Private Health Information Statement - Combined policy

Corporate Gold Hospital 750 and 90 Extras

AIA Health Insurance Pty Ltd	*Monthly Premium*	Covers only one person
http://www.aia.com.au/health	*$488.26 #*	Available in South Australia
Health.MemberServices@aia.com.au	(before any rebate, loading or discount)	
1800333004		

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.

This is a corporate policy which is only available to employees/members of organisations with arrangements with this health insurer.

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

✓ Assisted reproductive services	✓ Eye (not cataracts)	✓ Miscarriage and termination of pregnancy
✓ Back, neck and spine	✓ Gastrointestinal endoscopy	✓ Pain management
✓ Blood	✓ Gynaecology	✓ Pain management with device
✓ Bone, joint and muscle	✓ Heart and vascular system	✓ Palliative care
✓ Brain and nervous system	✓ Hernia and appendix	✓ Plastic and reconstructive surgery (medically necessary)
✓ Breast surgery (medically necessary)	✓ Hospital psychiatric services	✓ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits)
✓ Cataracts	✓ Implantation of hearing devices	✓ Pregnancy and birth
✓ 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	✓ Weight loss surgery
✓ Ear, nose and throat	✓ Male reproductive system	

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.

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.

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 2 x No Gap Dental on selected preventative dental services (excluded from dental limits) & lower treatment costs at smile.com.au dentists. See https://www.aia.com.au/en/products/health-insurance/find-a-provider.

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	$2,000 per policy (combined limit for general dental, major dental, endodontic & orthodontic)	Periodic oral examination - 90% of charge Scale & clean - 90% of charge Fluoride treatment - 90% of charge
Major dental	12		Surgical tooth extraction - 90% of charge Full crown veneered - 90% of charge
Endodontic	12		Filling of one root canal - 90% of charge
Orthodontic	12		Braces for upper & lower teeth, including removal plus fitting of retainer - 90% of charge
Optical	6	$400 per policy	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Non PBS pharmaceuticals	2	$600 per policy (combined limit for non pbs pharmaceuticals & vaccinations)	Per eligible prescription - 90% of charge
Physiotherapy	2	$900 per policy (combined limit for physiotherapy, ante-natal/post-natal classes & exercise physiology)	Initial visit - 90% of charge Subsequent visit - 90% of charge
Chiropractic	2	$700 per policy (combined limit for chiropractic & osteopathy)	Initial visit - 90% of charge Subsequent visit - 90% of charge
Podiatry	2	$600 per policy	Initial visit - 90% of charge Subsequent visit - 90% of charge

Psychology	2	$400 per policy	Initial visit - 90% of charge Subsequent visit - 90% of charge
Acupuncture	2	$700 per policy (combined limit for acupuncture & remedial massage)	Initial visit - 90% of charge Subsequent visit - 90% of charge
Remedial massage	2		Initial visit - 90% of charge Subsequent visit - 90% of charge
Hearing aids	12	$600 per policy 1 appliance(s) every 3 years	Hearing aid - 90% of charge
Blood glucose monitors	12	$600 per policy (combined limit for blood glucose monitors & orthotics (podiatric orthoses))	Per monitor - 90% of charge
Audiology	2	$500 per policy (combined limit for audiology, eye therapy (orthoptics), occupational therapy & speech therapy)	Initial visit - 90% of charge Subsequent visit - 90% of charge
Ante-natal/Post-natal classes	2	Combined limit - see Physiotherapy	Initial visit - 90% of charge Subsequent visit - 90% of charge
Dietetics/dietary advice	2	$400 per policy	Initial visit - 90% of charge Subsequent visit - 90% of charge
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - 90% of charge Subsequent visit - 90% of charge
Eye therapy (orthoptics)	2	Combined limit - see Audiology	Initial visit - 90% of charge Subsequent visit - 90% of charge
Health management / Healthy lifestyle	2	$400 per policy	Health management - 90% of charge
Occupational therapy	2	Combined limit - see Audiology	Initial visit - 90% of charge Subsequent visit - 90% of charge
Orthotics (podiatric orthoses)	12	Combined limit - see Blood glucose monitors	Orthotics supply & fit - 90% of charge
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - 90% of charge Subsequent visit - 90% of charge
Speech therapy	2	Combined limit - see Audiology	Initial visit - 90% of charge Subsequent visit - 90% of charge
Vaccinations	2	Combined limit - see Non PBS pharmaceuticals	Per service - $40.00

Psychology benefit also includes cover for counselling services. Swimming lessons are covered under this policy. Benefit limit $300 per person, per year. Smoking cessation is covered under this policy. Benefit limit $400 per person, per year.

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

✗ Other treatments - check with your insurer

Other features of this general treatment cover

A Corporate Extras Bonus of $200 per person per calendar year applies when you reach and maintain an AIA Vitality Silver status or higher. A Family Limit of $200 applies for a Single Parent policy and $400 for a Family policy.

Ambulance cover

In South 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.