



**AIA Health Insurance Pty Ltd**  
**Corporate Bronze Hospital 250 and 70 Extras**

Corporate Policy

**\$648.81 / month**

(Before Rebate, Discount & Loading)

Available in TAS

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 policy covers:** Two adults (and no-one else).

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

- This policy exempts you from the Medicare Levy Surcharge.
- This policy provides accident cover - check with insurer for details.
- This policy provides benefits for travel or accommodation outside of hospital - check with insurer for details.

Policy ID: MYO/JC3/TTSZ20

Source: [Private Health Information Statement \(PHIS\)](#)

## Hospital Cover

✓ Covered

R Restricted Cover

✗ Not Covered

**This policy includes cover for**

- |   |                                 |  |
|---|---------------------------------|--|
| ✓ Bone, joint and muscle                                  | ✓ Ear, nose and throat          | ✓ Male reproductive system                 |
| ✓ Brain and nervous system                                | ✓ Eye (not cataracts)           | ✓ Miscarriage and termination of pregnancy |
| ✓ Breast surgery (medically necessary)                    | ✓ Gastrointestinal endoscopy    | ✓ Pain management                          |
| ✓ Chemotherapy, radiotherapy and immunotherapy for cancer | ✓ Gynaecology                   | R Palliative care                          |
| ✓ Diabetes management (excluding insulin pumps)           | ✓ Hernia and appendix           | R Rehabilitation                           |
| ✓ Digestive system  | R Hospital psychiatric services | ✓ Skin                                     |
|   | ✓ Joint reconstructions         | ✓ Tonsils, adenoids and grommets           |
|   | ✓ Kidney and bladder            |  |

**This policy does not include cover for**

- |                                       |                                   |  |
|---------------------------------------|-----------------------------------|--|
| ✗ Assisted reproductive services      | ✗ Heart and vascular system       | ✗ Plastic and reconstructive surgery (medically necessary)       |
| ✗ Back, neck and spine                | ✗ Implantation of hearing devices | ✗ Podiatric surgery (provided by a registered podiatric surgeon) |
| ✗ Blood                               | ✗ Insulin pumps                   | ✗ Pregnancy and birth  |
| ✗ Cataracts                           | ✗ Joint replacements              | ✗ Sleep studies  |
| ✗ Dental surgery                      | ✗ Lung and chest                  | ✗ Weight loss surgery  |
| ✗ Dialysis for chronic kidney failure | ✗ Pain management with device     |  |

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](http://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 \$250 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
- 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 (<https://www.health.gov.au/resources/apps-and-tools/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

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

Policy ID: MYO/JC3/TTSZ20 Source: [Private Health Information Statement \(PHIS\)](#)

## Extras Cover

This policy **includes** General treatment (Extras) cover for

| Treatment & waiting period (months) |    | Benefit limits per 12 months unless otherwise stated   | Examples of maximum benefits  |
|-------------------------------------|----|--|---|
| ✓ Acupuncture                       | 2  | <b>\$250 per person</b><br>combined limit for acupuncture & remedial massage   | <ul style="list-style-type: none"> <li>• Initial visit: 70% of charge</li> <li>• Subsequent visit: 70% of charge</li> </ul> |
| ✓ Ante-natal/Post-natal classes     | 2  | <b>\$600 per person</b><br>combined limit for ante-natal/post-natal classes, exercise physiology & physiotherapy         | <ul style="list-style-type: none"> <li>• Initial visit: 70% of charge</li> <li>• Subsequent visit: 70% of charge</li> </ul> |
| ✓ Audiology                         | 2  | <b>\$200 per person</b><br>combined limit for audiology, eye therapy (orthoptics), occupational therapy & speech therapy | <ul style="list-style-type: none"> <li>• Initial visit: 70% of charge</li> <li>• Subsequent visit: 70% of charge</li> </ul> |
| ✓ Blood glucose monitors            | 12 | <b>\$400 per person</b><br>combined limit for blood glucose monitors & orthotics (podiatric orthoses)                    | <ul style="list-style-type: none"> <li>• Per monitor: 70% of charge</li> </ul>  |

|  |    |  |   |
|--|----|--|---|
| ✓ <b>Chiropractic</b>                          | 2  | <b>\$400 per person</b><br>combined limit for chiropractic & osteopathy  | <ul style="list-style-type: none"> <li>Initial visit: 70% of charge</li> <li>Subsequent visit: 70% of charge</li> </ul>   |
| ✓ <b>Dietetics/dietary advice</b>              | 2  | <b>\$300 per person</b>  | <ul style="list-style-type: none"> <li>Initial visit: 70% of charge</li> <li>Subsequent visit: 70% of charge</li> </ul>   |
| ✓ <b>Endodontic</b>                            | 12 | <b>\$1,200 per person</b><br>combined limit for endodontic, general dental, major dental & orthodontic                   | <ul style="list-style-type: none"> <li>Filling of one root canal: 70% of charge</li> </ul>  |
| ✓ <b>Exercise physiology</b>                   | 2  | <b>\$600 per person</b><br>combined limit for ante-natal/post-natal classes, exercise physiology & physiotherapy         | <ul style="list-style-type: none"> <li>Initial visit: 70% of charge</li> <li>Subsequent visit: 70% of charge</li> </ul>   |
| ✓ <b>Eye therapy (orthoptics)</b>              | 2  | <b>\$200 per person</b><br>combined limit for audiology, eye therapy (orthoptics), occupational therapy & speech therapy | <ul style="list-style-type: none"> <li>Initial visit: 70% of charge</li> <li>Subsequent visit: 70% of charge</li> </ul>   |
| ✓ <b>General dental</b>                        | 2  | <b>\$1,200 per person</b><br>combined limit for endodontic, general dental, major dental & orthodontic                   | <ul style="list-style-type: none"> <li>Fluoride treatment: 70% of charge</li> <li>Scale &amp; clean: 70% of charge</li> <li>Periodic oral examination: 70% of charge</li> </ul> |
| ✓ <b>Health management / Healthy lifestyle</b> | 2  | <b>\$300 per person</b>  | <ul style="list-style-type: none"> <li>Health management: 70% of charge</li> </ul>  |
| ✓ <b>Hearing aids</b>                          | 12 | <b>\$400 per person</b>  | <ul style="list-style-type: none"> <li>Hearing aid: 70% of charge</li> </ul>  |
| ✓ <b>Major dental</b>                          | 12 | <b>\$1,200 per person</b><br>combined limit for endodontic, general dental, major dental & orthodontic                   | <ul style="list-style-type: none"> <li>Surgical tooth extraction: 70% of charge</li> <li>Full crown veneered: 70% of charge</li> </ul>  |
| ✓ <b>Non PBS pharmaceuticals</b>               | 2  | <b>\$300 per person</b><br>combined limit for non pbs pharmaceuticals & vaccinations                                     | <ul style="list-style-type: none"> <li>Per eligible prescription: 70% of charge</li> </ul>  |
| ✓ <b>Occupational therapy</b>                  | 2  | <b>\$200 per person</b><br>combined limit for audiology, eye therapy (orthoptics), occupational therapy & speech therapy | <ul style="list-style-type: none"> <li>Initial visit: 70% of charge</li> <li>Subsequent visit: 70% of charge</li> </ul>   |
| ✓ <b>Optical</b>                               | 6  | <b>\$300 per person</b>  | <ul style="list-style-type: none"> <li>Multi-focal lenses &amp; frames: 100% of charge</li> <li>Single vision lenses &amp; frames: 100% of charge</li> </ul>                    |
| ✓ <b>Orthodontic</b>                           | 12 | <b>\$1,200 per person</b><br>combined limit for endodontic, general dental, major dental & orthodontic                   | <ul style="list-style-type: none"> <li>Braces for upper &amp; lower teeth, including removal plus fitting of retainer: 70% of charge</li> </ul>                                 |
| ✓ <b>Orthotics (podiatric orthoses)</b>        | 12 | <b>\$400 per person</b><br>combined limit for blood glucose monitors & orthotics (podiatric orthoses)                    | <ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: 70% of charge</li> </ul>   |
| ✓ <b>Osteopathy</b>                            | 2  | <b>\$400 per person</b><br>combined limit for chiropractic & osteopathy  | <ul style="list-style-type: none"> <li>Initial visit: 70% of charge</li> <li>Subsequent visit: 70% of charge</li> </ul>   |
| ✓ <b>Physiotherapy</b>                         | 2  | <b>\$600 per person</b><br>combined limit for ante-natal/post-natal classes, exercise physiology & physiotherapy         | <ul style="list-style-type: none"> <li>Initial visit: 70% of charge</li> <li>Subsequent visit: 70% of charge</li> </ul>   |

|                    |   |   |   |
|--------------------|---|---|---|
| ✓ Podiatry         | 2 | \$250 per person  | <ul style="list-style-type: none"> <li>Initial visit: 70% of charge</li> <li>Subsequent visit: 70% of charge</li> </ul> |
| ✓ Psychology       | 2 | \$300 per person  | <ul style="list-style-type: none"> <li>Initial visit: 70% of charge</li> <li>Subsequent visit: 70% of charge</li> </ul> |
| ✓ Remedial massage | 2 | \$250 per person<br>combined limit for acupuncture & remedial massage   | <ul style="list-style-type: none"> <li>Initial visit: 70% of charge</li> <li>Subsequent visit: 70% of charge</li> </ul> |
| ✓ Speech therapy   | 2 | \$200 per person<br>combined limit for audiology, eye therapy (orthoptics), occupational therapy & speech therapy | <ul style="list-style-type: none"> <li>Initial visit: 70% of charge</li> <li>Subsequent visit: 70% of charge</li> </ul> |
| ✓ Vaccinations     | 2 | \$300 per person<br>combined limit for non pbs pharmaceuticals & vaccinations                                     | <ul style="list-style-type: none"> <li>Per service: \$40</li> </ul>   |

Psychology benefit also includes cover for counselling services. Swimming lessons are covered under this policy. Benefit limit \$200 per person, per year. Smoking cessation is covered under this policy. Benefit limit \$300 per person, per year.

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

- ✗ Chinese medicine
- ✗ Home nursing

**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

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](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.

Insurer Details



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Corporate Policy

**\$648.81 / month**

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Call now  1800333004 Sponsor link

**AIA Health Insurance Pty Ltd**

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

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

 1800333004

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