

Private Health Information Statement - Combined policy

AIA Silver Plus Premium Hospital 500 and AIA Top 70 Extras

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

Monthly Premium
\$279.36 #
 (before any rebate, loading or discount)

Covers only one person
 Available in Northern Territory
 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 - 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.
- X **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 X does not include cover for

- 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 \$500 per person and \$500 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
- 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 over pays back 100% up to annual limit. Physiotherapy, Hydrotherapy, Myotherapy, 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. Also provides access to AIA Vitality. <https://www.aiavitality.com.au>*

| Treatment | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated) | Examples of maximum benefits |
|--------------------------|-------------------------|--|--|
| General dental | 2 | \$1,000 per policy (no limit on preventative dental) | Periodic oral examination - 70% of charge Scale & clean - 70% of charge Fluoride treatment - 70% of charge |
| Major dental | 12 | \$1,000 per policy (combined limit for major dental & endodontic) | Surgical tooth extraction - 70% of charge Full crown veneered - 70% of charge |
| Endodontic | 12 | | Filling of one root canal - 70% of charge |
| Orthodontic | 12 | \$1,000 per policy \$2,600 lifetime limit | Braces for upper & lower teeth, including removal plus fitting of retainer - 70% of charge |
| Optical | 6 | \$300 per policy | Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge |
| Non PBS pharmaceuticals* | 2 | \$400 per policy (combined limit for non pbs pharmaceuticals & vaccinations) | Per eligible prescription - 70% of charge |
| Physiotherapy* | 2 | \$600 per policy (combined limit for physiotherapy, exercise physiology & other services) | Initial visit - 70% of charge Subsequent visit - 70% of charge |
| Chiropractic* | 2 | \$400 per policy (combined limit for chiropractic & osteopathy) | Initial visit - 70% of charge Subsequent visit - 70% of charge |
| Podiatry | 2 | \$400 per policy | Initial visit - 70% of charge Subsequent visit - 70% of charge |
| Psychology | 2 | \$400 per policy | Initial visit - 70% of charge Subsequent visit - 70% of charge |

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| Acupuncture* | 2 | \$400 per policy (combined limit for acupuncture, remedial massage & other services) | Initial visit - 70% of charge Subsequent visit - 70% of charge |
| Remedial massage* | 2 | | Initial visit - 70% of charge |
| Hearing aids* | 12 | \$500 per policy (combined limit for hearing aids, blood glucose monitors & other services) | Hearing aid - 70% of charge |
| Blood glucose monitors* | 12 | | Per monitor - 70% of charge |
| Audiology | 2 | \$400 per policy | Initial visit - 70% of charge Subsequent visit - 70% of charge |
| Ante-natal/Post-natal classes | 2 | \$400 per policy | Initial visit - 70% of charge Subsequent visit - 70% of charge |
| Dietetics/dietary advice | 2 | \$400 per policy | Initial visit - 70% of charge Subsequent visit - 70% of charge |
| Exercise physiology* | 2 | Combined limit - see Physiotherapy | Initial visit - 70% of charge Subsequent visit - 70% of charge |
| Eye therapy (orthoptics) | 2 | \$400 per policy | Initial visit - 70% of charge Subsequent visit - 70% of charge |
| Health management / Healthy lifestyle | 2 | \$200 per policy | Health management - 100% of charge |
| Occupational therapy | 2 | \$400 per policy | Initial visit - 70% of charge Subsequent visit - 70% of charge |
| Orthotics (podiatric orthoses) | 2 | \$400 per policy | Orthotics supply & fit - 70% of charge |
| Osteopathy* | 2 | Combined limit - see Chiropractic | Initial visit - 70% of charge Subsequent visit - 70% of charge |
| Speech therapy | 2 | \$400 per policy | Initial visit - 70% of charge Subsequent visit - 70% of charge |
| Vaccinations* | 2 | Combined limit - see Non PBS pharmaceuticals | Per service - 70% of charge |
| Swimming lessons 2 month waiting period and \$300 annual limit. | | | |

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

X Other treatments - check with your insurer

Ambulance cover

In Northern Territory 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.