidents |  Male and female sterility reversal |
|  All joint reconstructions and investigations |  Brain surgery |
|  All joint replacements |  Psychiatric services |
|  Cancer treatment
Such as chemotherapy and radiotherapy. |  Rehabilitation |
|  Colonoscopies |  Removal of appendix, tonsils and adenoids |
|  Grommets in ears |  Renal dialysis |
|  Heart-related procedures
Such as angiograms and stents, or open heart and bypass surgery. |  Surgical removal of wisdom teeth
(hospital charges only) |
|  Major eye surgery |  Spinal fusion surgery |
|  Gynaecological procedures |  Weight loss surgery |
|  Obstetrics related services |  All other in-hospital services
Where Medicare pays a benefit. |
|  Assisted reproductive services
Such as IVF and GIFT. | |

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 Protheses List
- doctors' fees for in-hospital medical services
- GapCover for participating doctors', specialists' and surgeons' medical fees

Just a heads up, although there are no restricted or excluded services on top hospital, there are some other procedures, charges and items that we don't pay benefits for, such as procedures that aren't covered by Medicare or listed on the Medicare Benefits Scheme (MBS).

 For more info see the Member Guide
ahm.com.au/downloads

But wait, there's more...

Health checks

Each person on your cover can get a benefit up to \$50 towards one doctor's health check or Healthy Heart check each financial year, as long as it isn't covered by Medicare, your employer or another third party.

Travel and accommodation related to hospitalisation

We pay \$75 per day combined and up to \$750 per person per financial year:

- when patient has to travel more than 200km return
- in life or death situations for a partner or next of kin to accompany the patient
- when a parent accompanies a child dependant under the age of 21

Speech processor and insulin pump replacements

We pay benefits are paid in accordance with the minimum benefits listed on the Federal Government's Prostheses List.

Midwife assisted home births

We pay \$600 for each home birth. Doesn't apply if hospitalisation is required related to the birth.

Disease management appliances

Appliance	Benefit	Limits
CPAP machine or BiPAP respirator	\$600	1 per person every 5 continuous financial years
CPAP machine or BiPAP respirator mask and/or rental	\$100	Combined per person per financial year
Blood pressure monitor	\$100	1 of each appliance per person every 3 continuous financial years
Blood glucose testing machine	\$100	
Instant injector or insulin pen	\$100	
TENS machine	\$80	
Nebuliser	\$100	1 of each appliance per person every 2 continuous financial years
Peak Flow Meter	\$50	
Spacer	\$50	
Lymphoedema	\$50 per garment	3 garments per person per financial year
	\$40 per consult	4 consults per person per financial year

 For more info on how to claim benefits towards any of the above see the Member Guide ahm.com.au/downloads

The \$250 daily charge explained

A daily charge (also known as a co-payment) is the daily amount you pay towards the cost of treatment in hospital or day surgery. Daily charge payments don't apply to any Child Dependant, Student Dependant or Adult Dependant on the policy. Here's an example of what you pay if you go to hospital:



Up to 1 night

Pay a \$250 daily charge per person on admission



2nd night

Pay another \$250 daily charge per person

\$0

Every night after that

+ any future hospital visits within your membership year!

The daily charge cap

The \$250 daily charge is capped at \$500 per person (\$1,000 per family) each membership year.

When we waive your daily charge

On this cover we'll waive your \$250 daily charge in the following cases:

- for any Child Dependant, Student Dependant or Adult Dependant on your policy who requires a hospitalisation; or
- hospitalisation as a result of an 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. The daily charge will only be waived for the first admission each membership year in relation to a non-compensable accident.

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'.

To limit medical gaps you should check with your doctor whether they 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

A Child Dependant is:

a child of the Principal Member who doesn't have a partner and is under 21.

A Student Dependant is:

a child of the Principal Member who doesn't have a partner and is over 21 and under 25 and studying full time.

An Adult Dependant is:

a child of the Principal Member who doesn't have a partner and is over 21 and under 25, and isn't studying full time.

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
- Travel and accommodation related to hospitalisation

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)
- Doctor's health checks and Healthy Heart checks

12
months

- Pre-existing conditions
- Speech processor and insulin pump replacements
- Obstetrics related services
- Disease management appliances
- Midwife assisted home births

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.

Got questions? We're here to help


Now that you've read this guide make sure to save a copy. You can find out more information in our Member Guide - it's full of health insurance goodness, download a copy at ahm.com.au/downloads

Monday to Friday

 Chat at ahm.com.au

 Call 134 246

or ask anytime

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