

Questions to Ask Every Health Insurer

In Australia policies vary widely in terms of their levels of coverage, conditions and exclusions and the extent to which they cover the risks.

Below are a series of important questions that you should ask any health insurer before purchasing their policy.

Click on a question for further information and for details of AHI coverage.

1. [Is this a comprehensive health care policy or only cover for unexpected medical emergencies?](#)
2. [How is an Existing Ailment defined?](#)
3. [Is there an excess or deductible or co-payment for In-Hospital \(In-Patient\) claims?](#)
4. [Are rehabilitation programmes following hospitalisation covered?](#)
5. [Is there an excess or deductible or co-payment for Out-Patient Medical claims?](#)
6. [Is the level of cover adequate to cover 'shock losses'?](#)
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8. [Is the cost of medical repatriation to home country covered?](#)
9. [Is there a major medical and hospital 'buyout' clause?](#)
10. [Is there a 14 day default 'escape' clause?](#)
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1. Is this a comprehensive health care policy or only cover for unexpected medical emergencies?

There is a major difference between a comprehensive policy and one covering mainly unexpected medical emergencies. A comprehensive policy covers all unforeseen medical conditions and surgery plus recurring episodes of illness. Some policies only cover unexpected medical emergencies.

AHI covers all Injury & Sickness expenses, as specified under each Table and explained in the Schedule of Cover and Policy Document relating to each Table.

2. How is an Existing Ailment defined?

A major difference between comprehensive health care and the unexpected medical emergency policies is how each defines 'Existing Ailment'.

The AHI definition is clear:

An Existing Ailment is an ailment, illness, condition or disability, the signs or symptoms of which, in the opinion of a Physician appointed by the Health Fund, existed at the time of joining.

AHI reviews each case of a declared Existing ailment, and depending on the specific circumstances of each case, may be able to extend coverage to include certain ailments.

3. Is there an excess or deductible or co-payment for In-Hospital (In-Patient) claims?

Some policies require either a front-end deductible, co-payment or excess to be paid by the Member per item per claim.

AHI has neither co-payment, deductible nor excess for any In-Hospital (In-Patient) claims for sickness and injury. Also, AHI has no restriction on the number of days a Member can spend in hospital.

4. Are rehabilitation programmes following hospitalisation covered?

After serious sickness and injury, a patient may need to be sent to a rehabilitation facility for further treatment. This can be necessary in the event of a stroke, or after a major car accident, or some major surgery. Many policies do not offer this facility.

AHI covers 100% of the rehabilitation costs following hospitalisation, so that the Member can return to work, or be medically repatriated to home country.

5. Is there an excess or deductible or co-payment for Out-Patient Medical claims?

Some policies require either a front-end deductible, co-payment or excess to be paid by the Member per item per claim.

AHI Tables 320 and 390, have neither co-payment, deductible nor excess for any medical claims for sickness and injury.

- Table 190, does not cover Out-Patient Medical claims - this Table is ideal for those who have access to a Reciprocal Medicare Card. Please refer to the Schedule of Cover and Policy Document for full details.

- Table 120, which includes cover for Out-Patient Medical claims on a similar level to that provided by a Medicare Card, which means an excess or co-payment may apply. Please refer to the Schedule of Cover and Policy Document for full details.

6. Is the level of cover adequate to cover 'shock losses'?

Policies capped as low as \$A30,000 per annum will not adequately cover all costs resulting from major medical and accident claims, especially motor accidents. Such large costs are referred to as 'shock losses' in insurance terms. It is these costs for which a policy is most necessary.

AHI does not offer policies which are capped with an annual limit, nor policies which cap the length of time a Member can spend in hospital.

7. Are the In-Hospital (In-Patient) medical costs capped?

A policy that caps In-Hospital (In-Patient) medical costs at 85% or 100% of the Medicare Schedule Fee (set by the Australian Federal Government) in actual fact only covers on average 50-60% of the actual medical costs involved. The difference between these figures is referred to as "the Gap" in Australia. For Temporary Residents in Australia, their Sponsor is liable for "the Gap" should they be unable to pay for their In-Hospital (In-Patient) medical expenses incurred in a Public Hospital. For major coronary surgery the 'Gap' can be thousands of dollars.

AHI covers 100% of the actual bill for sickness and injury, anywhere in Australia for In-Hospital (In-Patient) medical costs, not merely a percentage of the Medicare Schedule Fee.

8. Is the cost of medical repatriation to home country covered?

A stretcher evacuation to Europe or the USA can cost up to \$200,000 for air fares and medical escorts. Without cover the Sponsor becomes liable for these costs.

IMAN Assistance covers 100% of all medical repatriation costs to your home country.

9. Is there a major medical and hospital 'buyout' clause?

Some policies allow the Insurer a 'buy out' of major medical and hospital claims leaving the Sponsor responsible for the balance of costs. This 'buy out' figure can be as low as \$5,000.

AHI has no such 'buy out' clause.

10. Is there a 14 day default 'escape' clause?

This clause appears in some policies. It operates after the insured person has spent 14 days in hospital. The amount paid is reduced to the minimum default level which equates to a public hospital ward or nursing home fee even if the patient is being cared for in a private hospital.

AHI has no such 'escape' clause.

11. Is a complete copy of the Schedule of Cover and Policy Document distributed to all Members?

Many policies only allow inspection of the Policy Document at their offices.

All Schedules of Cover for each Table, which includes the Policy Document, are available here on our website, and are also issued to each new Member.

12. What about Waiting Periods?

This is very important. Waiting periods of up to 2 years are often included in policies. Many will make insured persons wait two months after joining before covering anything but emergency claims.

AHI has no Waiting Periods for medical, hospital, ambulance, physiotherapy, pharmaceuticals, extras or medical repatriation claims.

Please note that Obstetrics and newborn infant related expenses including pre-natal, childbirth or the complications thereof and Medical, Hospital and Extras cover expenses of the newborn infant are payable after 12 months continuous cover under Table 320 Family Policy.

13. What about emergency assistance after hours and on weekends?

Not all policies offer assistance services.

IMAN Assistance is available to all AHI Members via toll free telephone (24 hours a day) or by email (Monday - Friday 8.30am to 5.30pm). The operators are experienced professionals able to assist you in case of an emergency.