

## Private Health Information Statement - Combined policy

### Corporate Bronze Hospital 750 and 60 Extras

**AIA Health Insurance Pty Ltd**

<http://www.aia.com.au/health>  
 Health.MemberServices@aia.com.au  
 1800333004

**Monthly Premium**

**\$400.70 #**

(before any rebate, loading or discount)

Covers one adult & dependants (2 or more people, only one of whom is an adult)

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 policy covers children up to and including the age of 17 and students up to and including the age of 24, as well as persons with a disability who qualify as a child or student in this age range.

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

✓ Bone, joint and muscle	✓ Eye (not cataracts)	✓ Miscarriage and termination of pregnancy
✓ Brain and nervous system	✓ Gastrointestinal endoscopy	✓ Pain management
✓ Breast surgery (medically necessary)	✓ Gynaecology	✓ Skin
✓ Chemotherapy, radiotherapy and immunotherapy for cancer	✓ Hernia and appendix	✓ Tonsils, adenoids and grommets
✓ Diabetes management (excluding insulin pumps)	✓ Joint reconstructions	R Hospital psychiatric services
✓ Digestive system	✓ Kidney and bladder	R Palliative care
✓ Ear, nose and throat	✓ Male reproductive system	R Rehabilitation

This policy ✗ does not include cover for

✗ Assisted reproductive services	✗ Heart and vascular system	✗ Plastic and reconstructive surgery (medically necessary)
✗ Back, neck and spine	✗ Implantation of hearing devices	✗ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits)
✗ Blood	✗ Insulin pumps	✗ Pregnancy and birth
✗ Cataracts	✗ Joint replacements	✗ Sleep studies
✗ Dental surgery	✗ Lung and chest	✗ Weight loss surgery

X Dialysis for chronic kidney failure

X Pain management with device

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:** You will have to pay an excess on admission. This is limited to a maximum of \$750 per person and \$750 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, 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 your Excess in the event that you're admitted to hospital

## 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.aia.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	\$1,000 per person (combined limit for general dental, major dental & endodontic)	Periodic oral examination - 60% of charge Scale & clean - 60% of charge Fluoride treatment - 60% of charge
Major dental	12		Surgical tooth extraction - 60% of charge Full crown veneered - 60% of charge
Endodontic	12		Filling of one root canal - 60% of charge
Optical	6	\$250 per person	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Non PBS pharmaceuticals	2	\$100 per person (combined limit for non pbs pharmaceuticals & vaccinations)	Per eligible prescription - 60% of charge
Physiotherapy	2	\$400 per person (combined limit for physiotherapy & exercise physiology)	Initial visit - 60% of charge Subsequent visit - 60% of charge
Chiropractic	2	\$300 per person (combined limit for chiropractic & osteopathy)	Initial visit - 60% of charge Subsequent visit - 60% of charge

Podiatry	2	\$200 per person	Initial visit - 60% of charge Subsequent visit - 60% of charge
Psychology	2	\$300 per person	Initial visit - 60% of charge Subsequent visit - 60% of charge
Acupuncture	2	\$200 per person (combined limit for acupuncture & remedial massage)	Initial visit - 60% of charge Subsequent visit - 60% of charge
Remedial massage	2		Initial visit - 60% of charge Subsequent visit - 60% of charge
Blood glucose monitors	12	\$250 per person (combined limit for blood glucose monitors & orthotics (podiatric orthoses))	Per monitor - 60% of charge
Dietetics/dietary advice	2	\$200 per person	Initial visit - 60% of charge Subsequent visit - 60% of charge
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - 60% of charge Subsequent visit - 60% of charge
Health management / Healthy lifestyle	2	\$200 per person	Health management - 60% of charge
Orthotics (podiatric orthoses)	12	Combined limit - see Blood glucose monitors	Orthotics supply & fit - 60% of charge
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - 60% of charge Subsequent visit - 60% of charge
Vaccinations	2	Combined limit - see Non PBS pharmaceuticals	Per service - 60% of charge

Psychology benefit includes counselling services. Swimming lessons are covered under this policy. Benefit limit \$100 per person. Smoking cessation is covered under this policy. Benefit limit \$200 per person.

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

<b>X</b> Hearing aids	<b>X</b> Orthodontic	<b>X</b> Other treatments - check with your insurer
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#### 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.