



AIA HEALTH INSURANCE

Better 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 ⁵ | | | |
| General and Preventative Dental¹ | Fixed Amount | 60% | \$700 | Service limits apply | 2 |
| No Gap Dental ² | Not available | 100% | | | |
| Major Dental³ | | | | | |
| Periodontics (gum treatment) | | | | | |
| Endodontics (root canal treatment) | | | | | |
| Occlusal Therapy | | | | | |
| Oral Surgery | Fixed Amount | 60% | \$700 | \$700 | 12 |
| Crowns & Bridges | | | | | |
| Dentures & Implants | | | | | |
| Orthodontics⁴ | Fixed Amount | 60% | \$600 | \$2,400 Lifetime limit | 12 |

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.

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. Major Dental

Major Dental includes endodontics, occlusal therapy, crowns, bridges, complete and partial dentures, dental implants, periodontics and oral surgery (includes surgical teeth extractions e.g. wisdom teeth).

4. Orthodontics with smile.com.au

smile.com.au is a dental network – it does not have Orthodontists in its network. However, some dentists do provide basic orthodontic treatments that are eligible to receive smile.com.au dental network benefits including reduced fees and higher percentage back (e.g. Invisalign, Snap-On Smile, Fastbraces, MYOBrace and Clear Correct).

5. 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) |
|--|----------------------|-------------------------|--|--|-------------------------|
| | Initial consultation | Subsequent consultation | | | |
| Non-PBS Pharmacy & vaccinations⁶ | Up to \$40 per item | | \$350 | | 2 |
| Optical (prescription lenses, contacts and frames only) | 100% | | \$200 | \$400 Annual Policy Limit | 6 |
| Therapies | | | | | |
| Physiotherapy (including hydrotherapy, myotherapy and exercise physiology) | \$40 | \$30 | \$450 | \$900 Annual Policy Limit | 2 |
| Chiropractic | \$40 | \$30 | \$450 | \$900 Annual Policy Limit | |
| Osteopathy | \$45 | \$35 | | | |
| Podiatry | \$40 | \$30 | \$200 | | |
| Mental Health (including psychology and counselling) | \$100 | \$50 | \$300 | | |
| Audiology | \$70 | \$70 | \$120 | | |
| Acupuncture | \$35 | \$30 | \$150 | | |
| Remedial massage | \$35 | \$30 | \$150 | \$300 Annual Policy Limit | |
| Health Aids | | | | | |
| Medically prescribed appliances ⁷ | \$100 | | \$250 | Benefit Replacement Period Apply | 12 |
| Blood glucose monitor | \$100 | | | | |
| Hearing Aids | \$300 | | \$300 | Annual limit applies per person over a 3 year calendar period. | |
| Wellness | | | | | |
| Swimming Lessons ⁸ | \$50 | | \$100 | | 2 |
| Weight management programs (including dietetics) ⁹ | \$40 | | \$200 | | |
| Health checks ¹⁰ | \$50 | | \$100 | | |

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

Your non-dental extras explained

6. Pharmaceuticals

AIA Health will pay benefits of up to \$40 per item, after the PBS threshold, up to your annual limits for all non-PBS Pharmaceuticals and travel vaccines. Pharmaceutical benefits are only payable on drugs that are a Schedule 4 or Schedule 8 class.

7. Medically prescribed appliances

A doctor's letter of recommendation dated within the last 12 months is required to be lodged with claims for a medically prescribed appliance, including;

- blood glucose monitor
- blood pressure monitors
- nebuliser pump
- sleep apnoea machine
- TENS machine
- pressure garments
- non-surgical prostheses

AIA Health does not pay benefits for the hire of any health appliance or any consumable products associated with these devices. A benefit replacement rule applies to medically prescribed appliances. You must wait 3 years before you can lodge another claim for the same item.

Orthopaedic and orthotic appliances

Orthopaedic and orthotic appliances must be custom made by a podiatrist or orthotists, and not by a chiropractor or physiotherapist. For an orthosis to be custom made, a plaster cast or mould must be taken. Customising, heat moulding, trimming or adjusting an existing 'off the shelf' appliance does not involve this process and therefore does not constitute a custom-made appliance. Orthopaedic appliances attract benefits where the application of which has resulted from, and is required immediately following, an injury or surgery. A doctor's letter of recommendation dated within 12 months is required prior to claiming. Orthopaedic and orthotic appliances are subject to a 12 month benefit replacement period.

8. Swimming lessons

AIA Health will pay benefits towards approved swimming lessons provided by recognised swimming providers. Swimming lessons must be for the purpose of improving or preventing a specific medical condition (for example, asthma) as part of a health management program or chronic disease management program. A doctor's letter of recommendation dated within 12 months is required to be lodged with your claims.

9. Weight management programs

AIA Health will pay benefits towards any consultations you have at a registered dietician 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.

10. 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 (1 each every 2 years)
- prostate cancer and skin cancer checks (1 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 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 replacement periods

Benefit replacement period is the time you need to wait after purchasing an item covered by us before you can receive further benefits to replace the item. Note: benefit replacement periods are separate to waiting periods. All medically prescribed appliances and hearing aids have a benefit replacement period of 3 years for purchasing or replacing the same item.

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, 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).

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 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 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.