

Here's a summary of the services and treatments we pay benefits towards on your cover. Please read it and keep it somewhere safe for future reference. For a better understanding of how your cover works refer to your ahm OSHC Member Guide, or call 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	x
Weight loss surgery	✓
Insulin pumps	✓
Pain management with device	✓
Sleep studies	✓

What does it mean?

✓ Included service

We pay benefits towards overnight and same day hospital accommodation, intensive care and medical services where a Medicare benefit is payable.

x 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

We'll pay 100% of the cost towards unlimited emergency ambulance transportation 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 a public or private hospital's accident and emergency department, we'll pay 100% of any 'facility fee' charged by the hospital, whether or not you're admitted.

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.

Hospital cover does not pay towards cosmetic treatment that is not medically necessary. 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	Benefits for prescription-only non-PBS pharmaceuticals will be paid after an amount equivalent to the current non-concessional PBS co-payment has been deducted.*
Amount we'll pay (maximum per item)	\$50
Annual limit - Single membership	\$500
Annual limit - Couple/Family membership	\$500 per member / \$1,000 per membership

- If the cost of the prescription medicine is higher than the benefit we pay, you must pay the difference.
- Benefits are payable 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).

* See pbs.gov.au for more information.

? 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, or change your cover to include new or upgraded services. 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.

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 benefits towards 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 one of these providers.

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 benefits towards overnight and same-day accommodation in a shared or private room, intensive care, theatre fees and labour ward fees. If you have a private room in a public hospital, we may pay an additional amount towards this, but the hospital may still charge you an out-of-pocket expense.

We'll also pay benefits towards public or private hospital accident and emergency department facility fees, as well as benefits towards medical services received in an accident and emergency or outpatient department.

Choice of treating doctor or specialist

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

Medical devices and human tissue products

For an Included service, we'll pay the minimum benefit as listed in the Australian Government's Prescribed List of Medical Devices and Human Tissue Products.

24/7 Student Health and Support Line

Need extra support? You can call 1800 006 745 anytime, day or night[^], for health advice from a registered nurse, counselling services, emergency legal advice, travel document assistance, interpreter services, and more.

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

Designed for international students, the ahm OSHC app can help you manage your ahm OSHC membership:

- Check your cover details
- Make claims for most medical services
- Find a Direct Billing doctor nearby
- Have an online consultation with a qualified medical doctor
- Access your ahm OSHC digital membership card
- Translate some features of the app into simplified Chinese.

[^] Some services may not be available 24/7 and call back may be required.

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 or a 485 Temporary Graduate visa), 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

 Call 134 148 (+613 9862 1095 from outside Australia)

 Web messaging ahmoshc.com.au/contact-us

This information is current as at January 2025 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.