

Private Health Information Statement - Combined policy

Bronze Plus Hospital 500 and Better 60% Back Extras

AIA Health Insurance Pty Ltd

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

Health.MemberServices@aia.com.au

1800333004

Monthly Premium

\$520.09[#]

(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.

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

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

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	✗ Sleep studies
✗ Dialysis for chronic kidney failure	✗ Joint replacements	✗ 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 for

PrivateHealth.gov.au

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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 \$500 per person and \$1000 per policy per year.

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 \$250 of your excess (Excess Refund) in the event that you're admitted to hospital.

General Treatment Cover

Members can receive up to 70% back on dental services, No Gap Dental on selected preventative dental services & lower treatment costs at smile.com.au dentists. Dental services at other dentists can receive up to 60% 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. Medically Prescribed Appliances, Orthotics and Blood Glucose Monitors share a limit. Non PBS pharmaceuticals pays back up to \$40 per script after the current PBS amount is deducted; vaccinations fall under this Pharmacy limit. This policy also provides access to AIA Vitality where you can earn rewards for leading a healthy lifestyle. By reaching Silver Vitality Status or above you will get an additional 10% back on any non-dental benefits. www.aivitality.com.au.*

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental*	2	\$800 per person	Periodic oral examination - 60% of charge Scale & clean - 60% of charge Fluoride treatment - 60% of charge
Major dental	12	\$800 per person (combined limit for major dental & endodontic - Sub-limits apply)	Surgical tooth extraction - 60% of charge Full crown veneered - 60% of charge
Endodontic	12		Filling of one root canal - 60% of charge
Orthodontic	12	\$600 per person \$2,400 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - 60% of charge
Optical	6	\$250 per person up to \$500 per policy	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 - \$40.00
Physiotherapy*	2	\$400 per person up to \$800 per policy (combined limit for physiotherapy, exercise physiology & other services)	Initial visit - 60% of charge Subsequent visit - 60% of charge

Chiropractic*	2	\$300 per person up to \$600 per policy (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	\$150 per person	Initial visit - 60% of charge Subsequent visit - 60% of charge
Remedial massage	2	\$150 per person up to \$300 per policy	Initial visit - 60% of charge Subsequent visit - 60% of charge
Hearing aids	12	\$300 per person 1 service(s) every 3 years (combined limit for hearing aids & other services)	Hearing aid - 60% of charge
Blood glucose monitors*	12	\$250 per person 1 service(s) every 3 years (combined limit for blood glucose monitors & orthotics (podiatric orthoses))	Per monitor - 60% of charge
Audiology	2	\$150 per person	Initial visit - 60% of charge Subsequent visit - 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
Health management / Healthy lifestyle	2	\$100 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 - \$40.00

Swimming Lessons are covered under this policy - Benefit Limit \$100 per person, per year. Smoking Cessation services 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 Other treatments - check with your insurer

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.

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.