



Your guide to

top hospital package gold

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

See what your product is all about 

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.

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.

¹Your 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.

²For 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.

³For 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 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 ¹	✓
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 ²	✓
Podiatric surgery (provided by a registered podiatric surgeon) ³	✓
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	✓

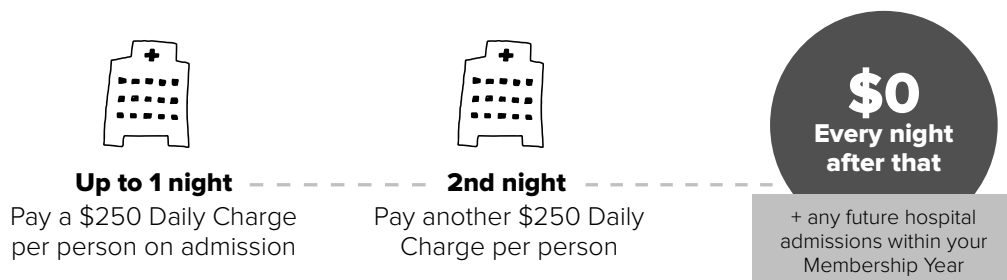
Daily charge explained

A Daily Charge is the daily amount you pay towards the cost of treatment in hospital or day surgery.

Daily charges available on this product are:

- no Daily Charge.
- \$250 daily, capped at \$500 per person (up to a maximum of \$1,000 per couple/family) each Membership Year.

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
- 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

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	<ul style="list-style-type: none">• Ambulance services• Hospital treatment as a result of an Accident that occurred after joining this cover
2 months	<ul style="list-style-type: none">• Hospital treatment for Included and Restricted Services (where there are no Pre-Existing Conditions)• Rehabilitation and palliative care (regardless of whether it is a Pre-Existing Condition)• Psychiatric services (See below for info about the Mental Health Waiver)
12 months	<ul style="list-style-type: none">• 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.• Pregnancy and birth• Midwife assisted home births• Speech processor and insulin pump replacements

The Mental Health Waiver

If you have served the 2 month waiting period for Restricted Hospital psychiatric services and you join this cover (without a break of more than 30 days) you may be eligible to access the Mental Health Waiver and elect to have the 2 month waiting period for the higher Psychiatric services benefits waived. The Mental Health Waiver can only be used once in your lifetime. Find out how at ahm.com.au/mentalhealthwaiver

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.

Extras cover

With top hospital package gold there's plenty of extras to go round.



No waiting periods on most extras

No time to wait? That's ok. We've waved goodbye to waiting periods on most things like routine dental and therapies.



Unlimited emergency ambulance

Includes emergency transport to hospital due to a sudden or unexpected event (1 day waiting period applies). Excludes transport covered by a state scheme or ambulance subscription and non-emergency transport eg. transport from hospital to home.

Tas and Qld residents are covered by their state schemes.



100% back on optical

Frames, prescription lenses and contact lenses included. For scripted sight correcting products only.

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
General dentistry (most common listed)		80% of actual charge up to	This cover includes no gap dental check-ups at select dentists. Learn more at ahm.com.au/nogap	
Comprehensive examination ¹	011	\$28.80	\$800 per person \$1,600 per family Continued on the next page...	None
Periodic examination ¹	012	\$28.00		
X-ray (one film) ¹	022	\$21.60		
Panoramic x-ray ¹	037	\$44.80		
Topical fluoride application ²	121	\$18.40		
Clean and polish ³	111	\$25.60		
Scale and clean ³	114	\$47.20		

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
Mouth guard (custom made) ²	151	\$75.20	...combined general dental limit from the previous page.	None
Non-surgical extraction	311	\$64.80		
Surgical extraction	324	\$178.40		
Metallic restoration 1 surface/3 surfaces	511/ 513	\$56.00/ \$83.20		
Adhesive filling (front) 1 surface/3 surfaces	521/ 523	\$61.60/ \$88.00		
Adhesive filling (back) 1 surface/3 surfaces	531/ 533	\$65.60/ \$101.60		
Occlusal splint ⁴	965	\$266.40		
Preparation of one root canal	415	\$119.20		
Filling of one root canal	417	\$113.60		
High cost dentistry		60% of actual charge up to		
Specialist root planing (per tooth)	222S	\$8.40	\$800 per person \$1,600 per family	12 months
Specialist surgical removal of a tooth (e.g. wisdom tooth)	324S	\$178.50		
Specialist preparation of one root canal	415S	\$159.00		
Full crown - metallic	618	\$532.80		
Full crown - veneered	615	\$571.80		
Bridge pontic - indirect	643	\$471.00		
Full denture - upper/lower ⁵	711/712	\$355.80		
Partial denture - upper/lower ⁵	727/728	\$451.80		
Specialist occlusal splint ¹	965S	\$267.00		
Orthodontics		60% of actual charge up to		
Specialist full upper and lower banding Benefits vary depending on item numbers and we pay lower benefits for services provided by a general dentist.	831B	\$540.00		

⁴ Maximum of 1 service per person per financial year

⁵ One complete set per person every 3 financial years


Service	Benefit	Annual Limit	Waiting Period
Therapies		100% of actual charge up to	
Physiotherapy		\$600 per person \$1,200 per family	None
Initial and subsequent consultations physiotherapy, hand therapy, occupational therapy	\$45		
One-on-one hydrotherapy	\$45		
Group or class hydrotherapy	\$45		
Group or class antenatal and rehabilitation <small>All classes must be provided by an ahm recognised physiotherapist</small>	\$16		
Chiropractic		\$500 per person \$1,000 per family	
Initial and subsequent consultations	\$40		
Chiropractic x-rays	\$90		
Natural therapies		\$600 per person \$1,200 per family	
Acupuncture, Remedial Massage, Chinese medicine (consultation only)	\$45		
Other therapies			
Orthoptist and Osteopathy			
Psychology and hypnotherapy <small>Service must be provided by an ahm recognised psychologist.</small>		\$400 per person \$800 per family	
Psychology	\$70		
Hypnotherapy	\$70		
Group psychology consultations	\$15		
Speech therapy		\$300 per person \$600 per family	
Initial and subsequent consultations	\$50		
Optical			
Single vision glasses, bifocal glasses, multi-focal glasses, contact lenses, disposable contacts <small>Only payable on scripted sight correcting products.</small>	100% of actual charge up to	\$300 per person \$600 per family	None


Service	Benefit	Annual Limit	Waiting Period
Pharmacy			
100% of charge up to			
General items such as hormonal implants, contraceptives for medical reasons, preventative/travel vaccines <small>Excludes PBS scripts, over the counter medicines, vitamin and herbal medicines.</small>	100% of balance above general PBS amount. Up to \$50 per item prescribed.	\$650 per person \$1,300 per family	None
Preventive treatments (e.g. nicobate patches, hepatitis A/B injections, flu and travel vaccines)	Up to \$30 per item		
Diet and nutrition			
100% of charge up to  Means you'll need to complete a 'Health improvement benefit form' to claim on this service, download at ahm.com.au/forms			
Dietitian and nutritionist			
Initial and subsequent consultations	\$40	\$300 per person \$600 per family	None
Weight loss  <small>Some conditions may apply, see the Member Guide for more information.</small>			
Per class/course	\$9/\$90		
Podiatry and associated services			
100% of charge up to			
Podiatry			
Initial and subsequent consultations	\$40	\$400 per person \$800 per family	None
Casting	\$40		
Biomechanical assessment	\$40		
Podiatric surgery (not in hospital)	\$182		12 months
Orthotics/Orthopaedic shoes <small>Purchase must be from an ahm recognised podiatrist or orthopaedic supplier. Excludes sporthotics and formthotics.</small>	\$200	\$400 per person \$800 per family	12 months
Hearing aids <small>(account must be paid in full before we pay a benefit)</small>			
100% of charge up to			
Per hearing aid	\$600	\$600 per person every 3 financial years \$1,200 per family every 3 financial years	12 months
Repair	\$100		

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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