

Family Extras



ahm Family Extras is a great choice if you have a growing family as it covers dental, physio, glasses, orthodontics, speech therapy, pre/post natal services and birthing courses.

This brochure is just a summary of Family 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	
Diagnostic			\$500	None
Comprehensive examination ¹	011	\$35.70		
Periodic examination ¹	012	\$33.65		
Emergency examination ²	013	\$31.60		
X-ray (one film)	022	\$24.45		
Preventive				
Clean and polish ³	111	\$33.65		
Scale and clean ³	114	\$68.30		
Topical fluoride application ²	121	\$24.45		
Mouthguard - custom made ²	151	\$81.60		
Extractions				
Non-surgical extraction	311	\$63.20		
Surgical extraction	324	\$161.15		
Direct Restorations				
Metallic restoration 1 surface/3 surfaces	511 / 513	\$56.10/\$74.45		
Adhesive filling 1 surface/3 surfaces (front)	521 / 523	\$57.10/\$79.55		
Adhesive filling 1 surface/3 surfaces (back)	531 / 533	\$59.15/\$92.80		

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
Complex Dental			Per person combined	
Periodontics			\$600	12 months
Non-surgical periodontic treatment	281	\$156.05		
Endodontics (Root canal therapy)				
Preparation of one root canal	415	\$127.50		
Major Dental			Per person combined	
Indirect restorations			\$750	12 months
Tooth coloured filling 1 surface	551	\$201.95		
Crowns/bridges/implants				
Fully veneered crown	615	\$505.90		
Dentures (one complete set per person each 3 years)				
Full upper	711	\$331.50		
Full lower	712	\$331.50		
Orthodontics				
Up to your yearly limit for GP & specialist services		100%	\$700 Lifetime limit \$2,200 per person	12 months
Optical			Per person combined	
Frames, single lenses (pair), bi-focal (pair), multi-focal (pair), contact lenses, repair of frames or lenses (for scripted sight correcting products only)		\$180	\$180	None
Therapies			Per person per therapy	
Physiotherapy			\$300	None
Initial consultation / subsequent consultation ¹		\$36 / \$28		
Per class (group hydrotherapy, Pilates, antenatal exercises, rehabilitation – all classes must be provided by an ahm recognised Physiotherapist)		\$14		
Chiropractic & Osteopathy				
Initial consultation / subsequent consultation ¹		\$36 / \$28		
Complementary & Alternative Therapies			Per person combined	
Remedial Massage		\$27	\$300	None
Acupuncture, Exercise Physiology, Herbalism, Homeopathy, Naturopathy		\$22		

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

Service	Benefit	Annual Limits	Waiting Period
Pharmacy		Per person combined	
General items (excludes PBS scripts, over-the-counter medicines, vitamin & herbal medicines), Hormonal implants, Contraceptives for medical reasons, Preventive/travel vaccines	Up to \$50 each item above the general patient PBS amount	\$350	None
Health Improvement Benefits - see <i>More details</i>		Per person combined	
Quit smoking		\$250	None
Per course	\$85		
Per item (nicotine replacement therapy ie. patches, gum, lozenges, inhalers)	\$40		
Disease management association fees			
Per association (Asthma, Diabetes, Heart, Arthritis, Colitis, Coeliac, Ostomy, Crohn's Disease)	\$40		
Cancer Council UV products			
Per item (sunscreen, swimwear, hats, sunglasses)	\$40		
Stress management courses			
Per course	\$80		
Preventive tests, scans & screenings			
Per test (mammograms, skin cancer screenings, bowel cancer tests and scans, bone mineral density tests)	Up to \$52		
Health checks			
Per check (doctor's health checks, Healthy Heart checks)	\$40		
Exercise classes - see <i>More details</i> page 4			
Per class/course	\$12 / \$250		
Swimming lessons & training (0-17 years) – see <i>More details</i> page 4			
Per lesson/course	\$8 / \$250		
Diet & Nutrition		Per person combined	
Dietitian & Nutritionist		\$250	None
Initial consultation / subsequent consultation ¹	\$32 / \$25		
Weight loss - see <i>More details</i> page 4			
Per class/course	\$8 / \$80		

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

More details

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.

Service	Benefit	Annual Limits	Waiting Period
Other Therapies		Per person per therapy	
Psychology & Hypnotherapy (service must be provided by an ahm recognised Psychologist)		\$250	None
Initial consultation / subsequent consultation ¹	\$71 / \$41		
Group consultation	\$21		
Speech Therapy			
Initial consultation / subsequent consultation ¹	\$50 / \$26		
Occupational Therapy			
Initial consultation / subsequent consultation ¹	\$30 / \$26		
Eye Therapy (Orthoptics)			
Initial consultation / subsequent consultation ¹	\$25 / \$22		
Podiatry			
Initial consultation / subsequent consultation ¹	\$31 / \$25		
Casting	\$25		
Podiatric Surgery (not in hospital)	\$153		12 months
Orthotics and Orthopaedic Shoes		Per person combined	
Purchases must be from an ahm recognised Podiatrist or orthopaedic supplier (excludes sporthotics and formthotics)	\$150	\$150	12 months
Hearing Aids – account must be paid in full before benefit is paid		Per person combined (every 3 years)	
Per hearing aid	\$600	\$1,200	12 months
Repair	\$35		
Pre/Post Natal Services & Birthing Courses		Per person combined (per rolling year)	
Consultations and classes (including lactation consultants)	\$25	\$250	12 months
Birthing courses (must be provided by a registered Midwife)	\$120		
Medical Gases		Per person combined	
Per unit (e.g. oxygen)	\$80	\$1,000	12 months
Oxygen concentrator	\$1,000		

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

More details continued...

Exercise classes – types of exercise 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

Swimming lessons & training (0-17 years) – if a child 0-17 years of age has asthma, diabetes or an unhealthy BMI, you can claim towards swimming lessons provided by an Austswim® or Swim Australia® accredited swim school or instructor. Medical evidence of one of these conditions or a doctor's recommendation to undertake this activity due to their condition must be provided.

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
Joint Fluid Replacements Injections		Per person (per rolling year)	
Per injection (e.g. Synvisc, OsteoArtz, Hyalgan)	\$320	\$640	12 months
Travel & Accommodation (Conditions apply, see our <i>Member Guide</i>)		Per person combined	
Travel over 200kms return trip	\$0.15/km	\$200	None
Accommodation per night (for specialist medical appointments and outpatient procedures only)	\$30		
Ambulance		Per person	
Emergency ambulance (excludes ambulance subscriptions and non-emergency transport eg. transfers between hospitals)	100%	No limit	1 day

Get more the longer you stay with us

Your annual claiming limit for some services will increase after you've been with us for over 5, 10 and 20 continuous financial years.

These loyalty limits are effective from 1 July 2014.

	< 5 years	5+ years	10+ years	20+ years
Routine Dental				
Per person limit combined	\$500	\$550	\$600	\$650
Complex Dental				
Per person limit combined	\$600	\$700	\$800	\$900
Major Dental				
Per person limit combined	\$750	\$900	\$1,100	\$1,200
Physiotherapy, Osteopathy and Chiropractic				
Per person limit per therapy	\$300	\$325	\$350	\$375
Psychology & Hypnotherapy, Speech Therapy, Occupational Therapy, Eye Therapy and Podiatry				
Per person limit per therapy	\$250	\$275	\$300	\$325
Pharmacy				
Per person limit combined	\$350	\$400	\$450	\$500

Orthodontics

Orthodontic benefits increase after you've been with us after 3 and 5 years.

	< 3 years	3-4 years	5+ years
Per person limit	\$700	\$850	\$1,000
Lifetime limit per person	\$2,200		

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).

However some benefits for Family Extras are based on a rolling year, which begins on the date a service was first provided with the limit applying to that 12 month period following the date of the first service.

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

Some services also have a lifetime limit. Once you've reached this limit you can no longer claim that benefit in any future year of membership, even if you change your 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