

Private Health Information Statement - Combined policy

first step bronze plus

ahm health insurance

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

134 246

Monthly Premium

\$497.80[#]

(before any rebate, loading or discount)

Covers 2 adults (and no-one else)

Available in South Australia

Closed to new members

[#] 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.

Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy does not provide accident cover or benefits for travel and 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 | ✓ Gastrointestinal endoscopy | ✓ Pain management with device |
| ✓ Blood | ✓ Gynaecology | ✓ Palliative care |
| ✓ Bone, joint and muscle | ✓ Hernia and appendix | ✓ Plastic and reconstructive surgery (medically necessary) |
| ✓ Brain and nervous system | ✓ Implantation of hearing devices | ✓ Podiatric surgery (provided by a registered podiatric surgeon - limited benefits) |
| ✓ Breast surgery (medically necessary) | ✓ Insulin pumps | ✓ Skin |
| ✓ Chemotherapy, radiotherapy and immunotherapy for cancer | ✓ Joint reconstructions | ✓ Sleep studies |
| ✓ Dental surgery | ✓ Kidney and bladder | ✓ Tonsils, adenoids and grommets |
| ✓ Diabetes management (excluding insulin pumps) | ✓ Lung and chest | R Hospital psychiatric services |
| ✓ Digestive system | ✓ Male reproductive system | R Rehabilitation |
| ✓ Ear, nose and throat | ✓ Miscarriage and termination of pregnancy | |
| ✓ Eye (not cataracts) | ✓ Pain management | |

This policy ✗ does not include cover for

| | | |
|---------------------------------------|-----------------------------|-----------------------|
| ✗ Assisted reproductive services | ✗ Heart and vascular system | ✗ Weight loss surgery |
| ✗ Cataracts | ✗ Joint replacements | |
| ✗ Dialysis for chronic kidney failure | ✗ Pregnancy and birth | |

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 for

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 of \$750 per admission. This is limited to a maximum of \$750 per person per year.

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 unlimited medically necessary ambulance.

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

| Note, for items marked with an asterisk *: Lifetime limit on Orthodontic is \$1400 per person | | | |
|---|-------------------------|--|---|
| Treatment | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated) | Examples of maximum benefits |
| General dental | 0 | \$400 per person (combined limit for general dental & other services - Sub-limits apply) | Periodic oral examination - 70% of charge Scale & clean - 70% of charge Fluoride treatment - 70% of charge Surgical tooth extraction - 70% of charge |
| Major dental | 12 | \$400 per person (combined limit for major dental, endodontic, orthodontic & other services - Sub-limits apply) \$1,400 lifetime limit for Orthodontic | Full crown veneered - 70% of charge |
| Endodontic | 12 | | Filling of one root canal - 70% of charge |
| Orthodontic* | 12 | | Braces for upper & lower teeth, including removal plus fitting of retainer - 70% of charge |
| Optical | 0 | \$200 per person | Single vision lenses & frames - 70% of charge Multi-focal lenses & frames - 70% of charge |
| Non PBS pharmaceuticals | 0 | \$250 per person (Sub-limits apply) | Per eligible prescription - 70% of charge |
| Physiotherapy | 0 | \$300 per person (combined limit for physiotherapy, chiropractic, osteopathy & other services - Sub-limits apply) | Initial visit - 70% of charge Subsequent visit - 70% of charge |
| Chiropractic | 0 | | Initial visit - 70% of charge Subsequent visit - 70% of charge |
| Psychology | 0 | \$200 per person | Initial visit - 70% of charge Subsequent visit - 70% of charge |
| Acupuncture | 0 | \$250 per person (combined limit for acupuncture & remedial massage) | Initial visit - 70% of charge Subsequent visit - 70% of charge |
| Remedial massage | 0 | | Initial visit - 70% of charge Subsequent visit - 70% of charge |

| | | | |
|------------|---|------------------------------------|---|
| Osteopathy | 0 | Combined limit - see Physiotherapy | Initial visit - 70% of charge Subsequent visit - \$70.00 |
|------------|---|------------------------------------|---|

With first step bronze plus you get 70% back on included extras until you reach your annual limit. This product also includes Counselling services. Conditions and annual limits apply. Please refer to product guide for more details.

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

| | |
|---------------------------------|---|
| X Blood glucose monitors | X Podiatry |
| X Hearing aids | X Other treatments - check with your insurer |

Other features of this general treatment cover

This policy is only available for purchase via iSelect

Ambulance cover

In South 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.