

## Private Health Information Statement - Combined policy

### AIA Silver Plus Hospital 750 and AIA Mid 60 Extras

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

**Monthly Premium**  
**\$606.84 #**  
 (before any rebate, loading or discount)

Covers 2 adults (and no-one else)  
 Available in Tasmania  
 Closed to new members

# You may be entitled to an Australian Government rebate on the above premium. Your premium may also include a Lifetime Health Cover loading 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 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.
- X **Not Covered**  
 These categories are not covered by this policy.

This policy ✓ includes cover for

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

This policy X does not include cover for

X Assisted reproductive services	X Pregnancy and birth	X Weight loss surgery
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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](http://privatehealth.gov.au) for

[PrivateHealth.gov.au](http://PrivateHealth.gov.au)

PolicyID: MYO/J59/TITH20

Date statement updated: 26 March 2026

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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 \$1500 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.

### General Treatment Cover

This health insurer does not operate a preferred provider scheme.

This policy  includes General treatment (Extras) cover for

*Note, for items marked with an asterisk \*: Optical over pays back 100% up to annual limit (\$250). Physiotherapy, Myotherapy, Hydrotherapy, and Exercise Physiology share annual limit. Chiropractic and Osteopathy share annual limit. Remedial Massage and Acupuncture share annual limit. Medically Prescribed Appliance, Hearing Aids, Blood Glucose Monitors and Health Appliances and Aids share annual limit. Pharmacy pays back up to \$40 per script after the current PBS amount is deducted; vaccinations fall under Pharmacy limit. This policy also provides access to AIA Vitality. <https://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 (no limit on preventative dental)	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)	Surgical tooth extraction - 60% of charge Full crown veneered - 60% of charge
Endodontic	12		Filling of one root canal - 60% of charge
Orthodontic	12	\$800 per person \$2,000 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - 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	\$300 per person	Per eligible prescription - 60% of charge
Physiotherapy*	2	\$500 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	\$300 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	\$300 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
Hearing aids*	12	\$300 per person (combined limit for hearing aids & blood glucose monitors)	Hearing aid - 60% of charge
Blood glucose monitors*	12		Per monitor - 60% of charge
Audiology	2	\$300 per person	Initial visit - 60% of charge Subsequent visit - 60% of charge
Dietetics/dietary advice	2	\$300 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
Eye therapy (orthoptics)	2	\$300 per person	Initial visit - 60% of charge Subsequent visit - 60% of charge
Health management / Healthy lifestyle	2	\$150 per person	Health management - 100% of charge
Occupational therapy	2	\$300 per person	Initial visit - 60% of charge Subsequent visit - 60% of charge
Osteopathy*	2	Combined limit - see Chiropractic	Initial visit - 60% of charge Subsequent visit - 60% of charge
Speech therapy	2	\$300 per person	Initial visit - 60% of charge Subsequent visit - 60% of charge

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](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.