

Private Health Information Statement - Combined policy

deluxe flexi silver plus

ahm health insurance

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

134 246

Monthly Premium

\$619.80[#]

(before any rebate, loading or discount)

Covers one adult & dependants (2 or more people, only one of whom is an adult)

Available in Tasmania

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

This policy ✗ does not include cover for

✗ Assisted reproductive services	✗ Pregnancy and birth	✗ Weight loss surgery
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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 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.

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	\$1,100 per person (combined limit for general dental, major dental, endodontic, physiotherapy, chiropractic, podiatry, acupuncture, remedial massage, chinese medicine, orthotics (podiatric orthoses) & osteopathy)	Periodic oral examination - \$34.65 Scale & clean - \$74.45 Fluoride treatment - \$25.50 Surgical tooth extraction - \$99.00
Major dental	12		Full crown veneered - \$510.00
Endodontic	12		Filling of one root canal - \$120.55
Optical	6	\$300 per person	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Physiotherapy	2	Combined limit - see General dental	Initial visit - \$40.00 Subsequent visit - \$30.00
Chiropractic	2	Combined limit - see General dental	Initial visit - \$40.00 Subsequent visit - \$30.00
Podiatry	2	Combined limit - see General dental	Initial visit - \$31.00 Subsequent visit - \$25.00
Acupuncture	2	Combined limit - see General dental	Initial visit - \$20.00 Subsequent visit - \$20.00
Remedial massage	2	Combined limit - see General dental	Initial visit - \$20.00 Subsequent visit - \$20.00
Chinese medicine	2	Combined limit - see General dental	Initial visit - \$20.00 Subsequent visit - \$20.00
Orthotics (podiatric orthoses)	2	Combined limit - see General dental	Orthotics supply & fit - \$150.00
Osteopathy	2	Combined limit - see General dental	Initial visit - \$40.00 Subsequent visit - \$30.00

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

X Blood glucose monitors	X Non PBS pharmaceuticals	X Psychology
X Hearing aids	X Orthodontic	X Other treatments - check with your insurer

Other features of this general treatment cover

This cover features a Flexi Limit for the Included Extras which covers Routine, Complex & Major Dental, Physiotherapy, Chiropractic, Osteopathy, Natural Therapies, Podiatry & Orthotics. This limit is loyalty based & increases up to a maximum of \$1,500 after 5 continuous financial years of membership

Ambulance cover

Ambulance cover is provided by the State government for residents of Tasmania. This may include cover whilst interstate, except for South Australia and Queensland where no cover applies. In other states please check with Ambulance Tasmania - https://www.health.tas.gov.au/ambulance/fees_and_accounts.

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.