

Private Health Information Statement - Combined policy

AIA Silver Plus Premium Hospital 750 and AIA Lite 60 Extras

AIA Health Insurance Pty Ltd

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

Health.MemberServices@aia.com.au

1800333004

Monthly Premium

\$473.83 #

(before any rebate, loading or discount)

Covers one adult & dependants, including non-student dependants (2 or more people, only one of whom is an adult)

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.

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

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

This policy ✗ does not include cover for

PrivateHealth.gov.au

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X 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 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.

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
- 12 months for pregnancy and birth (obstetrics)
- 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 cover pays back 100% up to annual limit. Physiotherapy, Myotherapy, Hydrotherapy, Chiropractic, and Osteopathy covered under a combined annual limit. This policy also provides access to AIA Vitality, where you can earn rewards for leading a healthy lifestyle! <https://aiavitality.com.au>

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental	2	\$600 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	\$300 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
Optical*	6	\$200 per person	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Physiotherapy*	2	\$300 per person (combined limit for physiotherapy, chiropractic & osteopathy)	Initial visit - 60% of charge Subsequent visit - 60% of charge
Chiropractic*	2		Initial visit - 60% of charge Subsequent visit - 60% of charge
Osteopathy*	2		Initial visit - 60% of charge Subsequent visit - 60% of charge

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

X Acupuncture	X Non PBS pharmaceuticals	X Psychology
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✗ Blood glucose monitors	✗ Orthodontic	✗ Remedial massage
✗ Hearing aids	✗ Podiatry	✗ 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.