

## Private Health Information Statement - Combined policy

### lite flexi bronze plus

ahm health insurance

<http://www.ahm.com.au>

134 246

Monthly Premium

**\$430.90<sup>#</sup>**

(before any rebate, loading or discount)

Covers two adults & dependants (3 or more people, only 2 of whom are adults)

Available in Western Australia

<sup>#</sup> You may be entitled to an Australian Government rebate on the above premium. Your premium may also include a Lifetime Health Cover loading, an age-based discount or an insurer discount. Check with your insurer for details.

This policy covers children and other dependants up to and including the age of 20, students up to and including the age of 30, as well as persons with a disability who qualify as a child or other dependant or student in these age ranges.

### Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy provides accident cover - check with your insurer for details.

This policy does not provide benefits for travel or accommodation (outside of hospital).

#### ✓ Covered

For information on what is covered under each category, see <https://privatehealth.gov.au/categories>

#### R Restricted

Restricted categories partially cover your hospital costs as a private patient in a public hospital. You may incur significant expenses in a private room or private hospital.

#### ✗ Not Covered

These categories are not covered by this policy.

This policy ✓ includes cover for

|                                                           |                              |                                            |
|-----------------------------------------------------------|------------------------------|--------------------------------------------|
| ✓ Back, neck and spine                                    | ✓ Ear, nose and throat       | ✓ Male reproductive system                 |
| ✓ Bone, joint and muscle                                  | ✓ Eye (not cataracts)        | ✓ Miscarriage and termination of pregnancy |
| ✓ Brain and nervous system                                | ✓ Gastrointestinal endoscopy | ✓ Pain management                          |
| ✓ Breast surgery (medically necessary)                    | ✓ Gynaecology                | ✓ Skin                                     |
| ✓ Chemotherapy, radiotherapy and immunotherapy for cancer | ✓ Hernia and appendix        | ✓ Tonsils, adenoids and grommets           |
| ✓ Dental surgery                                          | ✓ Joint reconstructions      | R Hospital psychiatric services            |
| ✓ Diabetes management (excluding insulin pumps)           | ✓ Kidney and bladder         | R Palliative care                          |
| ✓ Digestive system                                        | ✓ Lung and chest             | R Rehabilitation                           |

This policy ✗ does not include cover for

|                                       |                                                            |                                                                                     |
|---------------------------------------|------------------------------------------------------------|-------------------------------------------------------------------------------------|
| ✗ Assisted reproductive services      | ✗ Implantation of hearing devices                          | ✗ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits) |
| ✗ Blood                               | ✗ Insulin pumps                                            | ✗ Pregnancy and birth                                                               |
| ✗ Cataracts                           | ✗ Joint replacements                                       | ✗ Sleep studies                                                                     |
| ✗ Dialysis for chronic kidney failure | ✗ Pain management with device                              | ✗ Weight loss surgery                                                               |
| ✗ Heart and vascular system           | ✗ Plastic and reconstructive surgery (medically necessary) |                                                                                     |

The benefits paid for hospital treatment will depend on the type of cover you purchase and whether your fund has an agreement in place with the hospital in which you are treated. See 'Agreement Hospitals' on [privatehealth.gov.au](http://privatehealth.gov.au) for

[PrivateHealth.gov.au](http://PrivateHealth.gov.au)

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which hospitals have arrangements with your insurer – <https://privatehealth.gov.au/dynamic/agreementhospitals>.

Under this policy, you may have to pay out-of-pocket costs above what you get from Medicare or your private health insurer. Before you go to hospital, you should ask your doctors, hospital and health insurer about any out-of-pocket costs that may apply to you.

The following payments may also apply for hospital admissions

**Excess:** You will have to pay an excess on admission. This is limited to a maximum of \$750 per person per year.

Excess payments do not apply to hospital admissions for dependants.

**Co-payments:** No co-payments

The following waiting periods for hospital admissions apply to new or upgrading members

**Waiting periods:**

- 2 months for palliative care, rehabilitation and hospital psychiatric treatments, even if pre-existing
- 12 months for other pre-existing conditions
- 2 months for all other treatments

### Gap Cover

This provider offers '[known gap](#)' or '[no gap](#)' cover for medical bills for this product.

The [Medical Costs Finder](#) lets you find out more about the cost of specialist medical services.

### Other features of this hospital cover

This cover also includes Accident Override, unlimited medically necessary ambulance, no excess for Dependants and TENS machine (12 months waiting period, benefit replacement periods: 3 years for purchase and 1 year for hire).

## General Treatment Cover

ahm Health Insurance does not operate a preferred provider scheme. Included Extras benefits apply to any recognised provider. See <https://members.ahm.com.au/find-a-provider>.

This policy  includes General treatment (Extras) cover for

| Treatment                     | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)                                                                                                                                                                                                                                               | Examples of maximum benefits                                                                                                          |
|-------------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| General dental                | 2                       | \$800 per person<br>(combined limit for general dental, endodontic, non pbs pharmaceuticals, physiotherapy, chiropractic, psychology, acupuncture, remedial massage, chinese medicine, dietetics/dietary advice, health management / healthy lifestyle, osteopathy, speech therapy & other services) | Periodic oral examination - \$30.00<br>Scale & clean - \$50.00<br>Fluoride treatment - \$18.00<br>Surgical tooth extraction - \$98.00 |
| Endodontic                    | 12                      |                                                                                                                                                                                                                                                                                                      | Filling of one root canal - \$119.55                                                                                                  |
| Optical                       | 6                       | \$200 per person                                                                                                                                                                                                                                                                                     | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge                                        |
| Non PBS pharmaceuticals       | 2                       | Combined limit - see General dental                                                                                                                                                                                                                                                                  | Per eligible prescription - \$50.00                                                                                                   |
| Physiotherapy                 | 2                       | Combined limit - see General dental                                                                                                                                                                                                                                                                  | Initial visit - \$37.00<br>Subsequent visit - \$30.00                                                                                 |
| Chiropractic                  | 2                       | Combined limit - see General dental                                                                                                                                                                                                                                                                  | Initial visit - \$35.00<br>Subsequent visit - \$28.00                                                                                 |
| Psychology                    | 0                       | Combined limit - see General dental                                                                                                                                                                                                                                                                  | Initial visit - \$71.00<br>Subsequent visit - \$45.00                                                                                 |
| Acupuncture                   | 2                       | Combined limit - see General dental                                                                                                                                                                                                                                                                  | Initial visit - \$20.00<br>Subsequent visit - \$20.00                                                                                 |
| Remedial massage              | 2                       | Combined limit - see General dental                                                                                                                                                                                                                                                                  | Initial visit - \$20.00<br>Subsequent visit - \$20.00                                                                                 |
| Ante-natal/Post-natal classes | 0                       | No annual limit                                                                                                                                                                                                                                                                                      | Initial visit - \$25.00<br>Subsequent visit - \$25.00                                                                                 |

|                                       |   |                                     |                                                       |
|---------------------------------------|---|-------------------------------------|-------------------------------------------------------|
| Chinese medicine                      | 2 | Combined limit - see General dental | Initial visit - \$20.00<br>Subsequent visit - \$20.00 |
| Dietetics/dietary advice              | 2 | Combined limit - see General dental | Initial visit - \$32.00<br>Subsequent visit - \$25.00 |
| Health management / Healthy lifestyle | 2 | Combined limit - see General dental | Health management - \$8.00                            |
| Osteopathy                            | 2 | Combined limit - see General dental | Initial visit - \$37.00<br>Subsequent visit - \$30.00 |
| Speech therapy                        | 2 | Combined limit - see General dental | Initial visit - \$50.00<br>Subsequent visit - \$26.00 |

With lite flexi bronze plus you get one flexi limit to use on one, or all, of your included extras each financial year plus a separate optical limit. The longer you're a member with us, the more you can claim (capped at 5 year). The product also includes: - Hypnotherapy (initial consultation \$71, subsequent consultation \$45, group consultation \$45, waiting period 2 months) - Dietitian and nutritionist (initial consultation \$32, subsequent consultation \$25, waiting period 2 months), weight loss class / course (\$8/\$80, waiting period 2 months) - Prenatal and postnatal services and birthing courses, provided by a registered midwife (waiting period 2 months, defined benefits) - Range of Health Improvement Benefits including yoga, Pilates quit smoking, disease management association fees, stress management courses, Cancer Council UV products, preventative tests, scans and screenings, health checks and swimming lessons (for ages 0 - 17 years) etc. Waiting period 2 months. Defined benefits. - Counselling services. No waiting period. Defined benefits. Conditions and annual limits apply. See your product guide for more details.

This policy **X does not include** General treatment (Extras) cover for

|                                 |                       |                                                     |
|---------------------------------|-----------------------|-----------------------------------------------------|
| <b>X</b> Blood glucose monitors | <b>X</b> Major dental | <b>X</b> Podiatry                                   |
| <b>X</b> Hearing aids           | <b>X</b> Orthodontic  | <b>X</b> Other treatments - check with your insurer |

## Ambulance cover

In Western Australia this policy provides:

**Emergency:** Unlimited with a waiting period of 1 day.

**Call-out fees:** will be paid for each attendance, including emergency treatment without transport to hospital.

### Other features of this ambulance cover

Unlimited benefits for medically necessary ambulance trips to the nearest hospital that is able to provide the level of care you require. TAS and QLD have State schemes to cover ambulance services for residents of those States.

### Disclaimer

The information contained in this Private Health Information Statement was provided by the insurer and is intended as general information. It may not take into account your particular circumstances. For information please contact the insurer.