

Private Health Information Statement - Combined policy

Bronze Hospital 500 and Better Set Extras

AIA Health Insurance Pty Ltd

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

Health.MemberServices@aia.com.au

1800333004

Monthly Premium

\$575.31 #

(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 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, 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

| | | |
|---|------------------------------|--|
| ✓ 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 |
| ✗ Dialysis for chronic kidney failure | ✗ 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 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 \$500 per person and \$1000 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](#)

This policy includes a 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 \$250 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.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 | \$700 per person | Periodic oral examination - \$35.00 Scale & clean - \$61.20 Fluoride treatment - \$25.00 |
| Major dental | 12 | \$700 per person (combined limit for major dental & endodontic) | Surgical tooth extraction - \$150.00 Full crown veneered - \$630.00 |
| Endodontic | 12 | | Filling of one root canal - \$140.00 |
| Orthodontic | 12 | \$600 per person \$2,400 lifetime limit | Braces for upper & lower teeth, including removal plus fitting of retainer - \$600.00 |
| Optical | 6 | \$200 per person up to \$400 per policy | Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge |
| Non PBS pharmaceuticals | 2 | \$350 per person | Per eligible prescription - \$40.00 |
| Physiotherapy | 2 | \$450 per person up to \$900 per policy (combined limit for physiotherapy & exercise physiology) | Initial visit - \$40.00 Subsequent visit - \$30.00 |
| Chiropractic | 2 | \$450 per person up to \$900 per policy (combined limit for chiropractic & osteopathy) | Initial visit - \$40.00 Subsequent visit - \$30.00 |

| | | | |
|---------------------------------------|----|---|--|
| Podiatry | 2 | \$200 per person | Initial visit - \$40.00 Subsequent visit - \$30.00 |
| Psychology | 2 | \$300 per person | Initial visit - \$100.00 Subsequent visit - \$50.00 |
| Acupuncture | 2 | \$150 per person | Initial visit - \$35.00 Subsequent visit - \$30.00 |
| Remedial massage | 2 | \$150 per person up to \$300 per policy | Initial visit - \$35.00 Subsequent visit - \$30.00 |
| Hearing aids | 12 | \$300 per person | Hearing aid - \$300.00 |
| Blood glucose monitors | 12 | \$250 per person (combined limit for blood glucose monitors & orthotics (podiatric orthoses)) | Per monitor - \$100.00 |
| Audiology | 2 | \$120 per person | Initial visit - \$70.00 Subsequent visit - \$70.00 |
| Dietetics/dietary advice | 2 | \$200 per person (combined limit for dietetics/dietary advice & health management / healthy lifestyle) | Initial visit - \$40.00 Subsequent visit - \$40.00 |
| Exercise physiology | 2 | Combined limit - see Physiotherapy | Initial visit - \$40.00 Subsequent visit - \$30.00 |
| Health management / Healthy lifestyle | 2 | Combined limit - see Dietetics/dietary advice | Health management - \$40.00 |
| Orthotics (podiatric orthoses) | 12 | Combined limit - see Blood glucose monitors | Orthotics supply & fit - \$45.00 |
| Osteopathy | 2 | Combined limit - see Chiropractic | Initial visit - \$45.00 Subsequent visit - \$35.00 |

Health Checks such as mammograms, bowel cancer testing kit, prostate cancer checks and skin cancer checks are also covered under this policy. \$50 per health check, per person, up to the annual limit of \$100. Swimming Lessons are also covered under this policy, \$50 per swimming lesson, per person, up to the annual limit of \$100. 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.