

Private Health Information Statement - Combined policy

Bronze Plus Hospital 750 and Base Set Extras (with Optical)

AIA Health Insurance Pty Ltd
<http://www.aia.com.au/health>
Health.MemberServices@aia.com.au
1800333004

Monthly Premium
\$137.34[#]
(before any rebate, loading or discount)

Covers only one person
Available in Western Australia

[#] 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](https://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 \$750 per person and \$750 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 your excess in the event that you're admitted to hospital.

General Treatment Cover

Members can receive up to 50% back on dental services, No Gap Dental on selected preventative dental services & lower treatment costs at smile.com.au dentists.

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	\$400 per policy	Periodic oral examination - \$29.00 Scale & clean - \$50.00 Fluoride treatment - \$22.00
Optical	6	\$100 per policy	Single vision lenses & frames - 100% of charge
Physiotherapy	2	\$300 per policy (combined limit for physiotherapy, chiropractic, acupuncture, remedial massage, exercise physiology & osteopathy)	Initial visit - \$40.00 Subsequent visit - \$30.00
Chiropractic	2		Initial visit - \$35.00 Subsequent visit - \$25.00
Psychology	2	\$100 per policy	Initial visit - \$50.00 Subsequent visit - \$25.00
Acupuncture	2	Combined limit - see Physiotherapy	Initial visit - \$30.00 Subsequent visit - \$20.00
Remedial massage	2	Combined limit - see Physiotherapy	Initial visit - \$30.00 Subsequent visit - \$20.00
Dietetics/dietary advice	2	\$100 per policy	Initial visit - \$40.00
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - \$40.00 Subsequent visit - \$30.00
Health management / Healthy lifestyle	2	\$100 per policy	Health management - \$50.00
Osteopathy	2	Combined limit - see Physiotherapy	Initial visit - \$40.00 Subsequent visit - \$30.00

Psychology benefit also includes cover for counselling services.

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

X Blood glucose monitors	X Major dental	X Podiatry
X Endodontic	X Non PBS pharmaceuticals	X Other treatments - check with your insurer
X Hearing aids	X Orthodontic	

Ambulance cover

In Western Australia this policy provides:

Emergency: Unlimited with a waiting period of 1 day.

Call-out fees: will be paid for each attendance, including emergency treatment without transport to hospital.

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.