

## Private Health Information Statement - Combined policy

### Silver Plus Advanced Hospital 750 and High FlexiExtras

**AIA Health Insurance Pty Ltd**

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

[Health.MemberServices@aia.com.au](mailto:Health.MemberServices@aia.com.au)

1800333004

**Monthly Premium**

**\$686.30 #**

(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 South Australia

# 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 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

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

This policy ✗ does not include cover for

✗ Assisted reproductive services

✗ Pregnancy and birth

✗ 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](https://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 of \$750 per 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
- 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 excess (Excess Refund) if you're admitted to hospital. Exclusions apply on some clinical categories.

**General Treatment Cover**

Members can receive 2 x No Gap Dental on selected preventative dental services & lower treatment costs at [smile.com.au](https://www.aia.com.au) dentists. 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 *: FlexiExtras products come with loyalty benefits that reward you the longer you hold your cover. Your annual FlexiLimit will increase by \$100 for each full year served on a FlexiExtras product, up to 5 years. |                         |                                                                                                                                                                                                                                                                                                                          |                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Treatment                                                                                                                                                                                                                                                   | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)                                                                                                                                                                                                                                                                   | Examples of maximum benefits                                                                   |
| General dental*                                                                                                                                                                                                                                             | 2                       | \$1,000 per person up to \$3,000 per policy (combined limit for general dental, major dental, endodontic, optical, physiotherapy, chiropractic, psychology, acupuncture, remedial massage, dietetics/dietary advice, exercise physiology, health management / healthy lifestyle & osteopathy - <b>Sub-limits apply</b> ) | Periodic oral examination - \$30.00<br>Scale & clean - \$51.00<br>Fluoride treatment - \$22.00 |
| Major dental*                                                                                                                                                                                                                                               | 12                      |                                                                                                                                                                                                                                                                                                                          | Surgical tooth extraction - \$111.00<br>Full crown veneered - \$631.00                         |
| Endodontic*                                                                                                                                                                                                                                                 | 12                      |                                                                                                                                                                                                                                                                                                                          | Filling of one root canal - \$121.00                                                           |
| Optical*                                                                                                                                                                                                                                                    | 6                       |                                                                                                                                                                                                                                                                                                                          | Single vision lenses & frames - \$250.00<br>Multi-focal lenses & frames - \$250.00             |
| Physiotherapy*                                                                                                                                                                                                                                              | 2                       |                                                                                                                                                                                                                                                                                                                          | Initial visit - \$45.00<br>Subsequent visit - \$35.00                                          |
| Chiropractic*                                                                                                                                                                                                                                               | 2                       |                                                                                                                                                                                                                                                                                                                          | Initial visit - \$45.00<br>Subsequent visit - \$35.00                                          |
| Psychology*                                                                                                                                                                                                                                                 | 2                       |                                                                                                                                                                                                                                                                                                                          | Initial visit - \$50.00<br>Subsequent visit - \$25.00                                          |

|                                                                                                                   |   |                                                       |
|-------------------------------------------------------------------------------------------------------------------|---|-------------------------------------------------------|
| Acupuncture*                                                                                                      | 2 | Initial visit - \$35.00<br>Subsequent visit - \$30.00 |
| Remedial massage*                                                                                                 | 2 | Initial visit - \$35.00<br>Subsequent visit - \$30.00 |
| Dietetics/dietary advice*                                                                                         | 2 | Initial visit - \$40.00<br>Subsequent visit - \$40.00 |
| Exercise physiology*                                                                                              | 2 | Initial visit - \$45.00<br>Subsequent visit - \$35.00 |
| Health management / Healthy lifestyle*                                                                            | 2 | Health management - \$50.00                           |
| Osteopathy*                                                                                                       | 2 | Initial visit - \$45.00<br>Subsequent visit - \$35.00 |
| Psychology benefit includes counselling services. Optical has a sub-limit of \$250 per person, per calendar year. |   |                                                       |

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

|                                 |                                  |                                                     |
|---------------------------------|----------------------------------|-----------------------------------------------------|
| <b>X</b> Blood glucose monitors | <b>X</b> Non PBS pharmaceuticals | <b>X</b> Podiatry                                   |
| <b>X</b> Hearing aids           | <b>X</b> Orthodontic             | <b>X</b> Other treatments - check with your insurer |

## 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.