



AIA HEALTH INSURANCE

Base 50% Back Extras

Effective 1 April 2026.

This is a summary of your cover – it includes information that's important, please read thoroughly. For more information please refer to your [Member Guide](#) and [Fund Rules](#) or call us on 1800 333 004.

Dental

Extras treatments	Amount you can claim		Annual limit per person, per calendar year	Total annual claiming limit	Waiting period (months)
	At all other providers	At smile.com.au dentists ³			
General and Preventative Dental¹	50%	60%	\$500	Service limits apply	2
No Gap Dental ² available through smile.com.au	Not available	100%			
Major Dental			NOT COVERED		
Orthodontics			NOT COVERED		

By using the smile.com.au dental network, you can significantly reduce your out-of-pocket dental expenses.

Your dental extras explained

1. General and Preventative Dental

General and Preventative Dental includes a wide range of common dental procedures including check-ups, x-rays, cleaning, fluoride treatments, fillings and simple teeth extractions. There are limits to the number of General and Preventative Dental treatments that you may claim for in a calendar year.

Preventative Dental service limits include one comprehensive oral examination and two periodic dental examinations, per person, per calendar year.

There are a range of dental procedures that cannot be claimed when provided on the same day e.g. a filling on a tooth that has been removed. Dental benefits for some procedures cannot be paid unless tooth identification is supplied by the provider. Under this cover, no benefits are payable towards Major Dental (for example, for crowns) and Orthodontic Services as they are not included in this cover. If you would like coverage for these services, please contact us to help you select a different product that pays benefits towards these.

2. No Gap Dental

No Gap Dental benefit is available on eligible preventative dental services if you have served the two-month waiting period and use a smile.com.au dentist.

Please note that any benefits AIA Health pays towards No Gap Dental will count towards your Preventative and General Dental limits.

This benefit is limited to one service per treatment group per calendar year for each person listed on the policy. Eligible No Gap Dental item numbers for each treatment group are:

Oral examinations

- 011 (Comprehensive oral examination)
- 012 (Periodic oral examination)
- 013 (Oral examination limited)

Scale and clean

- 111 (Removal of plaque and/or stain)
- 114 (Removal of calculus – first visit)
- 115 (Removal of calculus – subsequent visit)

Fluoride treatment

- 121 (Topical application of remineralisation agents, one treatment)

Mouthguard

- 151 (Provision of a mouthguard)

3. smile.com.au

We've partnered with smile.com.au to make dental care more affordable and accessible for you. If you have extras with dental cover you will save 15-40% off* smile.com.au standard fees for all dental treatments performed by a smile.com.au approved dentist. In order to view the list of dentists to book with please visit member benefits at aia.com.au/health.

These savings are in addition to your existing AIA Health Extras benefits. This means lower out-of-pocket costs for any treatment, as smile.com.au dentists will reduce their normal fees by at least 15%.

With close to 3,000 approved dentists in the smile.com.au network, chances are there is one near you. To find a participating smile.com.au dentist please visit Member Benefits on our website aia.com.au/health. Check with your dental practice that your preferred dentist is registered with smile.com.au.

*Savings may vary between dentists. It is recommended that you obtain a quote prior to treatment.

Non-Dental

Extras treatments	Amount you can claim		Annual limit per person, per calendar year	Additional information	Waiting period (months)
	Benefit amount	Extras Boost with AIA Vitality Silver Status or above ⁴			
Optical (prescription lenses, contacts and frames only)	100%		\$150	\$300 Annual Policy Limit	6
Therapies					
Physiotherapy (including hydrotherapy, myotherapy and exercise physiology)	50%	60%	\$250	\$500 Annual Policy Limit	2
Chiropractic	50%	60%			
Osteopathy	50%	60%			
Mental Health (including psychology and counselling)	50%	60%	\$100		
Remedial massage	50%	60%	\$100	\$200 Annual Policy Limit	
Acupuncture	50%	60%			
Wellness					
Weight management programs (including dietetics) ⁵	50%	60%	\$100		2
Health checks ⁶	50%	60%	\$100		

Unless stipulated otherwise, consultations must be one-on-one with a recognised provider.

Your non-dental extras explained

4. AIA Vitality and Extras Boost

At AIA Health, we believe health insurance should help people live healthier, longer, better lives. That's why we offer you (and your partner where applicable) access to AIA Vitality, the science-backed health and wellbeing program that rewards you for getting to know your health and taking steps to improve it.

As a new member, you start your journey to better health at Bronze Status, with the opportunity to work your way up to Silver, Gold and Platinum by completing points-earning activities. The more points you earn, the higher your AIA Vitality Status and the greater the rewards.

For more information regarding AIA Vitality please refer to the AIA Health [Member Guide](#). Please contact us if you would like to discuss obtaining a product without access to AIA Vitality.

Extras Boost

Extras Boost is a benefit that enables you to increase your percentage back on non-dental claims by engaging with AIA Vitality. When you reach AIA Vitality Silver Status or above you will automatically receive a further 10% back on your treatments, reducing your out-of-pocket costs. Please note that annual limits do not change.

Your benefit percentage will be boosted by 10% shortly after you achieve AIA Vitality Silver Status. Likewise, your benefits will revert down by 10% if you drop to AIA Vitality Bronze Status after your AIA Vitality membership year (which is the year commencing on the anniversary of your AIA Vitality membership).

5. Weight management programs

AIA Health will pay benefits towards any consultations you have at a registered dietitian who is a recognised provider or participation in recognised weight loss programs, including Weight Watchers and Fernwood Food Coaching. Benefits are not payable towards meals and supplements. A doctor's letter of recommendation dated within 12 months is required to be lodged with your claims.

6. Health checks

AIA Health will pay benefits towards your preventative health checks provided by recognised providers, where Medicare benefits are not payable for the preventative health check, including:

- mammograms and bowel cancer screening kits (one each every two years)
- prostate cancer and skin cancer checks (one each per calendar year).

Note: if you have received a preventative health check through Medicare, you may not claim under this benefit during the same calendar year.

Important information about your Extras cover

How we communicate with you

As our primary method of communication is email, it is important that your contact details are kept up to date with your current email address to ensure you're able to receive any correspondence.

Recognised providers

Benefits will only be payable by AIA for services performed by any practitioner in a private practice who is appropriately registered with bodies recognised by AIA Health, where there is no Medicare benefit payable.

Note: a Recognised Provider may be de-recognised with AIA Health in certain circumstances in accordance with our Fund Rules - so it's important to check they are still recognised by AIA Health. Your provider can confirm they are recognised or you can call us on 1800 333 004.

Waiting periods

Waiting periods are the period of time during which you are not entitled to the benefits of your policy. Waiting periods can apply when changing your cover to include new or upgraded services. If you're switching to AIA Health from another equivalent policy, you won't need to re-serve waiting periods already served with the previous health insurer. Refer to your [Member Guide](#) for more information and details about waiting periods and how they work.

Benefit limits

Per person limit

Each person on your AIA Health cover can claim up to the per person limit within a calendar year. You may not be able to fully receive a per person limit if policy limits have already been reached on the cover or you have reached your lifetime limit.

Policy limit

A policy limit is the total amount that can be claimed by all members on your AIA Health cover within a calendar year. Policy limits will also be subject to specified per person limits.

Annual limit

Annual limits are maximum amount of benefits AIA Health will pay towards services and/or items included on your cover per calendar year. Annual limits can be subject to per person, sub limits, policy limits and lifetime limits. If you have claimed benefits with a previous insurer in a calendar year, these will be taken into account by AIA Health when applying limits for the first membership year.

Lifetime limit

A lifetime limit is an individual limit that is the total benefit you can receive for an item or service over the lifetime of your policy. When you reach this limit, you can no longer claim that benefit again, even if you change your cover with AIA Health or move to another health insurer on a similar cover type (unless your new cover with AIA Health or another health insurer has a higher lifetime limit for that item or service).

Our approach to product names

Our product names are designed to help you understand the features and benefits of the different levels of cover offered by AIA Health and how these options relate to one another. For example, our "Best 70% Back Extras" product is intended to demonstrate that this product covers the most modalities within the AIA product range and offers 70% back (being the best of all our Extras products), up to your limits. Please consider the product features and benefits in detail when deciding on the right level of cover for your needs.

AIA Health may make changes to this cover from time to time, including adding or reducing the benefits or services available to you, and notice of such changes will be provided via email in accordance with the PHI Act, Code of Conduct and Australian Consumer Law. If you are unhappy with those changes, you are able to switch to a different level of cover with us, or cancel your membership.