

Super Extras

Information about your policy



▶ **Effective 1 July 2011**

Contacting ahm?

Visit ahm.com.au and register for online services to manage your cover online and access a range of information on healthy living.

As soon as you've registered you'll be able to:

- claim for most extras benefits online
- check your benefit limits
- change your level of cover
- view and update your personal information
- search for a Doctor or hospital
- access information on healthy living and dental and eyecare health
- register for our e-newsletter and more

Member service centre hours:

Monday to Friday
8.00am – 6.00pm (Eastern Standard Time)

Fax: 1300 329 246

Web: ahm.com.au

Email: info@ahm.com.au

Postal Address:

ahm, Locked Bag 1006, Matraville NSW 2036



*Find us on
Facebook*

All enquiries: 134 246

Contents

About your cover	4
Waiting periods explained	5
Getting what you're entitled to	6
How to claim	8
How to pay	9
Benefit tables explained	10
Dental benefits	11
General benefits	13
More than just health insurance	19
Who's on your cover	21
Changing your cover	22
Important information you need to know	23
Feedback	26
Privacy policy	27



Private Health Insurance Code of Conduct

ahm adheres 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 ahm complies with the Code and has 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



About Super Extras cover

ahm's extras cover allows you to take charge of your wellbeing by paying benefits for services that help you lead a healthier lifestyle.

This document contains important information about your health insurance policy including any waiting periods and benefit limits that apply to your cover as well as the benefits you're entitled to.

Please read through it carefully and keep it in a safe place for future reference.

If you're unsure of anything, please call us on 134 246.

Here's a snapshot of the services this policy covers



Dental

- Routine, complex and major treatment
- Orthodontics



Optical

- Frames, lenses and repair
- Refractive sight correcting laser eye surgery



Therapies

- Physiotherapy
- Chiropractic
- Osteopathy
- Complementary and alternative therapies
- Psychology and hypnotherapy
- Speech therapy
- Podiatry
- Occupational therapy
- Eye therapy
- Audiology



Health improvement

- Dietary, nutrition and weight loss services
- Quit smoking
- Cancer Council UV products
- Preventive tests and health checks
- Stress management
- Swimming lessons and training
- Disease management association fees
- Exercise classes



Disease prevention

- Health Risk Assessment
- Health coaching



Other benefits

- Pharmacy
- Hearing aids
- Orthotics
- Travel and accommodation
- Pre and post natal services
- Medical gases
- Joint fluid replacement injections
- Outpatient procedure room fees
- Post operative and medical aids
- Emergency ambulance

Waiting periods

When you take out extras cover or change your level of cover, you may have to wait a set time before you can claim for services and benefits you weren't previously covered for.

The good news is that there are no 2 or 6 month waiting periods on any of ahm's extras covers so you'll be able to start claiming straight away on many benefits including routine dental, optical, physio, chiro and osteo and complementary and alternative therapies including naturopathy and remedial massage.

If you change your cover and if your new level of cover has additional or higher benefits on services where waiting periods of 12 months or more apply, you will still have to serve these waiting periods.

<i>Waiting period</i>	<i>Service</i>
1 day	<ul style="list-style-type: none">• Emergency ambulance• Disease prevention
12 months	<ul style="list-style-type: none">• Complex dental benefits• Major dental benefits• Orthodontics• Podiatric surgery• Orthotics and orthopaedic shoes• Hearing aids• Pre and post natal services• Medical gases• Joint fluid replacement injections
3 years	<ul style="list-style-type: none">• Refractive sight correcting laser eye surgery (You need to have held Super Extras for 3 years before you're entitled to this benefit)



Getting what you're entitled to

At ahm, we want you to get what you're entitled to so we don't have any 2 and 6 month waiting periods on any of our extras covers.

We've tried to make claiming easy as well by providing a range of options so that you can choose the claiming method that suits you.

There are some rules though, so we've provided you with details of these and how to claim on the following pages.

Making a claim

We can only pay a claim if:

- the service is performed by an ahm recognised provider
- the service date on the receipt is less than two years old
- an original receipt or invoice is submitted to and kept by ahm
- your claim is not payable or subsidised by a third party such as workers compensation unless an authority has been completed
- your policy is financial on the date of service

Limits

Most benefits will have a limit which is a maximum amount you can claim in a specified period of time. Unless otherwise stated, limits on this policy are per financial year (1 July - 30 June) and all benefit entitlements are renewed at the beginning of each financial year (unless you've already reached your lifetime limit (where applicable)).

We've outlined the limits that apply to your policy in the benefits tables in this document and you can check benefit limits online at any time.

Claiming periods

Financial year - 1 July to 30 June. Your benefit entitlements are renewed at the beginning of each financial year.

Rolling year - Very few of our products have a rolling year however, a rolling year begins on the date a service was first provided with the limit applying to that 12 month period following the date of service.

Limit types

Per person limits – Where applicable, each person on a policy can claim up to the ‘per person’ limit for the claiming period except where the family limit has already been used by other members on the policy.

Family limit – Benefits are payable up to the family limit indicated in the benefits table for the claiming period (as subject to per person limits).

Lifetime limit – A benefit with a lifetime limit means that once you reach the limit, you can no longer claim that benefit in any future year of membership, even if you change your cover.

Loyalty limit – Loyalty limits are based on maintaining a policy with ahm for a continuous period of time and apply to some benefits on this policy. This means your benefit limit is dependent on how long the principal member has held a policy with ahm.

To confirm your loyalty limit entitlement, you need to know the number of years you have continuously held a policy with ahm then refer to the benefits table. You can check your years of policy coverage online in our ‘members’ section or by calling us.

How loyalty limits work

The loyalty date for the whole policy is determined by the principal member (see definition page 21). If a partner or dependant (see definition page 21) leaves the policy for any reason, including the death of the principal member, they’ll carry their own joining date as their loyalty date.

We’ve provided some examples below to help explain:

1. Betty (principal member) started an ahm family policy in 1980 and John was added to the policy in 1989 when he was born. John recently turned 21 and left the family policy to start his own single policy with ahm. Because he’s been with ahm since 1989 he’ll start a single policy with 21 years of loyalty (as at 2010).
2. Tom (ahm member since 2002) married Betty and joined her policy in 2004. The policy stays in Betty’s name so their loyalty date remains at 1980 and they’re entitled to the highest limits.
If the policy had transferred into Tom’s name (he became the principal member) their loyalty date would be 2002 instead of 1980 and their loyalty limits would be less.
3. Betty passed away in 2010. When Betty passed away, the policy transferred into Tom’s name. As he is now the principal member, loyalty limits are based on when he joined ahm in 2002.

NOTE: If you have to make a change to your policy, it’s important that you consider who will be the principal member as this may determine the loyalty limits you can claim.

Moving into a higher limit category

As loyalty limits apply to a financial year, the number of years the principal member has been a member as at 1 July each year determines which category of loyalty limit they’re entitled to. For example, if a member has held continuous cover with ahm for 5 years in December 2010 (having joined in December 2005), they won’t be entitled to their 5 years loyalty limits until 1 July 2011.

How to claim

Claiming is easy - Most extras service providers offer HICAPS (Health Insurance Claiming and Processing System) which gives you the convenience of on-the-spot claiming using your membership card. You just pay any remaining balance directly to the provider so there's no need to submit anything to us. If your service provider doesn't offer HICAPS you can use one of the following services we provide:



Online - You can make a claim any time you want by visiting our online members' section. Claiming for most extras benefits is easy and can be completed in three easy steps.

1. Log in to the members' section at ahm.com.au and enter your claim details
2. We'll deposit your benefit into your nominated account within two working days
3. We'll send you a letter to confirm your claim, so make sure your contact details are up to date. You need to attach your original receipt/s to this letter and send it back to us. If you've lost your receipts, you can contact your service provider for duplicates

NOTE: There's a \$500 limit for claims made online or over the phone. If you reach this limit, you can't make any more claims online or over the phone until we have received your receipts. Once we've received your receipts and verified your claims, you can start claiming up to \$500 again.



Over the phone - If you'd prefer to speak to someone, our staff can process most extras benefits over the phone.

1. Call 134 246 to provide us with your claim details
2. We'll deposit your benefit into your nominated account within two working days
3. We'll send you a letter to confirm your claim, so make sure your contact details are up to date. You need to attach your original receipt/s to this letter and send it back to us. If you've lost your receipts, you can contact your service provider for duplicates



POSTAL - Paid claims

1. Fill in a claim form
2. Make sure you attach your original receipts (these won't be returned to you)
3. Mail to: ahm, Locked Bag 1006, Matraville NSW 2036

We can either deposit the benefit in your bank account or send you a cheque

If you've lost your original receipts, contact your service provider for duplicates before you claim



POSTAL - Unpaid claims

1. If you haven't paid the bill - fill in a claim form, attach the bill and mail it to us
2. We'll send you a cheque that's payable to your service provider
3. When you receive the cheque, you must send it to the provider and include any additional amount that you may be required to pay

Claim forms - can be downloaded from our website at ahm.com.au or you can call **134 246** to have them posted to you.

How to pay

We offer a number of convenient options to make sure you're covered when you most need it. All you need to do is pick the one that's right for you.



Direct debit – We think this is the easiest way to pay, and our members must think so too because this is our most popular payment method. There's no need to think about when your premium is due because we'll just withdraw the premiums from your nominated bank account or credit card at a frequency chosen by you. Simply call us on 134 246 to set this up or download a Payment Form from our website ahm.com.au.



BPAY – You can pay any time of day, over the phone or online if you're registered for phone or internet banking with your financial institution. Simply use the biller code 57430 and your membership number as the customer reference number.



Online – One off payments can be made using your Visa or MasterCard credit card. Just log in to the members' section and select 'Make a payment'.



Phone – You can pay your premiums by Visa or MasterCard credit card over the phone on 134 246.



Mail – Cheques can be sent to: ahm, Locked Bag 1006, Matraville NSW 2036. Please ensure your name and membership number is clearly printed on the back of the cheque.



Over the counter – We accept Visa and MasterCard credit cards, EFTPOS, cheques and cash over the counter at our head office: 77 Market St, Wollongong NSW.

Our fund rules require that all members who pay their premiums by direct debit, cheque, cash or by BPAY must pay their premium at least one premium frequency in advance at all times.

If you pay by Group Payroll Deductions you must be paid 'in line' (ie to the same date) with the group.

Payments in advance

You can pay your premiums up to a maximum of 12 months in advance. This applies from the date you make a payment (not the date your premiums are currently paid to). If your premiums are already in advance, ahm will accept further payments to pay your membership up to 12 months in advance from the day you paid.

Benefit tables explained

The table below is an example of the benefits tables on the following pages. Listed under each heading is a breakdown of what is covered and the benefit you are entitled to receive. The financial year limits are listed under that and include loyalty year limits. Limits are explained in more detail from page 6. If you have questions about what you are covered for, or how the financial year limits affect your benefits, call **134 246**.

Name of benefit and services provided under that benefit.

Benefit entitlement
Amount in dollars.

Therapies	Benefit	Therapies	Benefit
Physiotherapy and osteopathy		Chiropractic	
Initial consultation†	\$43	Initial consultation†	\$43
Subsequent consultation	\$33	Subsequent consultation	\$33
Per class - Group hydrotherapy, pilates, antenatal exercises and rehabilitation*	\$17		
Limits			
	0 - 4 years	5 - 9 years	10+ years
Per person per therapy	\$300	\$350	\$400
Per family per therapy	\$750	\$875	\$1000

Limit breakdown
Indicates limit amount for various services.

Limits
These amounts are the maximum amount of benefit you can claim in a specified period.

Loyalty limits (where applicable)
Limits vary depending on your length of membership and type of cover with ahm.



Dental benefits

These are examples of the most common dental services we pay benefits for. There are more services covered by this policy than we can include here so make sure you call us before you have any treatment to confirm the benefits you'll receive.

<i>Routine</i>	<i>Item</i>	<i>Benefit</i>	<i>Routine</i>	<i>Item</i>	<i>Benefit</i>
Diagnostic			Direct Restorations		
Comprehensive examination	011	\$40.35	Metallic restoration of 1 surface	511	\$58.15
Periodic examination	012	\$38.25 [*]		513	\$84.50
Emergency examination	013	\$29.25 ^{**}	Adhesive filling of 1 surface (front)	521	\$62.05
X-ray (one film)	022	\$24.15	Adhesive filling of 3 surfaces (front)	523	\$87.30
Preventive			Adhesive filling of 1 surface (back)	531	\$65.00
Clean and polish	111	\$33.80	Adhesive filling of 3 surfaces (back)	533	\$100.25
Scale and clean	114	\$65.20 [#]			
Topical fluoride application	121	\$23.75 ^{**}			
Mouthguard – custom made	151	\$90.40 ^{**}			
Extractions					
Non-surgical extraction	311	\$67.75			
Surgical extraction	324	\$189.50			
Combined per person	No limit				
Family limit	No limit				

* Maximum 2 services per year combined
 ** Maximum 2 services per year
 # Maximum 3 services per year combined

Complex		Complex	
	<i>Item</i>	<i>Benefit</i>	<i>Item</i>
Periodontics		Endodontics (Root canal therapy)	
Non-surgical periodontic treatment	281	\$176.20	Preparation of one root canal 415 \$138.35
Limits	1 - 4 years		5 - 9 years
Per person combined	\$1,000		\$1,100
Family limit	\$2,500		\$3,000

Major		Major	
	<i>Item</i>	<i>Benefit</i>	<i>Item</i>
Indirect restorations		Dentures	
Tooth coloured filling 1 surface	551	\$246.90	Full upper or lower (one complete set per person each 3 years) 711/712 \$405.10
Crowns/bridges/implants			
Fully veneered crown	615	\$587.10	
Limits	1 - 4 years		5 - 9 years
Per person combined	\$1,100		\$1,300
Family limit	\$2,750		\$3,250

Orthodontics		Orthodontics	
	<i>Item</i>	<i>Benefit</i>	<i>Item</i>
Up to your yearly limit for specialist services		100%	Up to your yearly limit for GP services 70%
Limits	1 - 2 years		3 - 4 years
Per person	\$800		\$1,000
Lifetime limit			\$2,400



General benefits

<i>Optical#</i>	<i>Benefit</i>		
Frames, single lenses (pair), bi-focal (pair), multi-focal (pair), contact lenses, repair to frames or lenses	Benefit depends on loyalty years		
Refractive sight correcting laser eye surgery (per eye)	\$600		
Limits	0 - 4 years	5 - 9 years	10+ years
Per person combined	\$250	\$275	\$300
Family limit	No limit	No limit	No limit
Lifetime limit (applies to laser eye surgery only)	\$1,200 per person		

<i>Therapies</i>	<i>Benefit</i>	<i>Therapies</i>	<i>Benefit</i>
Physiotherapy and osteopathy		Chiropractic	
Initial consultation†	\$43	Initial consultation†	\$43
Subsequent consultation	\$33	Subsequent consultation	\$33
Per class - Group hydrotherapy, pilates, antenatal exercises and rehabilitation*	\$17		
Limits	0 - 4 years	5 - 9 years	10+ years
Per person per therapy	\$300	\$350	\$400
Per family per therapy	\$750	\$875	\$1000

Payable for scripted sight correcting products only

† 1 initial consultation per therapy per person per financial year

* Benefits only paid where service is performed by an ahm registered physiotherapist

Complementary and alternative therapies		Benefit
Naturopathy, homeopathy, acupuncture, herbalism, remedial massage, reflexology, feldenkrais, rolfing, bower therapy, alexander technique, kinesiology, biochemistry, traditional Chinese medicine, shiatsu, myotherapy, aromatherapy and exercise physiology		\$26.50
Combined per person		\$400
Family limit		\$800

Other therapies	Benefit	Other therapies	Benefit
Psychology and hypnotherapy		Eye therapy (Orthoptics)	
Assessment or initial consultation†	\$81	Initial consultation†	\$32
Subsequent consultation	\$46	Subsequent consultation	\$25
Group consultation (provided by an ahm registered psychologist)	\$25	Podiatry	
Speech therapy		Initial consultation†	\$38
Initial consultation†	\$60	Subsequent consultation	\$30
Subsequent consultation	\$30	Casting	\$30
Occupational therapy		Podiatric surgery	\$210
Initial consultation†	\$34	Audiology	
Subsequent consultation	\$30	Initial consultation†	\$32
		Subsequent consultation	\$25
Limits	0 - 4 years	5 - 9 years	10+ years
Per person per therapy	\$300	\$350	\$400
Per family per therapy	\$750	\$875	\$1000

Orthotics and orthopaedic shoes		Benefit
Purchased from an ahm registered podiatrist or orthopaedic supplier only. Excludes benefits for sporthotics and formthotics		\$200
Combined per person		\$200
Family limit		\$400

† 1 initial consultation per therapy per person per financial year

Hearing aids		Benefit
Per hearing aid		\$800
Repair		\$50
(Account must be fully paid before claiming)		
Combined per person		\$1,600 every 3 years
Family limit		No limit

Pharmacy		Benefit	
General items*		Up to \$60 each item above the general patient PBS amount	
Hormonal implants			
Contraceptives (for medical reasons)			
Preventive/travel vaccines			
Limits	0 - 4 years	5 - 9 years	10+ years
Per person combined	\$500	\$550	\$600
Family limit	\$1,000	\$1,100	\$1,200

Post operative and medical aids[#]	Benefit	Post operative and medical aids[#]	Benefit
Post operation aids (eg surgical stockings)	\$105	Medical aids (including Irlen lens)	\$160
Braces and supports (eg crutches)	\$105	Non-surgical prosthesis (including wigs)	\$160
Combined per person			\$300
Family limit			\$600

* Excludes PBS scripts, over the counter or off the shelf medicines, vitamins and herbal medicines

Evidence of hospitalisation or medical need is required

Maternity options**	Benefit	Maternity options**	Benefit
Per visit - Pre and post natal consultations and classes including lactation consultants	\$25.50	Per course - Birthing courses (must be provided by a registered midwife)	\$122.50
Combined per person	\$210 per rolling year†		
Family limit	No limit		

Travel and accommodation	Benefit
Travel over 200 kms return trip	15 cents per/km
Per night - Accommodation (For specialist medical appointments and outpatient procedures only)	\$30
Combined per person	\$300
Family limit	\$600

Outpatient procedure room fees	Benefit
Per procedure	\$120
Combined per person	\$360
Family limit	\$720

Medical gases	Benefit
Per unit (such as oxygen)	\$100
Per person limit	\$1,200

* Where not claimable through Medicare

† A rolling year begins on the date a service was first provided with the limit applying to that 12 month period

Joint fluid replacement injections**Benefit**

Per injection (eg Synvisc, OsteoArtz, Hyalgan)

\$320

Per person limit

\$640 per rolling year†

Ambulance**Benefit**

Emergency only

100%

Financial year limit

No limit

Disease prevention**Benefit**

ahm Health Risk Assessment

100%

Limit

1 per person per 12 months

ahm Health Coaching Program

100%

Limit

1 per person per 6 months

† A rolling year begins on the date a service was first provided with the limit applying to that 12 month period

<i>Health improvement</i>	<i>Benefit</i>	<i>Health improvement</i>	<i>Benefit</i>
Dietitian and nutritionist		Weight loss	
Initial consultation†	\$45	Per class	\$10
Subsequent consultation	\$32	Per course	\$100
		(ahm approved providers only with medical evidence of a BMI of 26 or over for adult claims and an unhealthy BMI for children's claims)	
Limit	\$400 per person / \$1,000 per family		
Quit smoking		Health checks	
Per course	\$110	Per check# - Doctor health checks and Healthy Heart checks (where not claimable through Medicare, an employer or another party)	\$60
Per course - Laser acupuncture therapy	\$110		
Per item - Nicotine replacement therapy ie. patches, gum, lozenges, inhalers (where not claimable under the PBS)	\$60	Exercise classes	
Disease management association fees		Gym, yoga, pilates, and exercise physiology	
Per association - Asthma, Diabetes, Heart, Arthritis, Colitis, Coeliac and Crohn's disease	\$52	Per class	\$16
Cancer Council UV products		Per course	\$250
Per item - sunscreen, swimwear, hats and sunglasses (doesn't include cosmetics, shade and accessories items. Your receipt must identify the item as Cancer Council approved)	\$52	(when part of an ahm or a recognised health management program and by ahm approved provider)	
Stress management		Swimming lessons and training	
Per course (recognised psychologist or ahm approved provider)	\$100	Per lesson	\$10
Preventive tests		Per course	\$250
Per test - Mammograms, skin cancer screenings, bowel cancer tests and scans and bone mineral density tests (where not claimable through Medicare)	Up to \$65	(0-17 years of age by an Austswim® or Swim Australia accredited swim school with evidence of asthma, diabetes, an unhealthy BMI or a doctor's recommendation to undertake this activity due to their condition)	
Limit	\$250 per person / \$625 per family		

† 1 initial consultation per therapy per person per financial year

1 per person per financial year

NOTE: All health improvement benefits are subject to benefit conditions. Please refer to page 20 for details.



More than just health insurance

At ahm, we believe it's important that our members look after their health and wellbeing by living healthy lives. That's why we provide more than just benefits for dental and eyecare. Your ahm extras cover also includes health programs to help you improve your health and a range of health improvement benefits.

It's important to note that we are only able to pay benefits for health improvement if benefit conditions are met. You also may be required to get your GP to complete a Health Improvement Benefit Approval Form clearly stating the condition that is being managed. Before claiming on these benefits, please read the following information carefully to ensure that you meet the conditions.

Disease prevention

Health Risk Assessment (HRA)

This health risk assessment is a questionnaire-based assessment to help you identify any possible health risks. Once you complete the assessment you'll be provided with a Wellness Profile that includes your Health Age, any major health risks you face and advice on preventive measures. As an ahm extras member you can complete the HRA online at no cost to you as long as you're 18 years or over and your policy is financial.

ahm's Health Coaching Program

The Health Coaching program is a support program aimed at helping you improve or maintain your health or manage a condition where a risk factor is present. The program involves a series of phone calls with a qualified clinician such as a dietitian, exercise physiologist or nutritionist over a six month period. Your clinician will help you to set a health goal to achieve over the six months, and we'll send you out helpful information relating to your goal. You'll also have access to online support including information, health tips, recipes and goal setting. If you're 18 years old or over call us on 134 246 to access the program.

NOTE: Falling behind in your premiums (arrears) or changing your cover may affect your eligibility or participation in ahm's disease prevention programs.

Health improvement benefits

To help you better manage your health, we'll pay benefits towards a range of health improvement items on your policy. It's important to note that for many of the health improvement benefits we are only able to pay benefits if all benefit conditions are met, so please read the information carefully and call us before you send in a claim if you're unsure whether you'll be covered or not.

You can view your health improvement entitlements on page 18

Our health improvement benefits include:

Dietitian and nutritionist	consultations
Cancer Council	approved UV sun protection products from the sunscreen, hats, swimwear and sunglasses range. Items from the cosmetics, shade or accessories range aren't covered
Disease management association fees	for the Arthritis Foundation, the Asthma Foundation, the Coeliac Society, Diabetes Australia, the Heart Foundation and Crohn's and Colitis Association to help manage and receive support for a diagnosed chronic disease
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
Exercise classes	including gym, yoga, pilates and exercise physiology sessions when part of an ahm or a recognised health management program and by an ahm approved provider. A detailed health management plan specifying the condition being managed must be provided which has a date prior to the date of service of any claim. Gym classes must be provided by a Fitness Australia accredited gym or personal trainer
Preventive tests, scans and screenings	where not claimable through Medicare to assist with early diagnosis and/or prevent an illness or condition
Quit smoking courses	including laser therapy and nicotine replacement therapy (patches, gum, lozenges and inhalers) where not claimable under the PBS to assist in quitting or reducing smoking with the aim to help improve or prevent an associated health condition
Stress management courses	by a recognised psychologist or ahm approved provider to manage and prevent health conditions associated with high levels of prolonged anxiety
Weight loss classes and courses	provided by ahm approved providers Weight Watchers®, Jenny Craig® or Fernwood® Simplicity. Medical evidence of a Body Mass Index (see definition on page 23) of 26 or over must be provided. This can be in the form of a doctor's certificate, an ahm health profile (provided after completion of an ahm Health Risk Assessment) or a certificate from an ahm approved 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
Swimming lessons	for 0 - 17 years by an Austswim® or Swim Australia accredited swim school for children with asthma, diabetes or an unhealthy Body Mass Index (see definition page 23). Medical evidence of one of these conditions must be provided or a doctor's recommendation to undertake this activity due to their condition prior to claiming benefits

NOTE: All services must be provided by an ahm approved provider.



Who's on your cover?

We have a range of different policy options designed to suit the different lifestyle needs of our members. So depending on your circumstances, the scale (level) of your cover will be one of the three below:

Single policy – a policy that only includes one person, the principal member

Single parent policy – a policy that includes two or more people, one insured adult (the principal member) and the other insured persons are dependants of the insured adult

Family policy – a policy that includes an adult who is the principal member, their partner and any dependants of the principal member or their partner

The **principal member** is the first named member of a policy. This person is responsible for the payment of premiums under a policy issued by ahm. This person has the authority to terminate the policy and add or delete persons from the policy.

A **partner** of a person is the person's husband or wife or a person who, although not married to the person, lives with that person on a bona fide domestic basis and includes a same-sex partner.

Dependants on your cover

If you have a family or single parent policy, your kids can be covered on your policy as dependants as long as they fit the following criteria:

Child dependant – your child is under the age of 18 and single

Adult child dependant – your child is aged 18 and over and under 21 years and they're single and not working full-time

Student dependants – your child is aged 21 and over and under 25 and they're single, studying full-time and not working full-time

Adult dependants – your child is aged 18 and over and under 25 and they're single and not a full-time student. An additional premium applies to keep your child covered as an adult dependant and it is not available on all our cover types. Please call us on 134 246 for more information and a list of eligible policies.

If your child has a partner then they will need to take out their own insurance cover.



Changing your cover

We all make changes from time to time and that includes changing your health insurance. It's important to know that when you change your cover, it may affect benefit entitlements you were previously covered for as well as your eligibility or participation in ahm's disease management programs.

If your new level of cover has additional or higher benefits on services where waiting periods of 12 months or more apply, you will still have to serve these waiting periods. The good news is that ahm doesn't have 2 or 6 month waiting periods on any of our extras products, so in many cases you'll be able to start claiming your new benefits straight away.

Transferring from another private health insurer

If you've transferred from another private health insurer, we'll recognise the waiting periods you've already served for comparable benefits. The good news is that ahm doesn't have 2 or 6 month waiting periods on any of their extras products, so even if you were still serving 2 and 6 month waiting periods at your previous insurer, with ahm you'll be able to start claiming straight away.

In accepting a transfer from another private health insurer, we reserve the right to treat any benefits paid by the previous insurer in the current financial year as already being used under the limits of your new cover.

Suspending your policy

At ahm, we recognise that we all need to get away sometimes, so if you're travelling overseas for more than 30 days, you can suspend your policy (to a maximum of 2 years at any one time) without it affecting your loyalty. The period of suspension will still count towards the years of continuous cover.

To suspend your policy just send us a written or email request before your holiday with a copy of your official itinerary or e-ticket which includes the dates of travel. We'll get back to you before you leave to confirm the suspended period. We'll contact you on your return to confirm reinstatement of your policy and reactivating your premiums.

NOTE: You'll still need to serve any waiting periods you may have had before leaving the country and no benefits will be paid for services provided during the suspension period.

If you have hospital cover with ahm, suspending your policy may result in you being charged the Medicare Levy Surcharge. We suggest you speak to your accountant, tax agent or the Australian Taxation Office for further advice.



Important information you need to know

Ambulance transportation

If you have extras cover on its own, this policy only covers you for emergency transportation.

This means a sudden or unexpected need for hospitalisation where the only practical way of getting to a hospital is by ambulance.

NOTE: We don't pay benefits for ambulance subscriptions and we don't cover you for non-essential transportation such as:

- transfer between a public and private hospital
- changing hospitals to be closer to home
- travelling from home to hospital for tests.

Body Mass Index

Body Mass Index (BMI) is used to estimate your total amount of body fat. It's an approximate measure of the best weight for health. To calculate your BMI, divide your weight in kilograms by your height in metres squared.

For example, if you weigh 70kg and you're 1.7 metres tall, your BMI would be 24.2.

$$70 \div (1.7 \times 1.7) = 24.2$$

A BMI between 18 and 25 is within the normal range. A BMI less than 18 means you're considered underweight and a BMI of 26 and over means you're considered overweight. If your BMI is above 30, you're considered obese.

For a child, their age and sex is also taken into account when calculating BMI so only a medical practitioner should determine.

Broken appointments

ahm doesn't pay benefits towards broken appointments, so if you've been charged for not attending or cancelling an appointment, you won't be able to claim for it.

Consultations

You're able to claim for one face to face consultation with a provider on a given day. This means that if you have two or more consultations with the same provider on the same day, even if they're for different types of services, you'll only be able to claim for one. Telephone or video consultations aren't eligible for benefits except where approved by ahm.

Dental

Dental benefits are paid by the type of service and according to the category defined by ahm as detailed below. Different benefits are not paid for the type of provider except orthodontics.

Routine – Includes x-rays, examinations or consultations, preventive procedures such as clean and polish, oral surgery for tooth extractions and minor restorative services.

Complex – Includes periodontics (root planing, oral surgery for prostheses, jaw injuries or non-tooth related surgery) and endodontics (root canal therapy).

Major – Includes indirect restorations, all crowns, bridgework and implants and dentures.

Orthodontics – We'll pay benefits for orthodontic services by a General Practitioner (GP) or specialist dentist provided claims are accompanied by a detailed treatment plan.

Health insurance policy

Acceptance of a policy application and continued eligibility for health insurance is conditional on the requirement that you agree that no person on the policy also has an active extras cover with another private health insurer.

Orthotics and orthopaedic footwear

We'll pay benefits for orthotics and orthopaedic footwear only if custom made and supplied by a recognised podiatrist or orthopaedic footwear supplier. Make sure you include a referral from a recognised provider with your claim.

ahm accepts referrals from recognised physiotherapists and chiropractors for orthotic devices.

Outpatient procedure room fees

Benefits will be paid towards the charge incurred for the use of a facility or procedure room for an outpatient medical service. The cost of the doctor's fee for the medical service isn't claimable.

Overseas claims

Your extras policy doesn't cover you for any services received or goods purchased outside of Australia, including online purchases from overseas companies.

If you're travelling overseas, call us so that we can help you arrange travel insurance at discounted rates.

NOTE: If you're planning to be out of the country for more than 30 days, you can suspend your policy for the time you're away up to a maximum of 2 years at any one time (see Suspending your policy page 22).

Pharmaceutical Benefits Scheme (PBS)

The PBS is the national pharmaceutical benefits scheme funded by the Federal Government where patients pay a set amount towards the cost of a subsidised drug. The PBS is only available to persons with Medicare eligibility.

Pharmacy

We'll pay benefits for non-PBS pharmacy items that are:

- prescription only and prescribed by a medical practitioner, including contraceptives for medical conditions, and
- essential to treat a particular illness, injury or condition.

We'll pay a benefit for each eligible pharmacy item after you pay the set PBS general patient amount as a co-payment. Items available without a prescription including over the counter, off the shelf, herbal medicines and vitamins can't be claimed.

Policy in arrears (unfinancial)

Benefits aren't payable for services provided during the period in which a policy is in arrears until the premium is fully paid and accepted by ahm.

ahm has the right to refuse to accept premiums if more than two months has elapsed since the financial date of the policy. ahm fund rules require members to be at least one premium payment in advance.

NOTE: If a member is more than two months in arrears then the policy will be terminated by notice in writing from ahm to the principal member, effective from the last financial date of the policy.

Policy termination

Only the principal member and ahm have the right to terminate the policy. Notice of termination must be given in writing, effective from the date specified in the notice (being a date no earlier than the date of the notice).

You're entitled to a refund of any premiums paid in advance of the date of termination. Any member or dependant over the age of 16 covered by a policy can terminate their own individual cover by giving notice in writing to ahm, effective from the date specified in the notice (being a date no earlier than the date of the notice) but can't terminate the policy.

Cooling off period – if the principal member terminates their policy within 30 days of joining and hasn't claimed a benefit during this period, they're entitled to a full refund.

Recognised providers

At ahm, we're required to ensure that our members receive quality services from recognised providers.

Recognising a provider means we get specific details and credentials from them to make sure they meet legislative and ahm criteria for benefit payment. All service providers must be recognised by ahm before we can pay benefits. Recognition of a provider means that ahm may check with the provider on the goods or services supplied to any person on a policy to ensure that appropriate claims and benefits are being paid.

Benefits won't be paid for services performed or goods supplied by unrecognised practitioners or by a provider on themselves, their partner or dependants, business partners or business partners' partner or dependants.

Call 134 246 to find out if your service provider is recognised by ahm or use ahm's online provider search tool at ahm.com.au

Standard Information Statements

A Standard Information Statement (SIS) is a general guide to key benefits and product features of your policy. We send you a copy of your SIS at least once every 12 months when we advise you of changes to your policy and premiums and also whenever there is a detrimental change to a benefit that is listed on the document. You should review the SIS in conjunction with your cover's policy document to provide a full overview of the benefits available to you.

If you'd like a copy of your SIS, you can call us on 134 246 or download a copy from privatehealth.gov.au.

Travel and accommodation

Travel and accommodation benefits are available if you need to travel more than 200km return for a specialist medical appointment or an outpatient procedure and there's no recognised practitioner near where you live.

This doesn't include travel and accommodation related to hospitalisations, dental or extras services including ahm's Dental and Eyecare Practices and IVF treatment.

Accommodation benefits are only payable for the patient – or a parent if the patient is a dependant child under the age of 18 – for a maximum of one night before, the night of and one night after the appointment. Travel benefits are payable for the patient only.

To claim these benefits you need to supply an invoice for your accommodation including the date, plus one of the following:

- statement of attendance from a doctor
- copy of the doctor's account
- IPTAS (Isolated Patients Travel and Assistance Scheme) forms
- Medicare statement or bulk billing statement.

Feedback

At ahm Health Insurance, we work hard to make sure you always get the best service when you need it and we welcome your feedback.

Whether you're making a suggestion, paying a compliment or making a complaint, your feedback is important to us.

If you have a suggestion about how ahm can improve our products or service, please let us know. If you're ever unhappy about something we've done - or perhaps not done - please give us the opportunity to put things right.

We use your de-identified feedback for training and coaching purposes so that we can improve our products and services.

Online: Use the contact us form – choose your subject at the top of the form

Phone: Call our friendly staff in the Member Service Centre on 134 246

Email: feedback@ahm.com.au

Mail: ahm member feedback
Locked Bag 1006
Matraville NSW 2036

Fax: 1300 329 246

Complaints

If you have a complaint related to your policy, 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.

Customer Advocacy Team

Our Customer Advocacy Team will aim to find a solution for you by investigating your complaint and then letting you know the result. They will:

- investigate the issue
- keep you informed
- aim to resolve the issue within 21 days

To help us in this process, please provide as much information as possible about the nature of your complaint. Please include your name, and membership number (if applicable), on all correspondence.

What if I'm not satisfied?

If you're not satisfied with the steps taken by ahm to resolve your complaint or with the result of our investigation, you can request a review of your complaint by the Private Health Insurance Ombudsman.

Private Health Insurance Ombudsman

We will 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

Web site: phio.org.au

ahm privacy policy

Your privacy is important to us

Australian Health Management Group Pty Limited (ahm) is subject to the Privacy Act 1988 and complies with the principles for handling your personal information.

You can contact us anonymously. However, if you choose not to be identified, we are very limited in our ability to insure you, pay claims or offer you services.

Your privacy and personal information is important to us and we will do each of the following:

- only collect, use and disclose personal information about you that is required in the provision of information about or the promotion or delivery of our products and services to you; administration of ahm's business; business analysis; or to meet any legal obligations imposed on ahm (Purpose).
- only disclose your personal information to third parties for a Purpose and with whom we have entered into an agreement that gives you (or that the law requires to give you) at least the same level of protection to your personal information as we do.
- only use de-identified information for any statistical or other analysis or similar research purposes.
- only disclose your information to a third party in connection with a product or service offered by that third party with your prior consent.
- only transfer your personal information outside Australia or health information outside New South Wales if it is in accordance with the law and is necessary for any of the following:
 - to prove your cover with another private health insurer and to confirm waiting periods have been served.
 - to investigate claims.
 - for the administration or delivery of health insurance, health management programs, dental services and related products and services.
- use only fair and lawful ways to collect personal information. Sometimes we may need to collect sensitive information from third parties such as doctors or hospitals so we can assess risks or process claims. We may also need to ask for it

from another private health insurer, if you are looking to transfer your policy. We may contact a service provider who has treated you in the past, if the information is likely to be relevant to your current treatment.

- collect personal information directly from you if it is reasonable and practicable to do so.
- allow the principal member (the person who is responsible for paying the premium) to have complete information on all aspects of the policy, including benefits claimed under the policy. This may include disclosing your sensitive information. This is required under our contract with the principal member. We send all communications on policies that cover more than one person to the address supplied by the principal member.
- take reasonable steps to ensure the personal information that ahm collects, uses or discloses is accurate, complete and up-to-date. If you need to update your contact details, please let us know.
- take reasonable steps to protect your personal information from misuse, loss and unauthorised access, modification or disclosure.
- take reasonable steps to destroy or permanently de-identify personal information if we no longer need it for any purpose.
- on request, we will give you access to the personal information we hold about you. If any personal information we hold about you is out of date or inaccurate, we encourage you to let us know, and ask us to correct it. If we cannot deal with your request, you will receive our reasons in writing.

If you want to complain about an interference with your privacy by ahm, you can visit an ahm office, call 134 246, write to Locked Bag 1006, Matraville, NSW 2036 or email info@ahm.com.au. We will do our best to resolve your complaint as quickly as possible.

If you are not satisfied with our response to your complaint, you can refer the matter to the Federal Privacy Commissioner.

Director of Complaints

Office of the Federal Privacy Commissioner
GPO Box 5218, Sydney NSW 1042
Telephone: 1300 363 992

All enquiries: 134 246

Member service centre hours:

Monday to Friday
8.00am – 6.00pm (Eastern Standard Time)

Fax: 1300 329 246

Web: ahm.com.au

Email: info@ahm.com.au

Postal Address:

ahm, Locked Bag 1006, Matraville NSW 2036



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Facebook*

The information contained in this document was accurate at the time of publication.

ahm reserves the right to vary its premiums and benefits during the year, with premiums being subject to approval by the Minister for Health and Ageing. Members who pay premiums in advance won't be exempt from such changes. This means that changes to benefits or premiums may take effect during your payment period, prior to the date that your policy is financial.



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