

Private Health Information Statement - Combined policy

classic flexi silver plus

ahm health insurance

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

134 246

Monthly Premium

\$501.60[#]

(before any rebate, loading or discount)

Covers one adult & dependants (2 or more people, only one of whom is an adult)

Available in Tasmania

[#] 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

✓ 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)	✓ Implantation of hearing devices	✓ Podiatric surgery (provided by a registered podiatric surgeon - limited benefits)
✓ Chemotherapy, radiotherapy and immunotherapy for cancer	✓ Insulin pumps	✓ Rehabilitation
✓ Dental surgery	✓ Joint reconstructions	✓ Skin
✓ Diabetes management (excluding insulin pumps)	✓ Kidney and bladder	✓ Sleep studies
✓ Digestive system	✓ Lung and chest	✓ Tonsils, adenoids and grommets
✓ Ear, nose and throat	✓ Male reproductive system	R Hospital psychiatric services
✓ Eye (not cataracts)	✓ Miscarriage and termination of pregnancy	

This policy ✗ does not include cover for

✗ Assisted reproductive services	✗ Dialysis for chronic kidney failure	✗ Pregnancy and birth
✗ Cataracts	✗ Joint replacements	✗ 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 on admission. This is limited to a maximum of \$500 per person per year.

Excess payments do not apply to hospital admissions for dependants.

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.

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	2	\$900 per person (combined limit for general dental, endodontic, physiotherapy, chiropractic, podiatry, acupuncture, remedial massage, chinese medicine, orthotics (podiatric orthoses) & osteopathy)	Periodic oral examination - \$30.00 Scale & clean - \$50.00 Fluoride treatment - \$18.00 Surgical tooth extraction - \$98.00
Endodontic	12		Filling of one root canal - \$119.55
Optical	6	\$250 per person	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Physiotherapy	2	Combined limit - see General dental	Initial visit - \$37.00 Subsequent visit - \$30.00
Chiropractic	2	Combined limit - see General dental	Initial visit - \$35.00 Subsequent visit - \$28.00
Podiatry	2	Combined limit - see General dental	Initial visit - \$31.00 Subsequent visit - \$25.00
Acupuncture	2	Combined limit - see General dental	Initial visit - \$20.00
Remedial massage	2	Combined limit - see General dental	Initial visit - \$20.00
Chinese medicine	2	Combined limit - see General dental	Initial visit - \$20.00 Subsequent visit - \$20.00
Orthotics (podiatric orthoses)	2	Combined limit - see General dental	Orthotics supply & fit - \$150.00
Osteopathy	2	Combined limit - see General dental	Initial visit - \$37.00 Subsequent visit - \$30.00

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

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

Other features of this general treatment cover

This cover features a Flexi Limit for the Included Extras which covers Routine & Complex Dental, Physiotherapy, Chiropractic, Osteopathy, Natural Therapies, Podiatry & Orthotics. This limit is loyalty based and increases up to a maximum of \$1,300 after 5 continuous financial years of membership.

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.