



Your guide to

white deluxe saver

Seriously schmick cover.



Hospital

What's covered

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.
- accident override - this is cover towards hospital treatment, including rehabilitation, required as the result of an accident that occurred after joining this cover.
- surgically implanted prostheses up to the minimum benefit listed on the Federal Government's Prosthesis 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.
- speech processor and insulin pump replacements - benefits are paid in accordance with the minimum benefits listed on the Federal Government's Prosthesis List.

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

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
-  All joint investigations and reconstructions
-  All joint replacements including hips and knees
-  Cancer therapies (such as chemotherapy and radiotherapy)
-  Colonoscopies
-  Grommets in ears
-  Heart-related procedures (such as angiograms and stents, or open heart and bypass surgery)
-  Major eye surgery (such as cataracts)
-  Gynaecological procedures
-  Rehabilitation
-  Removal of appendix
-  Removal of tonsils and adenoids
-  Renal dialysis
-  Surgical removal of wisdom teeth (hospital charges only)
-  Spinal fusion surgery
-  All other in-hospital services that are not restricted or excluded (where Medicare pays a benefit)

What's partially covered

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

What's not covered

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/downloads



Obstetrics related services



Assisted reproductive services
(such as IVF and GIFT)



Weight loss surgery



Services not covered by Medicare
(including cosmetic treatment)

Daily charges and excess explained

white deluxe saver - it's a saver because you can pay less for your cover by agreeing to pay more if you are admitted to hospital or day surgery.

Daily charge

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. The daily charge is a separate amount you'll need to pay the hospital, in addition to your excess (up to applicable limits).

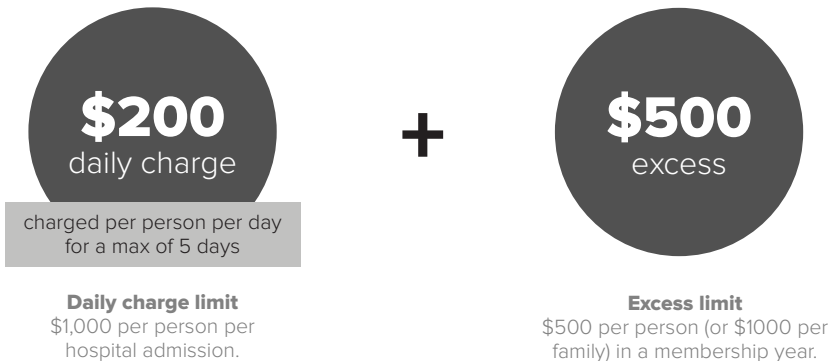
Excess

An excess is an upfront lump sum payment that you agree to pay towards the cost of your hospital stay or day surgery. You'll have to pay this directly to the hospital and in most cases they will require this on admission.

When calculating how much we pay towards the cost of your hospital treatment or day surgery, we will deduct the daily charge and then the excess (up to applicable limits) from the benefit we pay.

The daily charge and excess 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:



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.

Accident Override

Accident Override means that services which are normally partially covered or not covered will be treated as Included services where you require hospital treatment as the result of an accident that occurred after joining this cover.

Benefits are payable for the initial and ongoing hospital treatment for injuries resulting from the accident covered by ahm under Accident Override.

This means...

We'll help cover the hospital costs if you get injured in an accident after joining us. Please note that we won't pay benefits towards services that aren't covered by Medicare, even if they're required as the result of an accident.

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
- Speech processor and insulin pump replacements

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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