

## Private Health Information Statement - Combined policy

### Corporate Bronze Plus Hospital 250 and Starter Set 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**

**\$722.49<sup>#</sup>**

(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 Queensland

<sup>#</sup> 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.

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

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

This policy ✗ does not include cover for

|                                  |                                   |                               |
|----------------------------------|-----------------------------------|-------------------------------|
| ✗ Assisted reproductive services | ✗ Heart and vascular system       | ✗ Pain management with device |
| ✗ Back, neck and spine           | ✗ Implantation of hearing devices | ✗ Pregnancy and birth         |
| ✗ Cataracts                      | ✗ Insulin pumps                   | ✗ 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:** You will have to pay an excess on admission. This is limited to a maximum of \$250 per person and \$500 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/en/products/health-insurance/find-a-provider) 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                       | \$500 per person<br>(combined limit for general dental, major dental & endodontic) | Periodic oral examination - \$30.00<br>Scale & clean - \$51.00<br>Fluoride treatment - \$22.00 |
| Major dental            | 12                      |                                                                                    | Surgical tooth extraction - \$111.00<br>Full crown veneered - \$631.00                         |
| Endodontic              | 12                      |                                                                                    | Filling of one root canal - \$121.00                                                           |
| Optical                 | 6                       | \$250 per person                                                                   | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge |
| Non PBS pharmaceuticals | 2                       | \$100 per person<br>(combined limit for non pbs pharmaceuticals & vaccinations)    | Per eligible prescription - \$40.00                                                            |
| Physiotherapy           | 2                       | \$400 per person<br>(combined limit for physiotherapy & exercise physiology)       | Initial visit - \$40.00<br>Subsequent visit - \$30.00                                          |
| Chiropractic            | 2                       | \$300 per person<br>(combined limit for chiropractic & osteopathy)                 | Initial visit - \$40.00<br>Subsequent visit - \$30.00                                          |

|                                                                                                                                                                                                                                                      |    |                                                                                                  |                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| Podiatry                                                                                                                                                                                                                                             | 2  | \$200 per person                                                                                 | Initial visit - \$40.00<br>Subsequent visit - \$30.00  |
| Psychology                                                                                                                                                                                                                                           | 2  | \$300 per person                                                                                 | Initial visit - \$100.00<br>Subsequent visit - \$50.00 |
| Acupuncture                                                                                                                                                                                                                                          | 2  | \$200 per person<br>(combined limit for acupuncture & remedial massage)                          | Initial visit - \$35.00<br>Subsequent visit - \$30.00  |
| Remedial massage                                                                                                                                                                                                                                     | 2  |                                                                                                  | Initial visit - \$35.00<br>Subsequent visit - \$30.00  |
| Blood glucose monitors                                                                                                                                                                                                                               | 12 | \$250 per person<br>(combined limit for blood glucose monitors & orthotics (podiatric orthoses)) | Per monitor - \$100.00                                 |
| Dietetics/dietary advice                                                                                                                                                                                                                             | 2  | \$200 per person                                                                                 | Initial visit - \$40.00<br>Subsequent visit - \$40.00  |
| Exercise physiology                                                                                                                                                                                                                                  | 2  | Combined limit - see Physiotherapy                                                               | Initial visit - \$40.00<br>Subsequent visit - \$30.00  |
| Health management / Healthy lifestyle                                                                                                                                                                                                                | 2  | \$200 per person                                                                                 | Health management - \$50.00                            |
| Orthotics (podiatric orthoses)                                                                                                                                                                                                                       | 12 | Combined limit - see Blood glucose monitors                                                      | Orthotics supply & fit - \$100.00                      |
| Osteopathy                                                                                                                                                                                                                                           | 2  | Combined limit - see Chiropractic                                                                | Initial visit - \$45.00<br>Subsequent visit - \$35.00  |
| 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 \$100 per person, per year. Smoking cessation is covered under this policy. Benefit limit \$200 per person, per year. |    |                                                                                                  |                                                        |

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 |
|-----------------------|----------------------|-----------------------------------------------------|

## Ambulance cover

Ambulance cover is provided by the State government for Queensland residents (<https://www.ambulance.qld.gov.au/>). This includes cover whilst interstate.

### 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.