

Private Health Information Statement - Combined policy

Silver Plus Family Hospital 500 and Base 50% Back Extras

AIA Health Insurance Pty Ltd

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

Health.MemberServices@aia.com.au

1800333004

Monthly Premium

\$435.91 #

(before any rebate, loading or discount)

Covers only one person

Available in NSW & ACT

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.

✗ 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

✗ 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

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 dentists. Dental services at other dentists can receive up to 50% back.

This policy  includes General treatment (Extras) cover for

Note, for items marked with an asterisk *: General and Preventative Dental are combined under one limit. Physiotherapy, Hydrotherapy & Myotherapy share an annual limit. This policy also provides access to AIA Vitality where you can earn rewards for leading a healthy lifestyle. By reaching Silver Vitality Status or above you can get an additional 10% back on any non-dental benefits. Visit www.aiavitality.com.au for more information.			
Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental*	2	\$500 per policy	Periodic oral examination - 50% of charge Scale & clean - 50% of charge Fluoride treatment - 50% of charge
Optical	6	\$150 per policy	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Physiotherapy*	2	\$250 per policy (combined limit for physiotherapy, chiropractic, exercise physiology, osteopathy & other services)	Initial visit - 50% of charge Subsequent visit - 50% of charge
Chiropractic	2		Initial visit - 50% of charge Subsequent visit - 50% of charge
Psychology	2	\$100 per policy	Initial visit - 50% of charge
Acupuncture	2	\$100 per policy (combined limit for acupuncture & remedial massage)	Initial visit - 50% of charge Subsequent visit - 50% of charge
Remedial massage	2		Initial visit - 50% of charge Subsequent visit - 50% of charge
Dietetics/dietary advice	2	\$100 per policy	Initial visit - 50% of charge
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - 50% of charge
Health management / Healthy lifestyle	2	\$100 per policy	Health management - 50% of charge
Osteopathy	2	Combined limit - see Physiotherapy	Initial visit - 50% of charge Subsequent visit - \$50.00

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 NSW & ACT 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.