



Information about your policy

SUPER EXTRAS

Effective 1 April 2010

Benefits effective 1 July 2010



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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 (the ‘tick of approval’). 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 www.ahm.com.au



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About your 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 includes important information about your cover and lists your benefit entitlements which are renewed each financial year. Please keep it in a safe place for future reference.

If you're unsure of anything, just 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

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

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.

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.

Change of cover

When you change your cover, benefit entitlements you were previously covered for may be affected. If your new level of cover includes additional items or benefits you didn't have on your previous cover, you may be required to serve waiting periods for these (see waiting periods page 5).

Where limits apply, any benefits already paid on your previous level of cover within the current financial year will be taken into account when you change your cover.

Changing your cover may affect your eligibility or participation in ahm's disease prevention programs.

Claims

Claims are only payable 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.

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 are not eligible for benefits except where approved by ahm.

Important information you need to know

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.

Disease prevention

Your extras cover enables you to access the following services and we'll cover the costs so there's no need to make a claim.

- **ahm's Health Risk Assessment (HRA)** is a questionnaire-based assessment of the health risks you face. The assessment will provide you with a Wellness Profile including your Health Age, any major health risks you face and advice on preventive measures.

If you're 18 years old or over, you can complete the HRA online at www.ahm.com.au.

- **ahm's Health Coaching Program** is a support program to help you improve or maintain your health or manage a condition where a risk factor is present. The program involves a series of telephone calls made by qualified clinicians including dietitians, exercise physiologists and occupational therapists over a six month period. It helps you make the changes needed to improve your health. You'll be provided with information relevant to your health goal and will 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 payments (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 the following:

- Dietitian and nutritionist consultations.
- Cancer Council approved UV sun protection products from the sunscreen, hats, swimwear and sunglasses range. This does not include items from the cosmetics, shade or accessories range.
- 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 (where not claimable through Medicare, an employer or another party) to assist with early diagnosis and/or prevent an illness or condition. The benefit isn't payable when your health check 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. Gym classes must be provided by a Fitness Australia accredited gym. A detailed health management plan must be provided prior to claiming benefits.
- Preventive tests, screenings and scans 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) 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® or Jenny Craig®. Medical evidence of a Body Mass Index (see definition on page 10) 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 HRA) 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 activities for children 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 10). 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.

Limits

Most benefits will have a limit which is a maximum amount you can claim in a specified period of time (see Claiming periods below). Limits are outlined in the benefits table of this policy and are per financial year unless otherwise stated. You can check your benefit limits online at any time.

NOTE: Limits not used in a claiming period don't roll over to the next claiming period.

Claiming periods

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

Rolling year – 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.

Important information you need to know

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:

- A person is on a family policy and the family limit has been reached for the claiming period
- A person is on a family policy and the family limit balance is less than the 'per person' limit. For example:
 - Benefit 'xyz' has a family limit of \$1,000 with a 'per person' limit of \$400
 - Of the family limit, \$800 has been claimed leaving a balance of \$200
 - Family member 'A' hasn't used any of their 'per person' limit in the claiming period, but will only be able to claim up to \$200.

Family limit – Benefits are payable up to the family limit indicated in the benefits table for the claiming period. Per person limits also apply.

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 for the claiming period specified will depend on the number of years that the principal member has held the policy.

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 ahm.

How loyalty limits work

The loyalty date for the whole policy is determined by the principal member (see definition page 10). If a partner or dependent (see definition page 10) leaves the policy for any reason, including the death of the principal member, they'll carry their own joining date as their loyalty date.

Some examples:

1. Betty (principal member) started an ahm family policy in 1980 and John was put on the policy in 1987 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 1987 he'll start a single policy with 21 years of loyalty (as at 2008).

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 2005.

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 a change to a policy is required, it's important for members to consider who will be the principal member as this will 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 you're entitled to. For example, although Tom has held continuous cover with ahm for 5 years in December 2007 (he joined in December 2002), he won't be entitled to his 5 years loyalty limits until 1 July 2008.

Online and telephone claiming

There's a \$500 limit on claims made online or over the phone (TeleClaim) and you can only claim for paid extras and routine dental services, not medical gap or major dentistry. If you reach the \$500 limit, you can't make any more claims online or over the phone until we have received your receipts.

Once we have your receipts, and verified the claims, you can claim up to \$500 again.

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.

NOTE: We don't pay benefits for prefabricated orthotics including sporthotics or formthotics.

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 Policy suspension page 5).

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.

Important information you need to know

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 suspension

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 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 payments.

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. Consult your accountant, tax agent or the Australian Taxation Office for further advice.

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 dependent 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.

Transferring from another private health insurer

If you've transferred from another private health insurer, we'll acknowledge the waiting periods you've already served for comparable benefits.

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.

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 dependent 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 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
- invoice for your accommodation including the date/s.

Waiting periods

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

Where benefits are greater on your new level of cover, we'll pay the benefit at the amount on your previous level of cover until the waiting period is served.

1 day	<ul style="list-style-type: none"> • Emergency ambulance • Disease prevention
2 months	<ul style="list-style-type: none"> • All extras and dental services except as specified below
6 months	<ul style="list-style-type: none"> • Optical except for laser eye surgery (see below) • Outpatient procedure room fees • Post operative aids
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)

General Benefits

Financial year limits

Therapies		Your benefit	0 - 4 years	5 - 9 years	10+ years
Physiotherapy and osteopathy					
Initial consultation†	\$42	Per person per therapy	\$300	\$350	\$400
Subsequent consultation	\$31				
Per class - Group hydrotherapy, pilates, antenatal exercises and rehabilitation*	\$15				
Chiropractic					
Initial consultation†	\$42	Per family per therapy	\$750	\$875	\$1,000
Subsequent consultation	\$31				
		Combined	\$900 single \$2,250 family	\$1,050 single \$2,625 family	\$1,200 single \$3,000 family
Other therapies		Your benefit	0 - 4 years	5 - 9 years	10+ years
Psychology and hypnotherapy					
Assessment or initial consultation†	\$80	Per person per therapy	\$300	\$350	\$400
Subsequent consultation	\$45				
Group consultation (provided by an ahm registered psychologist)	\$22.50				
Speech therapy					
Initial consultation†	\$60	Per family per therapy	\$750	\$875	\$1,000
Subsequent consultation	\$30				
Occupational therapy					
Initial consultation†	\$34	Per family per therapy	\$750	\$875	\$1,000
Subsequent consultation	\$30				
Eye therapy (Orthoptics)					
Initial consultation†	\$32	Per family per therapy	\$750	\$875	\$1,000
Subsequent consultation	\$25				
Podiatry					
Initial consultation†	\$36.50	Combined	\$1,200 single \$3,000 family	\$1,400 single \$3,500 family	\$1,600 single \$4,000 family
Subsequent consultation	\$28				
Casting	\$28				
Podiatric surgery	\$200				
Audiology					
Initial consultation†	\$32	Per family per therapy	\$750	\$875	\$1,000
Subsequent consultation	\$25				
Orthotics and orthopaedic shoes		Your benefit	Combined per person		Family limit
Purchased from an ahm registered podiatrist or orthopaedic supplier only. Excludes benefits for sporthotics and formthotics		\$200	\$200		\$400
Optical		Your benefit	0 - 9 years		10+ years
Frames	Benefit depends on loyalty years	Per person combined	\$250		\$300
Single lenses (pair)					
Bi-focal (pair)					
Multi-focal (pair)	\$50	Family limit	No limit		No limit
Contact lenses					
Repair to frames or lenses (Payable for scripted sight correcting products only)					
Refractive sight correcting laser eye surgery	\$600	Per eye	Lifetime limit \$1,200 per person		

† 1 initial consultation per therapy per person per financial year

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

Health improvement	Your benefit	Limit	Combined	
Dietitian and nutritionist				
Initial consultation†	\$45	\$400 per person	\$650 per person \$1,625 per family	
Subsequent consultation	\$30			
Weight loss				
Per class	\$10	\$1,000 per family		
Per course (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)	\$100			
Quit smoking				
Per course	\$100	\$250 per person \$625 per family		
Per course - Laser acupuncture therapy	\$100			
Per item - Nicotine replacement therapy (patches, gum, lozenges, inhalers)	\$50			
Disease management association fees				
Per association - Asthma, diabetes, heart, arthritis, coeliac and Crohn's disease	\$50			
Cancer Council UV products				
Per item - sunscreen, swimwear, hats and sunglasses (does not include cosmetics, shade and accessories items. Your receipt must identify the item as Cancer Council approved)	\$50			
Stress management				
Per course (recognised psychologist or ahm approved provider)	\$100			
Preventive tests				
Per test - Mammograms, skin cancer screenings, bowel cancer tests and scans and bone mineral density tests (where not claimable through Medicare)	Up to \$65			
Health checks				
Per check# - Doctor health checks and Healthy Heart checks (where not claimable through Medicare, an employer or another party)	\$50			
Exercise classes				
Gym, yoga, pilates, and exercise physiology		\$250 per person \$625 per family		
Per class	\$15			
Per course (when part of an ahm or a recognised health management program and by ahm approved provider)	\$150			
Swimming lessons and training				
Per lesson	\$8			
Per course (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)	\$80			
Disease prevention				
ahm Health Risk Assessment	100%		1 per 12 months	No limit
ahm Health Coaching Program			1 per 6 months	
Complementary and alternative therapies				
Naturopathy, homeopathy, acupuncture, herbalism, remedial massage, reflexology, feldenkrais, rolfing, bower therapy, alexander technique, kinesiology, biochemistry, traditional Chinese medicine and exercise physiology	\$26	\$400	Family limit \$800	

† 1 initial consultation per therapy per person per financial year

1 per person per financial year

General Benefits

Financial year limits

Hearing aids		Your benefit	Combined per person		Family limit
Per hearing aid		\$800	\$1,600 every 3 years		No limit
Repair		\$50			
Pharmacy		Your benefit	0 - 4 years	5 - 9 years	10+ years
General items*	Up to \$60 each item above the general patient PBS amount	Per person combined	\$500	\$550	\$600
Hormonal implants Contraceptives** (for medical reasons) Preventive/travel vaccines			Family limit	\$1,000	\$1,100
Post operative and medical aids#		Your benefit	Combined per person		Family limit
Post operation aids (eg surgical stockings)		\$100	\$300		\$600
Braces and supports (eg crutches)		\$100			
Medical aids (including Irlen lens)		\$150			
Non-surgical prostheses (including wigs)		\$150			
Maternity options		Your benefit	Combined per person		Family limit
Per visit - Pre and post natal consultations and classes including lactation consultants		\$21	\$210 per rolling year†		No limit
Per course - Birthing courses		\$100			
Travel and accommodation		Your benefit	Combined per person		Family limit
Travel over 200 kms return trip		15 cents per/km	\$300		\$600
Per night - Accommodation (For specialist medical appointments and outpatient procedures only)		\$30			
Outpatient procedure room fees		Your benefit	Combined per person		Family limit
Per procedure		\$120	\$360		\$720
Medical gases		Your benefit	Combined per person		Family limit
Per unit (such as oxygen)		\$100	\$1,200		No limit
Joint fluid replacement injections		Your benefit	Combined per person		Family limit
Per injection (eg Synvisc, OsteoArtz, Hyalgan)		\$320	\$640 per rolling year†		No limit
Ambulance		Your benefit	Financial year limit		
Emergency only		100%	No limit		

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

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

** Sub limit of \$200 per person and \$400 per family

Evidence of hospitalisation or medical need is required

Dental Benefits

Financial year limits

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.

Routine	Item	Your benefit		Combined per person		Family limit
Diagnostic						
Comprehensive examination	011	\$39.00	}			
Periodic examination	012	\$37.00				
Emergency examination	013	\$28.30**				
X-ray (one film)	022	\$23.45				
Preventive						
Clean and polish	111	\$32.70	}			
Scale and clean	114	\$63.00				
Topical fluoride application	121	\$23.00**				
Mouthguard – custom made	151	\$87.45**				
Extractions						
Non-surgical extraction	311	\$65.65				
Surgical extraction	324	\$183.65				
Direct Restorations						
Metallic restoration of 1 surface	511	\$56.35				
Metallic restoration of 3 surfaces	513	\$81.90				
Adhesive filling of 1 surface (front)	521	\$60.15				
Adhesive filling of 3 surfaces (front)	523	\$84.60				
Adhesive filling of 1 surface (back)	531	\$63.00				
Adhesive filling of 3 surfaces (back)	533	\$97.15				
Complex						
	Item	Your benefit		1 - 4 years	5 - 9 years	10+ years
Periodontics						
Root planing (per tooth)	222	\$9.95	Per person combined	\$1,000	\$1,100	\$1,200
Endodontics (Root canal therapy)						
Preparation of one root canal	415	\$134.10	Family limit	\$2,500	\$2,750	\$3,000
Major						
	Item	Your benefit		1 - 4 years	5 - 9 years	10+ years
Indirect restorations						
Tooth coloured filling 1 surface	551	\$239.75	Per person combined	\$1,100	\$1,300	\$1,500
Crowns/bridges/implants						
Fully veneered crown	615	\$570				
Dentures						
Full upper or lower (one complete set per person each 3 years)	711/712	\$392.95	Family limit	\$2,750	\$3,250	\$3,750
Orthodontics						
		Your benefit		1 - 2 years	3 - 4 years	5+ years
100% up to your yearly limit for specialist services			Per person	\$800	\$1,000	\$1,200
70% up to your yearly limit for GP services			Lifetime limit	\$2,400		

* Combined limit of two per year

** 2 per year

Combined limit of three per year

Terms and definitions

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.

Dependents

Child dependents – Your child can be covered by a family or a single parent family policy until the age of 18 if they're single.

Adult child dependents – Your child aged 18 and over and under 21 years can be covered on a family or a single parent family policy if they're single and not working full-time.

Student dependents – Your child aged 21 and over and under 25 can be covered on a family or a single parent family policy if they're single, studying full-time and not working full-time.

Adult dependents – Your child aged 18 and over and under 25 can be covered on a family or single parent policy if they're single and not a full-time student. An additional premium applies to keep your child covered. Please call us on 134 246 for more information and a list of eligible policies.

NOTE: If your dependents have a partner they should have their own health insurance policy.

Health insurance policy

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

Single policy – a policy that includes only one person (the principal member).

Single parent policy – a policy that includes two or more persons, of whom only one is an insured adult (the principal member) and the other insured persons are dependents of the insured adult.

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

Partner

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.

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.

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.

Recognised providers

It's important for ahm to register service providers so that you receive quality health care from the providers you choose.

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 registered with 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 dependents, business partners or business partners' partner or dependents.

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

How to claim

Claiming is easy

Most service providers offer HICAPS (Health Insurance Claiming and Processing System) which gives you the convenience of on-the-spot claiming using your membership card. Any balance owing is paid by the patient to the provider and you don't need to submit a claim to ahm.

If your service provider doesn't offer HICAPS you can use one of the following services we provide, with online and telephone claiming the quickest options:

ONLINE and TELEPHONE - You can only claim online or over the phone for services you have already paid.

1. Log onto www.ahm.com.au or call **134 ahm** (134 246).
2. We'll deposit your benefit into your preferred account (normally within 24 hours).
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: If you reach the \$500 limit, you can't make any more claims over the phone or online until we have received your receipts. Once we have your receipts, you can claim up to \$500 again (for more information see page 4).

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

Claim forms can be downloaded from our web site or you can call 134 246 to have them posted to you.

Payment methods

How to pay for your cover

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

- **DIRECT DEBIT** – This is our most popular payment method because you don't have to think about when your insurance is due. We'll draw your premiums at a frequency you choose from your nominated account or credit card. Simply call us on 134 246 to set this up or download a Payment Form from our web site.
- **BPAY** – Pay any time of day, over the phone or online. If you're registered for phone or internet banking with your financial institution, pay your premiums using the biller code 57430 and your membership number as the customer reference number.
- **PHONE payments** – You can pay your premiums by credit card over the phone on 134 246 or use the BPAY option.
- **By 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.
- **ONLINE** – One off payments can be made using your credit card. Just log in to the members' section and select 'Make a payment'.
- **Over the COUNTER** – We accept credit cards, cheques and cash over the counter at our head office: 77 Market Street Wollongong NSW.

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

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

Payments in advance

Paying in advance: You can pay your premiums 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.

Using ahm's online services

You'll find information around healthy living, dental and eyecare health, monthly health updates to keep you in the know, online services so you can make online extras claims, check your benefit limits, change your level of cover and view or update your personal details. You can also register for our e-newsletter, search for a Doctor or Hospital and access our health information, recipes and more. You will need your membership number to log in to the members' section.

Feedback and complaints

Feedback

At ahm, 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 provides a valuable contribution to our business.

If you have a suggestion about how ahm can improve our service or products, please let us know so that we can address it as soon as possible.

You can contact us in the following ways:

Phone: 134 ahm (134 246)

Fax: 1300 fax ahm (1300 329 246)

Email: feedback@ahm.com.au

Mail: ahm member feedback,
Locked Bag 1006,
Matraville NSW 2036

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.

If we're unable to resolve your complaint immediately, we'll investigate the matter and aim to resolve it within 21 days.

Most issues can be addressed at the first point of contact. If it takes longer, it will be referred to our Customer Advocacy Team for follow up.

Customer Advocacy Team

Our Customer Advocacy Team will aim to find a solution for you by investigating your complaint and then advising you of the outcome.

- Your complaint will be acknowledged.
- You'll be kept informed of the progress of our investigation.
- We'll 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 and also how you would like it resolved. Please include your name, and membership number (if applicable), on all correspondence. Telephone conversations with ahm may be recorded and used for resolving disputes and monitoring of service standards.

Not happy with the outcome?

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

If you have a complaint about any health insurer, the Private Health Insurance Ombudsman can be contacted for free independent advice as follows:

Address: Level 7, 362 Kent Street Sydney NSW 2000

Email: Info@phio.org.au

Web site: www.phio.org.au

Phone: 1800 640 695

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

Call centre hours: Monday to Friday, 8.00am – 6.00pm (Eastern Standard Time)

Fax: 1300 fax ahm (1300 329 246) **Web:** www.ahm.com.au **Email:** info@ahm.com.au

Postal Address: ahm, Locked Bag 1006, Matraville NSW 2036

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

All information is subject to the rules of ahm, and premiums and claims will be accepted and paid in accordance with these rules.

ahm reserves the right to vary its premiums and benefits during the year, with premiums being subject to approval by the Minister of 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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