

Private Health Information Statement - Combined policy

Gold Signature Hospital 750 and Best 70% Back Extras

AIA Health Insurance Pty Ltd

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

Health.MemberServices@aia.com.au

1800333004

Monthly Premium

\$628.00 #

(before any rebate, loading or discount)

Covers only one person
Available in Tasmania

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.

Only available to existing AIA Health Retail members

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)	✓ 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 \$500 of your \$750 Excess (Excess Refund) if you're admitted to hospital. Excess Refund is not available when claiming on the following clinical categories: cataracts, joint replacements, dialysis for chronic kidney failure, pregnancy and birth, assisted reproductive services, insulin pumps, pain management (with device) and sleep studies.

General Treatment Cover

Members can receive up to 80% 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 70% back. See <https://www.aia.com.au/en/products/health-insurance/find-a-provider>.

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, Myotherapy, Hydrotherapy and Ante-natal/Post-natal Classes share an annual limit. Chiropractic and Osteopathy share an annual limit. Medically Prescribed Appliances, Orthotics and Blood Glucose Monitors share a limit. Non PBS pharmaceuticals pays back up to \$40 per script after the current PBS amount is deducted; vaccinations fall under this Pharmacy 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. www.aivitality.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	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 - Sub-limits apply)	Surgical tooth extraction - 70% of charge Full crown veneered - 70% of charge
Endodontic	12		Filling of one root canal - 70% of charge
Orthodontic	12	\$800 per policy \$3,200 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - 70% of charge
Optical	6	\$250 per policy	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Non PBS pharmaceuticals*	2	\$300 per policy (combined limit for non pbs pharmaceuticals & vaccinations)	Per eligible prescription - \$40.00

Physiotherapy*	2	\$600 per policy (combined limit for physiotherapy, ante-natal/post-natal classes, 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	\$250 per policy	Initial visit - 70% of charge Subsequent visit - 70% of charge
Psychology	2	\$300 per policy	Initial visit - 70% of charge Subsequent visit - 70% of charge
Acupuncture	2	\$200 per policy	Initial visit - 70% of charge Subsequent visit - 70% of charge
Remedial massage	2	\$200 per policy	Initial visit - 70% of charge Subsequent visit - 70% of charge
Hearing aids	12	\$400 per policy 1 service(s) every 3 years (combined limit for hearing aids & other services)	Hearing aid - 70% of charge
Blood glucose monitors*	12	\$400 per policy 1 service(s) every 3 years (combined limit for blood glucose monitors & orthotics (podiatric orthoses))	Per monitor - 70% of charge
Audiology	2	\$200 per policy	Initial visit - 70% of charge Subsequent visit - 70% of charge
Ante-natal/Post-natal classes*	2	Combined limit - see Physiotherapy	Initial visit - 70% of charge Subsequent visit - 70% of charge
Dietetics/dietary advice	2	\$350 per policy	Initial visit - 70% of charge Subsequent visit - 70% of charge
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - 70% of charge
Eye therapy (orthoptics)	2	\$200 per policy	Initial visit - 70% of charge Subsequent visit - 70% of charge
Health management / Healthy lifestyle	2	\$200 per policy	Health management - 70% of charge
Occupational therapy	2	\$200 per policy	Initial visit - 70% of charge Subsequent visit - 70% of charge
Orthotics (podiatric orthoses)	2	Combined limit - see Blood glucose monitors	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	\$200 per policy	Initial visit - 70% of charge Subsequent visit - 70% of charge
Vaccinations*	2	Combined limit - see Non PBS pharmaceuticals	Per service - \$40.00

Swimming lessons are covered under this policy - Benefit Limit \$200 per person, per year. Smoking cessation services are covered under this policy - Benefit Limit \$150 per person, per year. Psychology benefit includes counselling services.

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.

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.