Standard Cover

Standard Cover is a hospital and extras package that includes cover for heart-related procedures. Each person covered can get back 60% of what they pay on included extras, up to $1,000 each financial year.

This brochure is just a summary of Standard Cover. 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 (July 2014).

What's covered, how much and when

Hospital

What's covered?

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

- Heart-related procedures including open heart and bypass surgery and other invasive cardiac procedures such as angiograms and stents
- Removal of tonsils and adenoids
- Removal of appendix
- Surgical removal of wisdom teeth in hospital
- All joint investigations and reconstructions (not replacements)
- Colonoscopies
- Ambulance Services

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
- Rehabilitation

You can claim benefits towards

- Shared accommodation at a public hospital or a reduced level of accommodation benefits at a private hospital
- Surgically implanted prostheses up to the minimum benefit listed on the Government's Prostheses List
- Doctors' fees for in-hospital medical services
- GapCover for participating doctors', specialists' and surgeons' medical fees

Did you know?

No waiting on most extras
Claim straight away on our most popular extras services like routine dental, optical, remedial massage and physio! You may have to wait before claiming on other extras.

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.

Claim for extras on the spot
Use your ahm member card to claim benefits on the spot at any service provider that has the HICAPS claiming service.

Manage your health insurance online
Check your claims history, check your benefit limits, search for a doctor or provider and pay your premiums online – do all this and more when you sign up for our Online Member Services.

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.

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?

For these 'excluded services' the cost of treatment won't be covered at all and you'll be significantly out-of-pocket.

- Obstetrics and pregnancy related services
- Assisted reproductive services
- All joint replacements
- Spinal fusion
- Dialysis
- Major eye surgery
- 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 is 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 physiotherapists who aren't directly employed by the hospital you're treated in. You may be entitled to receive a benefit towards these services on the extras component of your 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)

Hospital waiting periods

1 day	› Hospital treatment as a result of an accident › Ambulance Services
2 months	› Hospital treatment (where there are no pre-existing conditions) › Rehabilitation, psychiatric services and palliative care (regardless of whether the condition is pre-existing)
12 months	› Pre-existing conditions

What you pay when you go to hospital

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

Standard Cover excess

At ahm, an excess is a lump sum payment that you agree to pay towards 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 this on admission.

What you pay:	$500 per person
Limits per membership year:	$500 per person / $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 (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.

Extras

As long as it's an included extras service, ahm Standard Cover will pay 60% of what you pay, up to your annual limit.

It works like this

Your prescription glasses cost **$200**	
You pay **$80**	We pay **$120**

Your Dentist charges **$300**	
You pay **$120**	We pay **$180**

Say goodbye to individual limits

Traditional extras covers have multiple limits on the individual extras, like physio or dental.

ahm Standard Cover has one limit and you can spread it over any of the included extras.

$1,000

Spend where it matters to you

You're free to use one limit on one, or all, of your included extras. For example, you can use your entire limit just on physio visits for the year.

What's covered?

With ahm Standard Cover you can get 60% back on whatever you pay for the extras services listed below, until you reach your limit for the year.

Service	Waiting Period	Benefit	Annual limit combined per person
Routine dental eg Examinations, scale and clean, x-rays, mouth guards, fillings *Some dental items (e.g. scale and clean) have a limit on the number of services allowed each year.*	None	60% of the charge	$1,000
Complex dental eg Endodontics, Periodontics	12 months		
Therapies Physiotherapy, Chiropractic, Osteopathy *One initial consultation per therapy per person per financial year.*	None		
Alternative & Complementary Therapies Remedial Massage, Acupuncture, Naturopathy, Exercise Physiology, Homeopathy, Chinese Medicine, Reflexology	None		
Optical Frames, lenses, contact lenses and repairs *Only payable for scripted sight correcting products.*	None		

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 an annual limit?
A. An annual limit is the total amount you can claim towards an extras service in a financial year (1 July - 30 June). Each person on your cover can claim up to the 'per person' limit for the claiming period.

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 membership year?
A. The annual period commencing on the date that the member or dependant joins an ahm cover, or changes to a new ahm cover covering hospital treatment, and renews every year on that date.

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 an ahm recognised provider?
A. It's important that we recognise service providers so that you receive quality health care from the provider you choose. Recognising a provider means we get specific details and credentials from them to make sure they meet both legislative and our criteria for benefit payment. All services providers must be recognised by ahm Health Insurance before we can pay benefits. To find out if your service provider is recognised by us call 134 246 or use the online provider search tool at **ahm.com.au/find-a-provider**

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 (July 2014). 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 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