

# THANKS FOR COMPARING HEALTH INSURANCE

It's a good idea to read through the following pages to learn more about this policy. If you have any questions or need more information, chat with one of our health insurance specialists by calling **1800 46 29 55.** 

On the other hand, if you're ready to buy, here's what you need to do:

- 1. Review the enclosed policy brochure to ensure it meets your health insurance needs
- 2. Buy direct at **compare**the**market**.com.au; or
- 3. Call **1800 46 29 55** to speak to one of our Health Insurance Specialists

Thank you for not getting muddle with comparethemeerkat.com.au

It is much appreciate!



Need assistance? Call **1800 46 29 55** 

# **Mid Cover**



Mid Cover is a hospital and extras package that covers heart-related procedures, dialysis and major eye surgery. Each person covered can get back 65% of what they pay on included extras, up to \$1,500 each financial year.

This brochure is just a summary of Mid 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 Mid 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
- Dialysis
- > Major eye surgery
- > All joint replacements except hips and knees
- > Removal of tonsils and adenoids
- > Removal of appendix
- > Surgical removal of wisdom teeth in hospital
- Colonoscopies
- > Ambulance Services
- > Rehabilitation

## 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 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

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

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 (eg IVF and GIFT)
- > Hip and knee replacements (full or partial)
- > Spinal fusion
- > 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        | <ul> <li>Hospital treatment as a result of an accident</li> <li>Ambulance Services</li> </ul>   |
|--------------|---|
| 2<br>months  | <ul> <li>Hospital treatment (where there are no pre-existing conditions)</li> <li>Rehabilitation, psychiatric services and palliative care (regardless of whether the condition is pre-existing)</li> </ul> |
| 12<br>months | > Pre-existing conditions   |

# What you pay when you go to hospital

For more details about this read our Member Guide.

#### Mid Cover excess

At ahm, an excess is an upfront lump sum 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

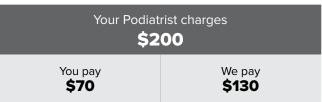
GapCover can help reduce or remove the medical gap. If your doctor chooses to participate in GapCover, we'll provide benefits up to an agreed fee and then you'll have to pay the difference. Under GapCover, the maximum gap that you'll have to pay is \$500 per claiming provider (ie doctor's account). Search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

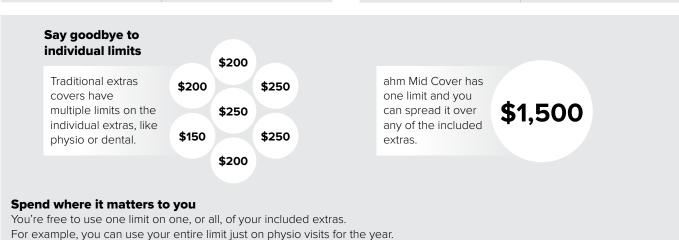
# **Extras**

As long as it's an included extras service, ahm Mid Cover will pay 65% of what you pay, up to your annual limit.

#### It works like this







# What's covered?

With ahm Mid Cover you can get 65% 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<br>combined<br>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              |                      | \$1,500                                |
| Complex dental eg Endodontics, Periodontics  | 12 months         | 65%<br>of the charge |  |
| Major dental eg Crowns, bridges, veneers, dentures   | 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              |                      |  |
| Podiatry Consultations Podiatric surgery (not in hospital)   | None<br>12 months |                      |  |

# 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.** 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.

## 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

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'ahm by Medibank', 'ahm Health Insurance' and 'ahm' are references to Medibank Private Ltd trading as ahm by Medibank.



# Why **compare**the**market**.com.au?

It's simple; we're here to help you save time and money off your next household bill. One quick search with **compare**the**market**.com.au can bring you results from some of Australia's award winning insurance and utility brands, so you can compare them side-by-side. We don't mark up policies, so if you do choose to purchase a product or service, you'll only be charged the provider's premium or fee.

So whether you're looking for car insurance, home and contents insurance or perhaps a better deal on your energy bill, compare with us. Visit our website for more information.

+ HEALTH

**S** INCOME

CAR

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**♦** FUEL

**HOME**