

## Private Health Information Statement - Combined policy

### top hospital package gold

ahm health insurance

<http://www.ahm.com.au>

134 246

Monthly Premium

**\$1,002.20<sup>#</sup>**

(before any rebate, loading or discount)

Covers 2 adults (and no-one else)

Available in Western Australia

Closed to new members

<sup>#</sup> You may be entitled to an Australian Government rebate on the above premium. Your premium may also include a Lifetime Health Cover loading, an age-based discount or an insurer discount. Check with your insurer for details.

### Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy provides accident cover and benefits for travel or accommodation (outside of hospital) - check with your insurer for details.

#### ✓ Covered

For information on what is covered under each category, see <https://privatehealth.gov.au/categories>

#### R Restricted

Restricted categories partially cover your hospital costs as a private patient in a public hospital. You may incur significant expenses in a private room or private hospital.

#### ✗ Not Covered

These categories are not covered by this policy.

This policy ✓ includes cover for

✓ Assisted reproductive services	✓ Eye (not cataracts)	✓ Miscarriage and termination of pregnancy
✓ Back, neck and spine	✓ Gastrointestinal endoscopy	✓ Pain management
✓ Blood	✓ Gynaecology	✓ Pain management with device
✓ Bone, joint and muscle	✓ Heart and vascular system	✓ Palliative care
✓ Brain and nervous system	✓ Hernia and appendix	✓ Plastic and reconstructive surgery (medically necessary)
✓ Breast surgery (medically necessary)	✓ Hospital psychiatric services	✓ Podiatric surgery (provided by a registered podiatric surgeon - limited benefits)
✓ Cataracts	✓ Implantation of hearing devices	✓ Pregnancy and birth
✓ Chemotherapy, radiotherapy and immunotherapy for cancer	✓ Insulin pumps	✓ Rehabilitation
✓ Dental surgery	✓ Joint reconstructions	✓ Skin
✓ Diabetes management (excluding insulin pumps)	✓ Joint replacements	✓ Sleep studies
✓ Dialysis for chronic kidney failure	✓ Kidney and bladder	✓ Tonsils, adenoids and grommets
✓ Digestive system	✓ Lung and chest	✓ Weight loss surgery
✓ Ear, nose and throat	✓ Male reproductive system	

The benefits paid for hospital treatment will depend on the type of cover you purchase and whether your fund has an agreement in place with the hospital in which you are treated. See 'Agreement Hospitals' on [privatehealth.gov.au](https://privatehealth.gov.au) for which hospitals have arrangements with your insurer - <https://privatehealth.gov.au/dynamic/agreementhospitals>.

Under this policy, you may have to pay out-of-pocket costs above what you get from Medicare or your private health insurer. Before you go to hospital, you should ask your doctors, hospital and health insurer about any out-of-pocket

costs that may apply to you.

The following payments may also apply for hospital admissions

**Excess:** No excess

**Co-payments:** Every time you go to hospital you will have to pay:

- \$250 per day for a shared room for overnight admissions - up to \$500 per hospital stay
- \$250 per day for a private room for overnight admissions - up to \$500 per hospital stay
- \$250 for day surgery (no overnight stay)
- The maximum co-payment is \$500 per year

The following waiting periods for hospital admissions apply to new or upgrading members

**Waiting periods:**

- 2 months for palliative care, rehabilitation and hospital psychiatric treatments, even if pre-existing
- 12 months for other pre-existing conditions
- 12 months for pregnancy and birth (obstetrics)
- 2 months for all other treatments

**Gap Cover**

This provider offers '[known gap](#)' or '[no gap](#)' cover for medical bills for this product.

The [Medical Costs Finder](#) lets you find out more about the cost of specialist medical services.

## General Treatment Cover

ahm Health Insurance does not operate a preferred provider scheme. Included Extras benefits apply to any recognised provider. See <https://members.ahm.com.au/find-a-provider>.

This policy  includes General treatment (Extras) cover for

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental	0	\$800 per person up to \$1,600 per policy <b>(Sub-limits apply)</b>	Periodic oral examination - \$28.00 Scale & clean - \$47.20 Fluoride treatment - \$18.40 Surgical tooth extraction - \$112.00
Major dental	12	\$800 per person up to \$1,600 per policy (combined limit for major dental, endodontic & orthodontic - <b>Sub-limits apply</b> )	Full crown veneered - \$571.80
Endodontic	12		Filling of one root canal - \$113.60
Orthodontic	12		Braces for upper & lower teeth, including removal plus fitting of retainer - 60% of charge
Optical	0	\$300 per person up to \$600 per policy	Single vision lenses & frames - \$300.00 Multi-focal lenses & frames - \$300.00
Non PBS pharmaceuticals	0	\$650 per person up to \$1,300 per policy (combined limit for non pbs pharmaceuticals & other services)	Per eligible prescription - \$50.00
Physiotherapy	0	\$600 per person up to \$1,200 per policy (combined limit for physiotherapy & other services)	Initial visit - \$45.00 Subsequent visit - \$45.00
Chiropractic	0	\$500 per person up to \$1,000 per policy	Initial visit - \$40.00 Subsequent visit - \$40.00
Podiatry	0	\$400 per person up to \$800 per policy (combined limit for podiatry & other services - <b>Sub-limits apply</b> )	Initial visit - \$40.00 Subsequent visit - \$40.00
Psychology	0	\$400 per person up to \$800 per policy (combined limit for psychology & other services)	Initial visit - \$70.00 Subsequent visit - \$70.00
Acupuncture	0	\$600 per person up to \$1,200 per policy (combined limit for acupuncture, remedial massage, chinese medicine & osteopathy)	Initial visit - \$45.00 Subsequent visit - \$45.00
Remedial massage	0		Initial visit - \$45.00 Subsequent visit - \$45.00

Hearing aids	12	\$600 per person up to \$1,200 per policy (Sub-limits apply)	Hearing aid - \$600.00
Chinese medicine	0	Combined limit - see Acupuncture	Initial visit - \$45.00 Subsequent visit - \$45.00
Dietetics/dietary advice	0	\$300 per person up to \$600 per policy (combined limit for dietetics/dietary advice & other services)	Initial visit - \$40.00 Subsequent visit - \$40.00
Orthotics (podiatric orthoses)	12	\$400 per person up to \$800 per policy	Orthotics supply & fit - \$200.00
Osteopathy	0	Combined limit - see Acupuncture	Initial visit - \$45.00 Subsequent visit - \$45.00
Speech therapy	0	\$300 per person up to \$600 per policy	Initial visit - \$50.00 Subsequent visit - \$50.00
This product also includes Counselling services. Conditions and annual limits apply. Please refer to product guide for more details.			

This policy **X** does not include General treatment (Extras) cover for

<b>X</b> Blood glucose monitors	<b>X</b> Other treatments - check with your insurer
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## Ambulance cover

In Western Australia this policy provides:

**Emergency:** Unlimited with a waiting period of 1 day.

**Call-out fees:** will be paid for each attendance, including emergency treatment without transport to hospital.

### Other features of this ambulance cover

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.

### Disclaimer

The information contained in this Private Health Information Statement was provided by the insurer and is intended as general information. It may not take into account your particular circumstances. For information please contact the insurer.