

Here's a summary of your cover. It contains important information and we recommend that you read it carefully and keep it somewhere safe for future reference. You can find more information about your membership and terms defined in this document by referring to your ahm OSHC Member Guide or calling us on 134 148.

Hospital cover

Hospital cover can pay towards services you receive when you're admitted to hospital and treated as a private patient.

Here are the hospital services that are Included or Excluded under your cover.

You may still incur out-of-pocket expenses above the amount we pay. Before booking your treatment, call us to find out the benefits you can expect to receive, and any out-of-pocket expenses you might incur.

Services that are Included or Excluded	
Rehabilitation	✓
Hospital psychiatric services	✓
Palliative care	✓
Brain and nervous system	✓
Eye (not cataracts)	✓
Ear, nose and throat	✓
Tonsils, adenoids and grommets	✓
Bone, joint and muscle	✓
Joint reconstructions	✓
Kidney and bladder	✓
Male reproductive system	✓
Digestive system	✓
Hernia and appendix	✓
Gastrointestinal endoscopy	✓
Gynaecology	✓
Miscarriage and termination of pregnancy	✓
Chemotherapy, radiotherapy and immunotherapy for cancer*	✓
Pain management	✓
Skin	✓
Breast surgery (medically necessary)	✓
Diabetes management (excluding insulin pumps)	✓
Heart and vascular system	✓
Lung and chest	✓
Blood	✓
Back, neck and spine	✓
Plastic and reconstructive surgery (medically necessary)	✓
Dental surgery [^]	✓
Podiatric surgery (provided by a registered podiatric surgeon) ⁺	✓
Implantation of hearing devices	✓
Cataracts	✓
Joint replacements	✓
Dialysis for chronic kidney failure	✓
Pregnancy and birth	✓
Assisted reproductive services	✗
Weight loss surgery	✓
Insulin pumps	✓
Pain management with device	✓
Sleep studies	✓

What does it mean?

✓ Included service

An Included service is a service where we pay benefits towards overnight and same-day hospital accommodation, intensive care, and medical services where a valid Medicare Benefits Schedule (MBS) item is billed.

✗ Excluded service

An Excluded service is a service that we won't pay any benefits towards, including any hospital accommodation or medical services.

Common and Support services

There are a number of Medicare Benefits Schedule (MBS) items that will also be included to support the services under this cover where a benefit is payable. These may include items like in-hospital consultations and some scans, tests and anaesthetics that are associated with your hospital admission.

Ambulance transport

Unlimited emergency ambulance transport Australia-wide. For ambulance transportation to a hospital where immediate professional attention is required and your medical condition is such that you couldn't be transported any other way.

Accident and emergency departments

If you need to attend an accident and emergency department, we'll pay 100% of any 'facility fee' charged by the hospital for attending their accident and emergency department.

The fee may not include all medical services provided and out-of-pocket expenses may apply such as for x-rays, blood tests and any charges raised by the doctor above the benefit we pay.

We do not pay towards cosmetic treatment or services without an MBS item. Under your cover, we pay limited benefits towards pharmaceuticals. You may have large out-of-pocket expenses if you require high-cost drugs, such as those used in oncology (cancer treatment).

* We will only pay towards cancer-related surgery related to an Included service under your cover.

[^]For Dental surgery performed by a dentist rather than a medical practitioner we only pay benefits towards hospital charges. If the surgery is performed by a medical practitioner and an MBS item number is billed, we will pay benefits towards the hospital and medical charges.

⁺For Podiatric surgery we only pay benefits towards hospital charges. There are no MBS items for podiatric surgery. This means we also don't pay any benefits towards the podiatric surgeon's fees under Hospital cover and you could incur significant out-of-pocket expenses.

Your cover includes benefits towards medical services provided by a doctor, that are listed in the government's Medicare Benefits Schedule (MBS). The MBS is a list of medical services and corresponding fees.

For Included services	
We pay 100% of the MBS fee for:	In-hospital medical services provided as part of an Included service (for example, surgeon and anaesthetist fees).
	General practitioner (GP) consultations.
We pay 85% of the MBS fee for:	Other medical services provided out-of-hospital (for example, specialists, pathology and x-rays), except for Assisted reproductive services.
	Allied Health services billed with an MBS item number (for example, eye checks and chronic disease and mental health management plans).

You must pay any difference between the benefit we pay and the actual fee charged by the doctor.

Prescription Medicines (pharmaceuticals)

ahm OSHC provides benefits towards the cost of eligible prescription medicines. You will be required to pay a contribution towards the cost of each eligible medicine item before we pay any benefits.

For eligible prescription medicines	
Member contribution	\$40.30*
Amount we'll pay (maximum per item)	\$50
Annual limit - Single membership	\$300
Annual limit - Couple/Family membership	\$300 per member / \$600 per membership

* This amount is equal to the 2019 non-concessional PBS co-payment, which is indexed on 1 January each year. See pbs.gov.au for more information.

- If the cost of the prescription medicine is higher than the benefit we pay, you must pay the difference.
- Benefits are payable only for prescription-only medicines prescribed by a doctor (GP or specialist) to treat an illness, injury or condition.
- We don't pay benefits towards medicines prescribed for a contraceptive or cosmetic purpose or for prescription medicines that relate to a service that is an Excluded service.

It's important to note that you may have large out-of-pocket expenses if you need treatment that uses high-cost pharmaceuticals (for example, cancer treatment).

? Things you need to know about your OSHC

Annual limits

An annual limit is the maximum amount of benefits payable per member and/or per membership, within a calendar year (1 January to 31 December).

Waiting periods

A waiting period applies when you join ahm OSHC. We won't pay benefits for any items purchased or services received while you are serving a waiting period.

Switching from another health insurer?

You may not need to re-serve waiting periods if you join ahm OSHC within two months of leaving your previous Australian health insurer, and you've already served the waiting period for that service.

Waiting periods	
None	Ambulance transport.
	Out-of-hospital medical services (e.g GP consultations).
	Prescription medicines.
	Treatment for conditions requiring hospitalisation that are not deemed pre-existing conditions.
2 months	For pre-existing conditions relating to Hospital psychiatric services.
12 months	Pre-existing conditions An ailment, illness or condition that, in the opinion of a medical practitioner appointed by us, the signs or symptoms of which existed at any time in the six month period before the day that you became insured under ahm OSHC.
	Pregnancy and birth.

Emergency Treatment Waiting Period Waiver

Benefits are generally not payable for any services or items obtained while you are serving a waiting period. However, the waiting period does not apply when your treating medical practitioner certifies, and we agree, that you required Emergency Treatment.

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Choosing a hospital

We have arrangements with most private hospitals and day surgeries in Australia - these are known as Partner Private hospitals. For an Included service in a **Partner Private hospital**, we will pay the cost of overnight and same-day hospital accommodation in a shared or private room, intensive care, theatre fees and labour ward fees. You'll generally get better value if you go to a Partner Private hospital than to a Non-Partner Private hospital provided the service you receive is Included under your cover.

To find your nearest Partner Private hospital, visit ahmoshc.com.au/find-provider. Partner Private hospitals are subject to change from time to time and are not available in all areas.

If you're treated at a **Non-Partner Private hospital** for an Included service, we'll generally pay lower benefits and you may incur significant out-of-pocket expenses.

Where you're treated as a **private patient in a public hospital** for an Included service, we'll pay the cost of overnight and same-day accommodation in a shared or private room, intensive care, theatre fees and labour ward fees. We'll also pay the cost of any public hospital accident and emergency department facility fees, as well as benefits towards medical services received in their accident and emergency or outpatient departments.

Choice of treating doctor or specialist

You can choose your doctor or specialist when you're treated in hospital as a private patient.

Surgically implanted prostheses

For an Included service, we'll pay the minimum benefit as listed in the Australian Government's Prostheses List.

24/7 Health and Support Line

ahm OSHC members can call **1800 006 745** for:

- Medical assistance from a registered nurse
- Counselling services
- Emergency legal advice
- Travel document assistance
- Health system guide
- Family and friends message service
- Living in Australia support
- Interpreter service.

Manage your account online with Online Member Services (OMS)

The ahm OSHC OMS is a convenient way of managing your membership online.

You can submit a claim for most medical services, view and update membership details, view claims history, renew your cover, find a Direct Billing medical provider or Partner Private hospital, and more.

Best of all, it only takes two minutes to sign up for OMS at ahmoshc.com.au

ahm OSHC app

The ahm OSHC app gives you access to all the features of your OMS in the convenient package of your smartphone.

In addition to the services offered through OMS, you can:

- Access the 24/7 Student Health and Support Line and other health information
- Make claims anywhere, anytime
- Turn your phone into your membership card
- Manage your health cover in your hands
- Let your phone's GPS guide you to our nearest health provider
- Translate some features of the app into simplified Chinese.

Contact us beforehand

Check in with us

Where possible before booking or receiving treatment, you should always call us to ask about the benefits you can expect to receive and any out-of-pocket expenses you might incur.

It's also a good idea to confirm any out-of-pocket expenses before admission with the hospital and doctors (including the surgeon, assistant surgeon and anaesthetist).

Important information

If at any time you gain access to full Medicare entitlements or your visa status changes (for example, you are granted permanent residency), this cover may no longer be suitable. Please notify us on **134 148** if your circumstances change.

This cover summary may be updated from time to time. You can download the latest version from your Online Member Services at ahmoshc.com.au

How to find out more

Health insurance can be complicated, that's why we've prepared a glossary of useful terms that you can view in the ahm OSHC Member Guide.

This information is current as at 1 April 2019 and subject to change from time to time. It only applies to ahm OSHC.

If you'd like to find out information about any of our covers, please contact us on 134 148.

Policies in this product are referable to Australian Health Management OSHC' also known as 'ahm OSHC'. ahm OSHC is a business of Medibank Private Limited. ABN 47 080 890 259.