

Top Hospital No Obstetrics



Top Hospital No Obstetrics is a great choice for those who want a high level of hospital cover but don't want to pay for services they may not need such as pregnancy services and weight loss surgery.

This brochure is just a summary of Top Hospital No Obstetrics. For more details about how our health insurance works you should download and read our *Member Guide* at

ahm.com.au/pages/downloads

The information contained in this document is current at the time of issue (January 2015).

What's covered, how much and when

What's covered?

You can claim benefits towards many services on ahm Top Hospital No Obstetrics, but here is a list of the most common ones.

- › Ambulance Services
- › Removal of tonsils / appendix / adenoids
- › Surgical removal of wisdom teeth in hospital
- › All joint reconstructions and investigations
- › All joint replacements (full or partial)
- › Spinal surgery
- › Brain surgery
- › Cancer treatment
- › Colonoscopies
- › Bowel surgery
- › Rehabilitation
- › Heart-related procedures (including open heart and bypass surgery and other invasive cardiac procedures such as angiograms and stents)
- › Dialysis
- › Major eye 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

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

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

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 backed by Medibank, Australia's largest health insurer.

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:

- › Obstetrics related services
- › Assisted reproductive services (eg IVF and GIFT)
- › Weight loss surgery
- › 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. Check with us on 134 246 before you go to hospital
- › 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
- › Cosmetic treatment
- › 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)

Other services and benefits

Description	More details
Health checks <i>Keep track of your wellbeing</i>	Each person on your cover can get a benefit up to \$50 towards one doctor's health check or Healthy Heart check each financial year, as long as it isn't covered by Medicare, your employer or another third party.
Travel and accommodation related to a hospitalisation	You can receive a benefit of \$75 per day combined, up to \$750 per person per financial year: <ul style="list-style-type: none">› when patient has to travel more than 200km return› in life or death situations for a partner or next of kin to accompany the patient› when a parent accompanies a child dependant under the age of 21. Conditions apply. See our <i>Member Guide</i> for more details.
Speech processor and insulin pump replacements	You can receive a benefit in accordance with the minimum benefit listed on the Government's Prostheses List. For more details, see our <i>Member Guide</i> .

Disease management appliances

For more details about how to claim benefits towards these appliances see the *Member Guide*.

Appliance	Limits		Maximum benefit payable
Blood pressure monitor	1 per person every 3 continuous financial years		\$100
CPAP-type device	1 per person every 5 continuous financial years		\$600
CPAP-type device - respirator mask and/or rental	Combined per person per financial year		\$100
Blood glucose testing machine	1 per person every 3 continuous financial years		\$100
Instant injector or insulin pen	1 per person every 3 continuous financial years		\$100
Nebuliser	1 per person every 2 continuous financial years		\$100
Peak Flow Meter	1 per person every 2 continuous financial years		\$50
Spacer	1 per person every 2 continuous financial years		\$50
TENS machine	1 per person every 3 continuous financial years		\$80
Lymphoedema	Garments	3 items per person per financial year	\$50 per item
	Consultations	4 consults per person per financial year	\$40 per consult

Top Hospital No Obstetrics waiting periods

1 day	<ul style="list-style-type: none"> › Hospital treatment required as a result of an accident › Ambulance Services › Travel and accommodation related to a hospitalisation
2 months	<ul style="list-style-type: none"> › Hospital treatment (where there are no pre-existing conditions) › Rehabilitation, psychiatric services, palliative care › Doctor's health checks and Healthy Heart checks
12 months	<ul style="list-style-type: none"> › Treatment for pre-existing conditions › Disease management appliances › Speech processor and insulin pump replacements

What you pay when you go to hospital

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

Excess

At ahm, an excess is an upfront lump sum payment that you agree to pay towards the cost of your hospital stay or day surgery on admission.

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

Top Hospital No Obstetrics

What you pay:	\$500 per person
Limits per membership year:	\$500 per person or \$1,000 per family

Waiver of excess

If you have Top Hospital No Obstetrics, we'll waive the excess in certain cases:

- > for any child, student dependant or adult dependant on your policy who requires a hospitalisation; and
- > hospitalisation as a result of an accident

If you're admitted to hospital for an accident, where possible we'll waive the excess upfront. However, due to the way we receive claims for hospitalisations relating to accidents, the hospital may require you to pay the excess on the day of admission.

We'll then reimburse this amount, subject to eligibility for the waiver. The excess will only be waived for the first admission each membership year in relation to a non-compensable accident.

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 (ie 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 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 ailment, 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. The MBS is a government schedule that lists all the services for which Medicare benefits are payable and the rules that apply to the payment of those benefits.

Please note

Cooling off period

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

Important information

The information contained in this document is current at the time of issue (January 2015). 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.gov.au

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

Website: phio.org.au

Privacy Policy

To obtain a copy of our 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