

## Private Health Information Statement - Combined policy

### Corporate Silver Plus Advanced Hospital 0 and 80 Extras

**AIA Health Insurance Pty Ltd**

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

[Health.MemberServices@aia.com.au](mailto:Health.MemberServices@aia.com.au)

1800333004

**Monthly Premium**

**\$997.58 #**

(before any rebate, loading or discount)

**Covers 2 adults (and no-one else)**

**Available in Tasmania**

# 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 is a corporate policy which is only available to employees/members of organisations with arrangements with this health insurer.

### Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy provides accident cover and benefits for travel or accommodation (outside of hospital) - check with your insurer for details.

#### ✓ 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

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

This policy ✗ does not include cover for

|                                  |                       |                       |
|----------------------------------|-----------------------|-----------------------|
| ✗ Assisted reproductive services | ✗ Pregnancy and birth | ✗ Weight loss surgery |
|----------------------------------|-----------------------|-----------------------|

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](https://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:** No excess

**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

Also provides access to AIA Vitality, where you can earn rewards for leading a healthy lifestyle!

<https://www.aiavitality.com.au>

## General Treatment Cover

Members can receive 2 x No Gap Dental on selected preventative dental services (excluded from dental limits) & lower treatment costs at [smile.com.au](https://www.smile.com.au) dentists. See <https://www.aia.com.au/en/products/health-insurance/find-a-provider>.

This policy  includes General treatment (Extras) cover for

| Treatment               | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)                                                      | Examples of maximum benefits                                                                                     |
|-------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| General dental          | 2                       | \$1,800 per person<br>(combined limit for general dental, major dental, endodontic & orthodontic)           | Periodic oral examination - 80% of charge<br>Scale & clean - 80% of charge<br>Fluoride treatment - 80% of charge |
| Major dental            | 12                      |                                                                                                             | Surgical tooth extraction - 80% of charge<br>Full crown veneered - 80% of charge                                 |
| Endodontic              | 12                      |                                                                                                             | Filling of one root canal - 80% of charge                                                                        |
| Orthodontic             | 12                      |                                                                                                             | Braces for upper & lower teeth, including removal plus fitting of retainer - 80% of charge                       |
| Optical                 | 6                       | \$350 per person                                                                                            | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge                   |
| Non PBS pharmaceuticals | 2                       | \$500 per person<br>(combined limit for non pbs pharmaceuticals & vaccinations)                             | Per eligible prescription - 80% of charge                                                                        |
| Physiotherapy           | 2                       | \$800 per person<br>(combined limit for physiotherapy, ante-natal/post-natal classes & exercise physiology) | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge                                                |
| Chiropractic            | 2                       | \$600 per person<br>(combined limit for chiropractic & osteopathy)                                          | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge                                                |
| Podiatry                | 2                       | \$500 per person                                                                                            | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge                                                |
| Psychology              | 2                       | \$300 per person                                                                                            | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge                                                |

|                                                                                                                                                                                                                                                      |    |                                                                                                                     |                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Acupuncture                                                                                                                                                                                                                                          | 2  | \$500 per person<br>(combined limit for acupuncture & remedial massage)                                             | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Remedial massage                                                                                                                                                                                                                                     | 2  |                                                                                                                     | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Hearing aids                                                                                                                                                                                                                                         | 12 | \$500 per person<br>1 appliance(s) every 3 years                                                                    | Hearing aid - 80% of charge                                       |
| Blood glucose monitors                                                                                                                                                                                                                               | 12 | \$500 per person<br>(combined limit for blood glucose monitors & orthotics (podiatric orthoses))                    | Per monitor - 80% of charge                                       |
| Audiology                                                                                                                                                                                                                                            | 2  | \$400 per person<br>(combined limit for audiology, eye therapy (orthoptics), occupational therapy & speech therapy) | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Ante-natal/Post-natal classes                                                                                                                                                                                                                        | 2  | Combined limit - see Physiotherapy                                                                                  | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Dietetics/dietary advice                                                                                                                                                                                                                             | 2  | \$350 per person                                                                                                    | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Exercise physiology                                                                                                                                                                                                                                  | 2  | Combined limit - see Physiotherapy                                                                                  | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Eye therapy (orthoptics)                                                                                                                                                                                                                             | 2  | Combined limit - see Audiology                                                                                      | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Health management / Healthy lifestyle                                                                                                                                                                                                                | 2  | \$350 per person                                                                                                    | Health management - 80% of charge                                 |
| Occupational therapy                                                                                                                                                                                                                                 | 2  | Combined limit - see Audiology                                                                                      | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Orthotics (podiatric orthoses)                                                                                                                                                                                                                       | 12 | Combined limit - see Blood glucose monitors                                                                         | Orthotics supply & fit - 80% of charge                            |
| Osteopathy                                                                                                                                                                                                                                           | 2  | Combined limit - see Chiropractic                                                                                   | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Speech therapy                                                                                                                                                                                                                                       | 2  | Combined limit - see Audiology                                                                                      | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Vaccinations                                                                                                                                                                                                                                         | 2  | Combined limit - see Non PBS pharmaceuticals                                                                        | Per service - \$40.00                                             |
| Psychology benefit also includes cover for counselling services. Swimming lessons are covered under this policy. Benefit limit \$250 per person, per year. Smoking cessation is covered under this policy. Benefit limit \$350 per person, per year. |    |                                                                                                                     |                                                                   |

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

**X** Other treatments - check with your insurer

### Other features of this general treatment cover

A Corporate Extras Bonus of \$200 per person per calendar year applies when you reach and maintain an AIA Vitality Silver status or higher. A Family Limit of \$200 applies for a Single Parent policy and \$400 for a Family policy.

### Ambulance cover

Ambulance cover is provided by the State government for residents of Tasmania. This may include cover whilst interstate, except for South Australia and Queensland where no cover applies. In other states please check with Ambulance Tasmania - [https://www.health.tas.gov.au/ambulance/fees\\_and\\_accounts](https://www.health.tas.gov.au/ambulance/fees_and_accounts).

### 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.