

# Private Health Information Statement - General treatment policy

Good 65% Back Extras Only

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

\$52.93 #

(before any rebate or insurer discount)

Covers only one person

Available in All States

# You may be entitled to an Australian Government rebate on the above premium. Your premium may also include an insurer discount. Check with your insurer for details.

## General Treatment Cover

This health insurer does not operate a preferred provider scheme.

This policy  includes General treatment (Extras) cover for

Note, for items marked with an asterisk \*: No Gap Dental is available on eligible preventative dental services if you have served the two-month waiting period and use a smile.com.au dentist. A fixed benefit is paid on included dental services when using a non-smile.com.au dentist. The annual limit for General Dental is shared with Preventative Dental and Major Dental. The annual limit for Physiotherapy is shared with Chiropractic, Exercise Physiology and Osteopathy. The annual limit for Acupuncture is shared with Remedial Massage.

| Treatment                             | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)                                                                 | Examples of maximum benefits                                                                                     |
|---------------------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| General dental*                       | 2                       | \$700 per policy<br>(combined limit for general dental, major dental & endodontic)                                     | Periodic oral examination - 65% of charge<br>Scale & clean - 65% of charge<br>Fluoride treatment - 65% of charge |
| Major dental                          | 12                      |                                                                                                                        | Surgical tooth extraction - 65% of charge<br>Full crown veneered - 65% of charge                                 |
| Endodontic                            | 12                      |                                                                                                                        | Filling of one root canal - 65% of charge                                                                        |
| Optical                               | 6                       | \$200 per policy                                                                                                       | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge                   |
| Physiotherapy*                        | 2                       | \$400 per policy<br>(combined limit for physiotherapy, chiropractic, exercise physiology, osteopathy & other services) | Initial visit - 65% of charge<br>Subsequent visit - 65% of charge                                                |
| Chiropractic*                         | 2                       |                                                                                                                        | Initial visit - 65% of charge<br>Subsequent visit - 65% of charge                                                |
| Psychology                            | 2                       | \$200 per policy                                                                                                       | Initial visit - 65% of charge<br>Subsequent visit - 65% of charge                                                |
| Acupuncture*                          | 2                       | \$200 per policy<br>(combined limit for acupuncture & remedial massage)                                                | Initial visit - 65% of charge<br>Subsequent visit - 65% of charge                                                |
| Remedial massage*                     | 2                       |                                                                                                                        | Initial visit - 65% of charge<br>Subsequent visit - 65% of charge                                                |
| Dietetics/dietary advice              | 2                       | \$200 per policy                                                                                                       | Initial visit - 65% of charge<br>Subsequent visit - 65% of charge                                                |
| Exercise physiology                   | 2                       | Combined limit - see Physiotherapy                                                                                     | Initial visit - 65% of charge<br>Subsequent visit - 65% of charge                                                |
| Health management / Healthy lifestyle | 2                       | \$200 per policy                                                                                                       | Health management - 65% of charge                                                                                |
| Osteopathy*                           | 2                       | Combined limit - see Physiotherapy                                                                                     | Initial visit - 65% of charge<br>Subsequent visit - 65% of charge                                                |

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

|                          |                           |                                              |
|--------------------------|---------------------------|----------------------------------------------|
| ✗ Blood glucose monitors | ✗ Non PBS pharmaceuticals | ✗ Podiatry                                   |
| ✗ Hearing aids           | ✗ Orthodontic             | ✗ Other treatments - check with your insurer |

#### Other features of this general treatment cover

A Family Limit of 3 times the annual per person limit applies to Optical, Physiotherapy, Chiropractic, Osteopathy, Exercise Physiology, Acupuncture and Remedial Massage services.

#### Ambulance cover

Ambulance cover is provided by the State government in Tasmania ([https://www.health.tas.gov.au/ambulance/fees\\_and\\_accounts](https://www.health.tas.gov.au/ambulance/fees_and_accounts)) and Queensland (<https://www.ambulance.qld.gov.au/>). In other states concession card holders may have free cover and there are subscription services in several states ([https://privatehealth.gov.au/health\\_insurance/what\\_is\\_covered/ambulance.htm](https://privatehealth.gov.au/health_insurance/what_is_covered/ambulance.htm)).

#### 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.