

First Step

ahm First Step is a value-for-money hospital and extras package for child-free singles and couples, who want basic hospital cover, just in case, and to get 70% back on popular extras services.

This document is a summary only. For more information please refer to our First Step policy document, which is available on our website at ahm.com.au/download-form

Why choose ahm Health Insurance?

You don't have to wait

We don't have any 2 or 6 month waiting periods on popular extras services like Physiotherapy, Optical and Routine Dental.*

Cover that fits like a glove

From time to time our Cover Specialists contact members to review whether the cover they have now, is the cover they need now.

Talk about responsive!

When you call us, you'll get individual advice and assistance when you need it. Your needs are important to us.

Solid as a rock

We've been looking after the health insurance of Australians for more than 40 years, so why not let us look after yours?

Manage your health insurance 24/7

View your claims history, search for a doctor or pay your premiums online. These are just some of the things you can do when you sign up for our online member services.

** Other waiting periods apply.*

Hospital

What's covered?

We've listed some of the most common procedures below, however there are more services that we pay benefits for.

- › Removal of tonsils and adenoids
- › Removal of wisdom teeth
- › Joint reconstructions and investigations (not replacements)
- › Removal of appendix
- › Colonoscopies
- › Broken limbs
- › Neurosurgery
- › Chemotherapy
- › Gastroenterology

What you can claim

- › medically necessary ambulance transport and services
- › private hospital accommodation in 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 Schedule
- › medical gap for doctors', specialists' and surgeons' medical fees

What's partially covered?

The services below are restricted. This means we will only pay a limited benefit which won't cover the full cost of treatment.

- › Psychiatric services
- › Rehabilitation
- › Major eye surgery
- › Obstetrics and pregnancy related services
- › Assisted reproductive services (e.g. IVF and GIFT)

What you can claim

- › shared accommodation at a public hospital or a reduced level of accommodation benefits at a private hospital
- › medical gap for doctors', specialists' and surgeons' medical fees
- › surgically implanted prostheses up to the minimum benefit listed on the Federal Government's Prostheses Schedule

What's not covered? (excluded services)

- › 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)
- › Dialysis
- › Neo-natal intensive care
- › Labour ward
- › Male and female sterility reversals
- › All obesity surgery including gastric banding and bypass
- › Cosmetic surgery (where not considered medically necessary)

Extras

With ahm First Step you can get 70% back on whatever you pay for the extras services listed below, until you reach your limit for the year. No other extras services are covered.

What's covered?	Financial year limits combined per person
Routine dental <ul style="list-style-type: none"> > examinations > check up > scale and clean > x-rays > fillings 	\$400
Major and complex dental* <ul style="list-style-type: none"> > crowns > bridges > veneers > dentures > orthodontic > endodontic & periodontal treatments 	\$400 Lifetime limit of \$1,200 also applies to orthodontics
Therapies <ul style="list-style-type: none"> > Physiotherapy > Chiropractic > Osteopathy 	\$300
Psychology (one-on-one consultations) <ul style="list-style-type: none"> > (initial and subsequent consultations, not including assessments, couples or group consultations) 	\$200
Optical <ul style="list-style-type: none"> > frames > lenses > contact lenses and repairs 	\$200
Pharmacy (the amount in excess of the general Pharmaceutical Benefits Scheme) <ul style="list-style-type: none"> > general items** > hormonal implants > contraceptives*** for medical reasons > preventive/travel vaccines 	\$250

* Other waiting periods apply.

** Excludes PBS scripts, over the counter medicines, vitamin and herbal medicines.

*** As part of your \$250 limit, you can claim a maximum of \$150 per person towards contraceptives.

Important stuff

Your waiting periods

1 day	<ul style="list-style-type: none">› Hospital treatment as a result of an accident› Ambulance
2 months	<ul style="list-style-type: none">› Hospital treatment (where there are no pre-existing conditions)› Rehabilitation, psychiatric and palliative care (regardless of whether the condition is pre-existing)
12 months	<ul style="list-style-type: none">› Pre-existing conditions› Obstetrics and pregnancy related services in a public or private hospital› Major Dental (including complex and orthodontics)

What does this mean?

A waiting period is a set amount of time you must serve before being eligible to claim for benefits on your policy.

Waiting periods apply when you first join, if you rejoin after not having had health insurance for some time, or if you change to a level of cover that has additional services or higher benefits on services where a waiting period applies.

If you're switching from another private health insurer, we'll recognise the waiting periods you've already served for comparable benefits.

Your hospital excess

To help keep your premium down, ahm First Step has an excess.

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

What does this mean?

At ahm Health Insurance, an excess is an up front lump sum payment that you agree to pay towards your hospital stay or day surgery on admission.

Limits

Per person limits	Each person on a policy can claim up to the 'per person' limit for the claiming period.
Lifetime limit	A benefit with a lifetime limit means that once you reach the limit, you can no longer claim that benefit in any future year of membership, even if you change your cover.

What does this mean?

A limit is the total amount you can claim towards that service in a financial year (1 July – 30 June).

ahm recognised providers

It is important that we recognise service providers so that you receive quality health care from the providers 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 service 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

...Important stuff continued

Restricted services

If a service is restricted on your cover, it means that we'll only pay a limited benefit if you're treated at a private hospital or as a private patient at a public hospital.

Limited benefits won't cover the full cost of treatment and you may be left with significant out-of-pocket expenses.

There are restricted services on ahm First Step.

Excluded services

If a service is excluded on your cover it means that we won't pay a benefit towards it and you will be significantly out-of-pocket if you're treated at a private or public hospital.

There are excluded services on First Step.

Other hospital things that aren't covered

The following list outlines things that you won't be covered for on any of our Hospital covers.

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| <ul style="list-style-type: none">› Charges above the Medical 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 | <ul style="list-style-type: none">› 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 or occupational therapists who aren't directly employed by the hospital you're treated in. You may be entitled to some benefits for physiotherapists on the Extras component of your cover. | <ul style="list-style-type: none">› Some high cost Non 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.› Medical costs for services not covered by Medicare or excluded services› Any medical, hospital or ambulance services received overseas or purchased outside Australia, including online purchases from overseas companies› All Cosmetic Surgery procedures› A claim payable or subsidised by a third party (such as workers compensation or traffic accident schemes). |
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The nitty gritty

Where you'll be covered

When you go to hospital you can choose where you're treated and whether you're treated in a private hospital or as a private patient in a public hospital.

Partner hospitals and day surgeries

If you're treated as a private patient, ahm Health Insurance has agreements in place with the majority of private hospitals and day surgeries throughout Australia. These agreements provide cover for agreed theatre and accommodation charges for services covered under your policy. This doesn't apply to restricted or excluded services.

If you receive treatment for a restricted service in a partner hospital, we'll only pay limited benefits and you'll be significantly out-of-pocket. If you receive treatment for an excluded service, no benefits will be paid.

To find a partner hospital visit ahm.com.au

Non agreement hospitals and day surgeries

In some instances, we haven't reached an agreement with a private hospital. These hospitals are referred to as non agreement hospitals.

If you receive treatment at a non agreement hospital we'll only pay a limited benefit and you'll be significantly out-of-pocket.

Pre-existing conditions

If you're taking out private hospital cover for the first time, or changing to a cover (either within ahm or from another insurer) that has additional services or higher benefits and you have a pre-existing condition, you'll have to wait 12 months before you can claim on your hospital cover.

A pre-existing condition is an ailment, illness or condition, the signs or symptoms of which – in the opinion of a Medical Practitioner appointed by ahm Health Insurance – existed at any time in the 6 month period before you either took a new policy or changed your cover.

Medical gap

The benefit we pay towards medical services is based on the Medicare Benefits Schedule (MBS). This is a list of fees that has been issued by the Australian Government to set out the minimum amounts that Medicare and private health funds should pay towards each medical service listed. If a service is

listed on the MBS and included in your cover, Medicare will pay 75% of the MBS fee and we'll pay the remaining 25%.

In some cases a doctor may choose to charge more than the MBS fee which may leave you with an out-of-pocket expense that you'll have to pay. This is known as the medical gap and is the difference between the fees you're charged by the medical providers and the MBS fees for the services they provide.

GapCover

GapCover is designed to help remove or reduce the medical gap so that you pay less for your treatment or nothing at all.

If your doctor participates 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).

A doctor can choose to participate on a case by case basis, so you should always check with them prior to agreeing to treatment and ask them to provide you with an estimate of medical fees.

Note: We don't pay any GapCover benefits for excluded services.

If your doctor chooses not to participate in GapCover, we will only pay up to the MBS fee and you'll have to pay the difference between the MBS fee and what your doctor charges you.

Search for a doctor

You can access a doctor search facility at ahm.com.au/find-a-doctor to find a list of doctors who have already registered to participate in GapCover.

Cooling off period

If you terminate your policy 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 February 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 First Step policy document. 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 policy, 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 will 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 Health Insurance 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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