AIA HEALTH INSURANCE

Lite FlexiExtras

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.

Your Benefits

Extras treatments	Amount you can claim		Flexi Limit per person, per calendar year					Waiting Period (Months)
	Initial Consultation	Subsequent Consultation	Year 1	Year 2	Year 3	Year 4	Year 5+	
General and Preventative Dental[1]	Fixed Amount							2
No Gap Dental[2]	100% at smile.com.au[3] dentists							
Optical* (prescription lenses, contacts and frames only)	100%							6
Therapies			$800	$900	$1,000	$1,100	$1,200	
Physiotherapy (including hydrotherapy, myotherapy and exercise physiology)	$40	$30	*$200 sublimit on Optical	*$200 sublimit on Optical	*$200 sublimit on Optical	*$200 sublimit on Optical	*$200 sublimit on Optical	2
Chiropractic			$2,400	$2,700	$3,000	$3,300	$3,600	
Osteopathy			Annual Policy Limit *$600 Annual Policy Limit on Optical	Annual Policy Limit *$600 Annual Policy Limit on Optical	Annual Policy Limit *$600 Annual Policy Limit on Optical	Annual Policy Limit *$600 Annual Policy Limit on Optical	Annual Policy Limit *$600 Annual Policy Limit on Optical	
Mental Health (Including psychology and counselling)	$50	$25						
Acupuncture	$30	$20						
Remedial massage								
Wellness								2
Health checks[4]	$25							

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

Your 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 are using a smile.com.au dentist.

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

This benefit is limited to two services 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.

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 4,000 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.

4. 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 calendar 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 943 010.

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 three 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.

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.

Flexi limit

A Flexi limit is the total annual benefit amount that you can claim, as you choose, on any included service under your policy. Specified Flexi limits are per person, per calendar year. Some extras services may be subject to sub-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.

Loyalty Benefit Limit

FlexiExtras come with loyalty benefits that reward you the longer you hold your cover. Your annual Flexi Limit will increase by $100 for each consecutive year served on a FlexiExtras product, up to 5 years. Limits will increase each year on your policy start date.

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.