

Private Health Information Statement - Combined policy

lite 60 basic plus

ahm health insurance

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

134 246

Monthly Premium

\$500.70[#]

(before any rebate, loading or discount)

Covers two adults & dependants (3 or more people, only 2 of whom are adults)

Available in Tasmania
Closed to new members

[#] 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.

This policy covers children and other dependants up to and including the age of 20, students up to and including the age of 30, as well as persons with a disability who qualify as a child or other dependant or student in these age ranges.

Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy provides accident cover - check with your insurer for details.

This policy does not provide benefits for travel or accommodation (outside of hospital).

✓ 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

✓ Dental surgery	✓ Miscarriage and termination of pregnancy	R Palliative care
✓ Hernia and appendix	✓ Tonsils, adenoids and grommets	R Rehabilitation
✓ Joint reconstructions	R Hospital psychiatric services	

This policy ✗ does not include cover for

✗ Assisted reproductive services	✗ Digestive system	✗ Lung and chest
✗ Back, neck and spine	✗ Ear, nose and throat	✗ Male reproductive system
✗ Blood	✗ Eye (not cataracts)	✗ Pain management
✗ Bone, joint and muscle	✗ Gastrointestinal endoscopy	✗ Pain management with device
✗ Brain and nervous system	✗ Gynaecology	✗ Plastic and reconstructive surgery (medically necessary)
✗ Breast surgery (medically necessary)	✗ Heart and vascular system	✗ 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	✗ Skin
✗ Diabetes management (excluding insulin pumps)	✗ Joint replacements	✗ Sleep studies
✗ Dialysis for chronic kidney failure	✗ Kidney and bladder	✗ Weight loss surgery

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 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: You will have to pay an excess of \$500 per admission. This is limited to a maximum of \$500 per person and \$1000 per policy per year.

Co-payments: No co-payments

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
- 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.

Other features of this hospital cover

The policy only provides full benefits for removal of tonsils, adenoids and appendix, joint reconstructions and investigations, surgical removal of wisdom teeth in a hospital, minor gynaecological procedures and hospital treatment as a result of an accident.

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	\$1,000 per person (combined limit for general dental, endodontic, optical, physiotherapy, chiropractic, acupuncture, remedial massage, chinese medicine, exercise physiology, osteopathy & other services)	Periodic oral examination - 60% of charge Scale & clean - 60% of charge Fluoride treatment - 60% of charge Surgical tooth extraction - 60% of charge
Endodontic	12		Filling of one root canal - 60% of charge
Optical	0		Single vision lenses & frames - 60% of charge Multi-focal lenses & frames - 60% of charge
Physiotherapy	0		Initial visit - 60% of charge Subsequent visit - 60% of charge
Chiropractic	0		Initial visit - 60% of charge Subsequent visit - 60% of charge
Acupuncture	0		Initial visit - 60% of charge Subsequent visit - 60% of charge
Remedial massage	0		Initial visit - 60% of charge Subsequent visit - 60% of charge
Chinese medicine	0		Initial visit - 60% of charge Subsequent visit - 60% of charge
Exercise physiology	0		Initial visit - 60% of charge Subsequent visit - 60% of charge
Osteopathy	0		Initial visit - 60% of charge Subsequent visit - 60% of charge

With lite 60 basic plus you get one limit to use on one, or all, of your included extras each financial year.

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

X Blood glucose monitors	X Non PBS pharmaceuticals	X Psychology
X Hearing aids	X Orthodontic	X Other treatments - check with your insurer
X Major dental	X Podiatry	

Other features of this general treatment cover

One combined annual limit, per person per financial year, to spread over any of the included extras.

Ambulance cover

Ambulance cover is provided by the State government for residents of Tasmania. This may include cover whilst interstate, except for South Australia and Queensland where no cover applies. In other states please check with Ambulance Tasmania - https://www.health.tas.gov.au/ambulance/fees_and_accounts.

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.