

Private Health Information Statement - Combined policy

boost flexi basic plus

ahm health insurance

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

134 246

Monthly Premium

\$442.00[#]

(before any rebate, loading or discount)

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

Available in Tasmania
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.

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	✓ Podiatric surgery (provided by a registered podiatric surgeon - limited benefits)
✓ Brain and nervous system	✓ Hernia and appendix	✓ Skin
✓ Breast surgery (medically necessary)	✓ Implantation of hearing devices	✓ Sleep studies
✓ Chemotherapy, radiotherapy and immunotherapy for cancer	✓ Insulin pumps	✓ 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 Pregnancy and birth
✓ Ear, nose and throat	✓ Male reproductive system	R Rehabilitation

This policy ✗ does not include cover for

✗ Assisted reproductive services	✗ Heart and vascular system	✗ Plastic and reconstructive surgery (medically necessary)
✗ Cataracts	✗ Joint replacements	✗ Weight loss surgery
✗ Dialysis for chronic kidney failure	✗ Pain management with device	

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.

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
- 12 months for pregnancy and birth (obstetrics)
- 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, no excess for Dependants and 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

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental	2	\$800 per person (combined limit for general dental, endodontic, non pbs pharmaceuticals, physiotherapy, chiropractic, psychology, acupuncture, remedial massage, chinese medicine, dietetics/dietary advice, osteopathy, speech therapy & other services)	Periodic oral examination - \$30.00 Scale & clean - \$50.00 Fluoride treatment - \$18.00 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 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 Subsequent visit - \$30.00
Chiropractic	2	Combined limit - see General dental	Initial visit - \$35.00 Subsequent visit - \$28.00
Psychology	0	Combined limit - see General dental	Initial visit - \$71.00 Subsequent visit - \$45.00
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
Ante-natal/Post-natal classes	0	No annual limit	Initial visit - \$25.00 Subsequent visit - \$25.00

Chinese medicine	2	Combined limit - see General dental	Initial visit - \$20.00 Subsequent visit - \$20.00
Dietetics/dietary advice	2	Combined limit - see General dental	Initial visit - \$32.00 Subsequent visit - \$25.00
Osteopathy	2	Combined limit - see General dental	Initial visit - \$37.00 Subsequent visit - \$30.00
Speech therapy	2	Combined limit - see General dental	Initial visit - \$50.00 Subsequent visit - \$26.00

With boost flexi basic plus you get one flexi limit to spend across all of your included extras each financial year and a separate optical limit. The longer you're a member with us, the more you can claim with an increasing flexi limit each financial year (capped at year 5). This product also includes Hypnotherapy (\$71 for initial consultation and \$45 for subsequent consultations, waiting period is 2 months) and a range of Health Improvement Benefits including: Yoga, Pilates, Quit smoking, Disease management association fees, Cancer Council UV products, Stress management courses, Preventative tests, scans and screenings, Health checks, Exercise classes and Swimming lessons (for ages 0-17 years). This product also includes Counselling services. Conditions and annual limits apply. Please refer to your product guide for more details.

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

X Blood glucose monitors	X Major dental	X Podiatry
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 to use on one or all of your included extras as well as a separate optical limit. The flexi limit increases up to a maximum of \$1,200 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.