

Basic Extras



ahm Basic Extras is a great choice for the budget-conscious, who want cover for popular services such as routine dental, optical, physio and some alternative therapies.

This brochure is just a summary of Basic Extras. 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

These benefits and limits are effective from 1 July 2014.

Service	Item No	Benefit	Annual Limits		Waiting Period
Routine Dental (most common shown)			Per person combined	Family	
Diagnostic			\$500	\$1,000	None
Comprehensive examination ¹	011	\$32.60			
Periodic examination ¹	012	\$28.55			
Emergency examination ²	013	\$27.50			
X-ray (one film)	022	\$23.45			
Preventive					
Clean and polish ³	111	\$31.60			
Scale and clean ³	114	\$66.30			
Topical fluoride application ²	121	\$21.40			
Mouth guard - custom made ²	151	\$80.55			
Extractions					
Non-surgical extraction	311	\$59.15			
Surgical extraction	324	\$161.15			
Direct Restorations					
Metallic restoration 1 surface/3 surfaces	511 / 513	\$52 / \$72.40			
Adhesive filling 1 surface/3 surfaces (front)	521 / 523	\$53 / \$75.45			
Adhesive filling 1 surface/3 surfaces (back)	531 / 533	\$57.10 / \$86.70			

1. Maximum two services per year combined

2. Maximum two services per year

3. Maximum three services per year combined

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 an 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 provider and pay your premiums online - do all this and more 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.

Service	Item No	Benefit	Annual Limits		Waiting Period
Optical			Per person combined	Family	
Frames, single lenses (pair), bi-focal (pair), multi-focal (pair), contact lenses, repair of frames or lenses (for scripted sight correcting products only)		\$150	\$150	\$300	None
Pharmacy			Per person combined	Family	
General items (excludes PBS scripts, over-the-counter medicines, vitamin & herbal medicines), Hormonal implants, Contraceptives for medical reasons, Preventive/travel vaccines		Up to \$40 each item above the general patient PBS amount	\$250	\$500	None
Diet & Nutrition			Per person combined	Family	
Dietitian & Nutritionist			\$100	\$200	None
Initial consultation / subsequent consultation ¹		\$28 / \$20			
Weight loss - See <i>More details</i>					
Per class/course		\$6 / \$60			
Therapies			Per person per therapy	Family per therapy	
Physiotherapy			\$200	\$400	None
Initial consultation / subsequent consultation ¹		\$34 / \$26			
Per class (group hydrotherapy, Pilates, antenatal exercises, rehabilitation – all classes must be provided by an ahm recognised Physiotherapist)		\$12			
Chiropractic & Osteopathy					
Initial consultation / subsequent consultation ¹		\$34 / \$26			
Complementary & Alternative Therapies			Per person combined	Family	
Remedial Massage		\$23	\$200	\$400	None
Acupuncture, Exercise Physiology, Herbalism, Homeopathy, Naturopathy,		\$18			

1. Benefits are payable for one initial consultation per therapy per person each financial year

More details

Weight loss – you can claim towards classes and courses provided by ahm recognised providers Weight Watchers®, Jenny Craig® or Fernwood®. You'll need to provide medical evidence of a Body Mass Index (BMI) of 26 or over. This can be in the form of a doctor's certificate, an ahm Health Improvement Benefit Approval Form, or a certificate from an ahm recognised weight loss provider. If the claim is for a child, evidence of an unhealthy BMI must be provided in the form of a doctor's certificate/letter prior to claiming benefits.

Service	Benefit	Annual Limits		Waiting Period
Health Improvement Benefits - See <i>More details</i>		Per person combined	Family	
Quit smoking		\$150	\$300	None
Per course	\$55			
Per item (nicotine replacement therapy ie. patches, gum, lozenges, inhalers)	\$30			
Disease management association fees				
Per association (Asthma, Diabetes, Heart, Arthritis, Colitis, Coeliac, Ostomy, Crohn's Disease)	\$30			
Cancer Council UV products				
Per item (sunscreen, swimwear, hats, sunglasses)	\$30			
Stress management courses				
Per course	\$50			
Preventive tests, scans & screenings				
Per test (mammograms, skin cancer screenings, bowel cancer tests and scans, bone mineral density tests)	Up to \$40			
Health checks				
Per check (doctor's health checks, Healthy Heart checks)	\$30			
Exercise classes				
Per class/course	\$10 / \$150			
Ambulance		Per person		
Emergency ambulance (excludes ambulance subscriptions and non-emergency transport eg. transfers between hospitals)	100%	No limit		1 day

More details continued...

Quit smoking – you can claim towards laser therapy, hypnotherapy and nicotine replacement therapy (patches, gum, lozenges and inhalers) where such services aren't claimable under the PBS to assist in quitting or reducing smoking with the aim to help improve or prevent an associated health condition.

Disease management association fees – you can claim towards association fees of the Arthritis Foundation, the Asthma Foundation, the Coeliac Society, Diabetes Australia, the Heart Foundation, the Crohn's and Colitis Association and Ostomy Associations to help manage and receive support for these diagnosed chronic conditions.

Cancer Council UV products – you can claim towards approved Cancer Council UV sun protection from the sunscreen, hats, swimwear and sunglasses range. Items from the cosmetics (including facial sunscreens), clothing, shade or accessories range aren't covered. Your receipt must identify the item as Cancer Council approved.

Stress management courses – you can claim towards courses to manage and prevent health conditions associated with high levels of stress. The courses must be provided by a recognised Psychologist.

Preventive tests, scans & screenings – you can claim towards some services that assist with early diagnosis and/or to prevent an illness or condition. However we can't pay a benefit if the test is claimable through Medicare.

Health checks – you can claim towards doctor's health checks and Healthy Heart Checks to assist with early diagnosis and/or prevent an illness or condition. The benefit isn't payable when your health check is claimable through Medicare, is related to employment (such as pre-employment health checks) or when you can claim it through a third party insurer. Benefits are payable for one check per person per financial year.

Exercise classes – types of exercises classes include gym classes or courses (membership), personal trainer, yoga, pilates and exercise physiology. A Health Improvement Benefit Approval Form or letter completed by your health practitioner, must be provided specifying the condition being managed and dated prior to the date of service of any claim. You can download a copy of the Health Improvement Benefit Approval Form at ahm.com.au/pages/downloads

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. Benefits are subject to annual limits.

An annual limit is the maximum amount of benefits payable towards services, items or groups of services and/or items within a financial year (1 July to 30 June).

Benefits that have been paid under your previous cover will be taken into account in determining the benefits payable under your ahm cover.

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 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/find-a-provider

Q. What is the Pharmaceutical Benefits Scheme (PBS)?

A. This is a Government scheme that subsidises the cost of prescription medicine.

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 (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.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