

Budget Hospital



Budget Hospital is a great choice for young singles and couples who want an affordable cover. It can help you avoid the Medicare Levy Surcharge.

This brochure is just a summary of Budget Hospital. For more details about how our health insurance works you should download and read our *Member Guide* at ahm.com.au/pages/downloads

What's covered, how much and when

What's covered?

You can claim benefits towards many services on Budget Hospital, but here is a list of the most common ones.

- › Ambulance Services
- › Removal of tonsils and adenoids
- › Removal of appendix
- › Surgical removal of wisdom teeth in hospital
- › All joint reconstructions and investigations (not replacements)
- › Brain surgery
- › Cancer treatment
- › Colonoscopies
- › Bowel surgery

You can claim benefits towards

- › Theatre fees and hospital accommodation in a private or shared room
- › 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

Did you know?

Great news if you switch

If you switch to us from another private health insurer, we'll generally recognise any waiting periods you've already served for comparable benefits.

Support when you go to hospital

Call us whenever you need to go to hospital to learn more about the benefits you're entitled to and how to minimise any out-of-pocket expenses.

Manage your health insurance online

Check your claims history, search for a doctor, pay your premiums online - do all this and more online when you sign up for our Online Member Services.

Cover for the things that matter to you

Contact us if you would like to review your cover to see if it's still the best fit for your needs and budget.

Rely on 40 years of experience

Australians have relied on us for their health insurance for more than 40 years and we're back by Medibank, Australia's largest health insurer.

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.

- › Psychiatric services
- › Rehabilitation
- › Dialysis
- › Major eye surgery
- › Palliative care

You can claim benefits towards

- › Shared accommodation at a public hospital or a low 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

What's not covered?

If a service is 'excluded' from your cover it means that we won't pay benefits towards it and you will be significantly out-of-pocket.

- › Heart-related procedures including open heart and bypass surgery and other invasive cardiac procedures such as angiograms and stents
- › All joint replacements (including hip, knee, shoulder, ankle, elbow)
- › Spinal fusion
- › Obstetrics and pregnancy related services
- › Assisted reproductive services (eg IVF and GIFT)
- › Male and female sterility reversals
- › All obesity surgery including gastric banding and bypass
- › Services not covered by Medicare

Other procedures, charges and items that aren't covered

- › Charges above the Medicare Benefits Schedule (MBS) fee unless your doctor agrees to participate in GapCover. If your doctor participates in GapCover, we'll pay up to the GapCover agreed fee
- › Charges above the minimum benefit for surgically implanted prostheses
- › The full cost of your accommodation or theatre fees if you attend a non-agreement hospital or for restricted services in either a private or public hospital. Check with us on 134 246 before you go to hospital
- › Any benefit at all for any excluded service including (but not limited to) accommodation, theatre fees, intensive care, prosthesis, medication, allied health and medical gap
- › Labour ward
- › Private room accommodation, operating theatre charges and intensive care accommodation for restricted services
- › Treatment that's subject to a waiting period if you haven't served the relevant waiting period
- › Personal items including phone calls, faxes, TV, internet and newspapers
- › Take home bandages and dressings or any medication that you take home or that wasn't related to your hospitalisation
- › Service providers such as physios or occupational therapists who aren't directly employed by the hospital you're treated in. You may be entitled to receive a benefit towards these services if you have an ahm Extras cover
- › Some high cost Non Pharmaceutical Benefits Scheme (PBS) drugs – the hospital should advise you if these drugs won't be paid for by us. This is part of their responsibility to obtain your Informed Financial Consent. Read our *Member Guide* for more details.
- › Medical costs for services not covered by Medicare or excluded services
- › Cosmetic Surgery
- › Any medical, hospital or ambulance services received overseas or purchased outside Australia, including online purchases from overseas companies
- › A claim payable or subsidised by a third party (such as workers compensation or traffic accident schemes)

Budget Hospital waiting periods

1 day	<ul style="list-style-type: none">› Hospital treatment as a result of an accident› Ambulance Services
2 months	<ul style="list-style-type: none">› Hospital treatment (where there are no pre-existing conditions)› Rehabilitation, psychiatric services, palliative care
12 months	<ul style="list-style-type: none">› Hospital treatment for pre-existing conditions

What you pay when you go to hospital

For more details about this read our *Member Guide*.

Budget Hospital excess

To help keep your premium down, Budget Hospital has an excess.

At ahm, an excess is the amount you pay each time you're admitted to hospital or day surgery.

You'll have to pay this directly to the hospital and in most cases they will require this on admission.

The excess applies to each person on your cover and is capped at \$500 per person or \$1,000 per family each membership year.

What you pay:	\$500 per person on the first admission to hospital in a membership year
Limits per membership year:	\$500 per person or \$1,000 per family

There might be a medical 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'.

How GapCover can help

GapCover can help reduce or remove the medical gap. If your doctor chooses to participate in GapCover, we'll provide benefits up to an agreed fee and then you'll have to pay the difference. Under GapCover, the maximum gap that you'll have to pay is \$500 per claiming provider (i.e. doctor's account).

Search online for doctors who've previously registered to participate in GapCover at ahm.com.au/find-a-doctor. You should always check with your doctor before agreeing to treatment.

Important information

Frequently asked questions

Here are some common health insurance terms. For more details read our *Member Guide*.

Q. What is the Medicare Levy Surcharge?

A. A government imposed tax on high income earners who don't have appropriate private hospital cover for themselves and any dependants.

Q. What is a benefit?

A. This is the amount you get back from us to help with the cost of your treatment.

Q. What is a waiting period?

A. This is a set amount of time you must wait before you can claim any money back for a service included on your cover. All health insurers have waiting periods, which apply when you first join (or rejoin after some time without health insurance) or when you change to a higher level of cover or one with additional services.

Q. What is a pre-existing condition?

A. This is any kind of condition or illness 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.

Q. What is a partner or agreement hospital?

A. This is a hospital or day surgery where you'll be covered for the agreed theatre and accommodation charges for services included on your cover. Search online for a partner hospital or day surgery at ahm.com.au/hospital-network.

If you're treated at a non-agreement hospital or day surgery we'll only pay a limited benefit and you'll be significantly out-of-pocket.

Q. What is the Medicare Benefits Schedule (MBS)?

A. This is a list of fees issued by the Australian Government that sets out the minimum amounts that Medicare and private health insurers should pay towards each medical service listed.

Please note

Cooling off period

If you terminate your cover within 30 days of joining and haven't claimed a benefit during this period, you're entitled to a full refund.

Important information

The information contained in this document is current at the time of issue (December 2013). Please ensure you read this document thoroughly and retain a copy for your reference. Membership of ahm Health Insurance is subject to our Fund Rules and policies which are summarised in our *Member Guide*. Premiums, benefits, Fund Rules and policies change from time to time. Policies of insurance issued under, or on the terms of, any products described in this publication are referable to the Medibank Private Limited (ABN 47 080 890 259) health benefits fund.

Complaints

If you have a complaint related to your cover, please let us know straight away so that we can work to resolve matters as soon as possible. Where possible, we'll resolve your issue on the spot. However, if we're unable to resolve your issue immediately, we'll refer it to our Customer Advocacy Team who'll undertake a detailed investigation. Our Customer Advocacy Team will aim to find a solution for you by investigating your complaint and then letting you know the result.

We'll do our best to resolve the issue to your satisfaction. If you're unhappy with the result, you can contact the Private Health Insurance Ombudsman (PHIO) for free independent advice.

Phone: 1800 640 695

Email: info@phio.org.au

Address: Suite 2,
Level 22, 580 George Street
Sydney NSW 2000

Website: phio.org.au

Privacy Policy

To obtain a copy of the ahm Privacy Policy go to ahm.com.au, email info@ahm.com.au or call ahm Health Insurance on 134 246.

Private Health Insurance Code of Conduct

We adhere to the Private Health Insurance Code of Conduct. This is a self-regulatory code that promotes informed relationships between private health insurers, consumers, agents and brokers.

Our documents display the PHI Code of Conduct logo. This shows that we comply with the Code and have been authorised by the Code Compliance Committee to use the logo. If you'd like more information about the Code – or if you'd like your own copy of the Code – call one of our friendly staff on 134 246 or go to ahm.com.au

