

Private Health Information Statement - Combined policy

Basic Plus Hospital 750 and Good 50% Back Extras

AIA Health Insurance Pty Ltd

<http://www.aia.com.au/health>

Health.MemberServices@aia.com.au

1800333004

Monthly Premium

\$495.29[#]

(before any rebate, loading or discount)

Covers two adults & dependants, including non-student dependants (3 or more people, only 2 of whom are adults)

Available in NSW & ACT

[#] You may be entitled to an Australian Government rebate on the above premium. Your premium may also include a Lifetime Health Cover loading, an age-based discount or an insurer discount. Check with your insurer for details.

This policy covers children up to and including the age of 17, students up to and including the age of 24 and non-students up to and including the age of 30, as well as persons with a disability who qualify as a child, student or non-student in these age ranges.

Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy provides accident cover - check with your insurer for details.

This policy does not provide benefits for travel or accommodation (outside of hospital).

✓ Covered

For information on what is covered under each category, see <https://privatehealth.gov.au/categories>

R Restricted

Restricted categories partially cover your hospital costs as a private patient in a public hospital. You may incur significant expenses in a private room or private hospital.

✗ Not Covered

These categories are not covered by this policy.

This policy ✓ includes cover for

| | | |
|-----------------------|--|---------------------------------|
| ✓ Dental surgery | ✓ Joint reconstructions | R Hospital psychiatric services |
| ✓ Gynaecology | ✓ Miscarriage and termination of pregnancy | R Palliative care |
| ✓ Hernia and appendix | ✓ Tonsils, adenoids and grommets | R Rehabilitation |

This policy ✗ does not include cover for

| | | |
|---|-----------------------------------|---|
| ✗ Assisted reproductive services | ✗ Digestive system | ✗ Male reproductive system |
| ✗ Back, neck and spine | ✗ Ear, nose and throat | ✗ Pain management |
| ✗ Blood | ✗ Eye (not cataracts) | ✗ Pain management with device |
| ✗ Bone, joint and muscle | ✗ Gastrointestinal endoscopy | ✗ Plastic and reconstructive surgery (medically necessary) |
| ✗ Brain and nervous system | ✗ Heart and vascular system | ✗ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits) |
| ✗ Breast surgery (medically necessary) | ✗ Implantation of hearing devices | ✗ Pregnancy and birth |
| ✗ Cataracts | ✗ Insulin pumps | ✗ Skin |
| ✗ Chemotherapy, radiotherapy and immunotherapy for cancer | ✗ Joint replacements | ✗ Sleep studies |
| ✗ Diabetes management (excluding insulin pumps) | ✗ Kidney and bladder | ✗ Weight loss surgery |
| ✗ Dialysis for chronic kidney failure | ✗ Lung and chest | |

The benefits paid for hospital treatment will depend on the type of cover you purchase and whether your fund has an agreement in place with the hospital in which you are treated. See 'Agreement Hospitals' on privatehealth.gov.au for which hospitals have arrangements with your insurer – <https://privatehealth.gov.au/dynamic/agreementhospitals>.

Under this policy, you may have to pay out-of-pocket costs above what you get from Medicare or your private health insurer. Before you go to hospital, you should ask your doctors, hospital and health insurer about any out-of-pocket costs that may apply to you.

[The following payments may also apply for hospital admissions](#)

Excess: You will have to pay an excess on admission. This is limited to a maximum of \$750 per person and \$1500 per policy per year.

Excess payments do not apply to hospital admissions for dependants.

Co-payments: No co-payments

[The following waiting periods for hospital admissions apply to new or upgrading members](#)

Waiting periods:

- 2 months for palliative care, rehabilitation and hospital psychiatric treatments, even if pre-existing
- 12 months for other pre-existing conditions
- 2 months for all other treatments

[Gap Cover](#)

This provider offers '[known gap](#)' or '[no gap](#)' cover for medical bills for this product.

The [Medical Costs Finder](#) lets you find out more about the cost of specialist medical services.

[Other features of this hospital cover](#)

All policies include membership to AIA Vitality Starter, the science-backed health and wellbeing program that rewards you for looking after your health. If you have held an AIA Health Insurance policy for a minimum of six months and have an AIA Vitality status of Silver or above, we will refund \$500 of your excess (Excess Refund) in the event that you're admitted to hospital.

General Treatment Cover

Members can receive up to 60% back on dental services, No Gap Dental on selected preventative dental services & lower treatment costs at [smile.com.au](https://www.smile.com.au) dentists. Dental services at other dentists can receive up to 50% back. See <https://www.aia.com.au/en/products/health-insurance/find-a-provider>.

This policy  includes General treatment (Extras) cover for

*Note, for items marked with an asterisk *: General and Preventative Dental are combined under one limit. Physiotherapy, Myotherapy and Hydrotherapy share an annual limit. Chiropractic and Osteopathy share an annual limit. This product also provides access to AIA Vitality where you can earn rewards for leading a healthy lifestyle. By reaching Silver Vitality Status or above you can get an additional 10% back on any non-dental benefits. Visit www.aiavitality.com.au for more information.*

| Treatment | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated) | Examples of maximum benefits |
|-----------------|-------------------------|---|--|
| General dental* | 2 | \$750 per person | Periodic oral examination - 50% of charge Scale & clean - 50% of charge Fluoride treatment - 50% of charge |
| Major dental | 12 | \$600 per person (combined limit for major dental & endodontic - Sub-limits apply) | Surgical tooth extraction - 50% of charge Full crown veneered - n/a |
| Endodontic | 12 | | Filling of one root canal - 50% of charge |
| Optical | 6 | \$200 per person up to \$400 per policy | Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge |
| Physiotherapy* | 2 | \$350 per person up to \$700 per policy (combined limit for physiotherapy, exercise physiology & other services) | Initial visit - 50% of charge Subsequent visit - 50% of charge |
| Chiropractic* | 2 | \$350 per person up to \$700 per policy (combined limit for chiropractic & osteopathy) | Initial visit - 50% of charge Subsequent visit - 50% of charge |

| | | | |
|--|---|---|---|
| Psychology | 2 | \$200 per person | Initial visit - 50% of charge |
| Acupuncture | 2 | \$150 per person | Initial visit - 50% of charge Subsequent visit - 50% of charge |
| Remedial massage | 2 | \$150 per person up to \$300 per policy | Initial visit - 50% of charge Subsequent visit - 50% of charge |
| Dietetics/dietary advice | 2 | \$200 per person | Initial visit - 50% of charge Subsequent visit - 50% of charge |
| Exercise physiology | 2 | Combined limit - see Physiotherapy | Initial visit - 50% of charge |
| Health management / Healthy lifestyle | 2 | \$200 per person | Health management - 50% of charge |
| Osteopathy* | 2 | Combined limit - see Chiropractic | Initial visit - 50% of charge Subsequent visit - 50% of charge |
| Swimming Lessons are covered under this policy - Benefit limit \$100 per person, per year. Psychology benefit includes counselling services. | | | |

This policy **X does not include** General treatment (Extras) cover for

| | | |
|---------------------------------|----------------------------------|---|
| X Blood glucose monitors | X Non PBS pharmaceuticals | X Podiatry |
| X Hearing aids | X Orthodontic | X Other treatments - check with your insurer |

Ambulance cover

In NSW & ACT this policy provides:

Emergency: Unlimited with a waiting period of 1 day.

Call-out fees: will be paid for each attendance, including emergency treatment without transport to hospital.

Other features of this ambulance cover

Cover for call-out fees where you're not taken to hospital are limited to 2 x ambulance attendances per insured person, per calendar year.

Disclaimer

The information contained in this Private Health Information Statement was provided by the insurer and is intended as general information. It may not take into account your particular circumstances. For information please contact the insurer.