



AIA HEALTH INSURANCE

Base Set 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 Dental ¹	Fixed Amount	50%	\$300	Service limits apply	2
No Gap Dental ²	Not available	100%			

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 may be claimed 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 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 have partnered with smile.com.au to make dental care more affordable and accessible for our members. Members who have extras with dental cover will save 15–40% off* 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 members 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)
	Initial consultation	Subsequent consultation			
Therapies					
Physiotherapy (including hydrotherapy, myotherapy and exercise physiology)	\$40	\$30	\$200	\$400 Annual Policy Limit	2
Chiropractic	\$35	\$25			
Osteopathy	\$40	\$30			
Acupuncture	\$30	\$20			
Remedial massage	\$30	\$20			
Mental Health (including psychology and counselling)	\$50	\$25	\$100		
Health Checks ⁴	\$25	\$25	\$50		

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

Your non-dental extras explained

4. Health Checks

AIA Health will pay benefits towards 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 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 Health if the service is provided 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 the 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 and policy 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.

Initial consultation

The maximum amount of benefits you will receive from AIA Health for the initial service received. You may not be able to fully receive an initial benefit amount if per person, sub-limits, policy or annual limits have been reached.

Subsequent consultation

The maximum amount of benefits you will receive from AIA Health for a subsequent service received. You may not be able to fully receive a subsequent benefit amount if per person, sub-limits, policy or annual limits have been reached.

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.