



Silver Hospital Classic

Effective 1 March 2020.

This information is important, please read thoroughly. For more information please refer to your Member Guide or call us on 1800 333 004.

This is a summary of your cover. It includes important information about what hospital and medical services we pay benefits towards and what you are not covered for.

What's included in your hospital cover

This cover includes private hospital cover for all hospital admissions and procedures recognised by Medicare, other than those that are restricted or excluded in the hospital treatment product list table. Emergency ambulance transport by air, land and sea is also included.³

Excess

Your excess is the amount that you must contribute towards the cost of any hospital treatment during any calendar year. Silver Hospital Classic cover has excess options of \$500 and \$750. No excess is payable for any dependants covered under a family or single family policy.

	\$500 excess	\$750 excess
Maximum annual excess, per person	\$500	\$750
Dependant excess waiver	Yes	Yes

The excess applies to the policyholder (and partner where applicable) once per person, per calendar year. If the maximum excess is not reached in a single hospital admission, then the remaining balance of the excess is payable on any subsequent admission that the person may have in the same calendar year.

How do I get a 100% refund on my hospital excess?

AIA Health Insurance includes access to AIA Vitality, the science-backed health and wellbeing program that rewards you for looking after your health. If, at the time you are admitted into hospital, you have held an AIA Health Insurance policy for a minimum of six months and have an AIA Vitality Status of Silver or above, we will refund your excess. Simply submit a claim, including your receipt to get the excess refunded.

Please note that we must wait for the hospital to process your account before we are able to provide your refund. This can take anywhere between 1–8 weeks depending on the hospital.

Important information about your hospital 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.

Going to hospital, out-of-pocket expenses and Access Gap Cover

Being admitted to hospital can be a stressful experience. You should contact us as soon as you know you need to go to hospital. We can help make the experience easier and help to ensure any out-of-pocket expenses you incur are minimised and to avoid any unexpected surprises.

Detailed information regarding going to hospital is included in the Member Guide and found in the FAQs at aia.com.au/health.

The Federal Government sets a schedule of fees for eligible services provided by doctors to inpatients in hospital. Medicare pays 75% of these fees and health funds like AIA Health Insurance pay the remaining 25%.

Doctors and providers are not restricted to charging this fee and are able to set their own fees, which can be higher than the scheduled fee. If your doctor chooses to charge a higher fee there will be a gap between what the Government and AIA Health Insurance will pay, and the total amount owed to the doctor. This is the 'Gap' that can leave you with significant out-of-pocket expenses.

AIA Health Insurance's Access Gap Cover

If your doctor participates in AIA Health Insurance's Access Gap Cover we'll pay even more than the 25% of the schedule fee – leaving you with reduced, or even eliminated, out-of-pocket expenses. The best way to find out if your doctor is registered for AIA Health Insurance's Access Gap Cover is to ask them. Every doctor is different, and some will opt in or out on a patient-by-patient basis. If your doctor participates in AIA Health

Insurance's Access Gap Cover they can either choose to participate as a 'no gap' or a 'known gap' charge as follows:

- 1 'No Gap' – Your doctor participates in Gap Cover and does not charge you an out-of-pocket fee for the treatment you receive as an inpatient, or
- 2 'Known Gap' – Your doctor participates in Gap Cover and charges you a reduced out-of-pocket fee for the treatment you receive as an inpatient. You will be aware of the costs before surgery.

Just remember to check your out-of-pocket fees with your doctor before agreeing to any treatment.

Silver Hospital Classic – Hospital treatment product list

Hospital treatments	Included, Restricted or Excluded
Rehabilitation	R
Hospital psychiatric services	R
Palliative care	R
Brain and nervous system	✓
Eye (not cataracts)	✓
Ear, nose and throat	✓
Tonsils, adenoids and grommets	✓
Bone, joint and muscle	✓
Joint reconstructions	✓
Kidney and bladder	✓
Male reproductive system	✓
Digestive system	✓
Hernia and appendix	✓
Gastrointestinal endoscopy	✓
Gynaecology	✓
Miscarriage and termination of pregnancy	✓
Chemotherapy, radiotherapy and immunotherapy for cancer	✓
Pain management	✓
Skin	✓
Breast surgery (medically necessary)	✓
Diabetes management (excluding insulin pumps)	✓
Heart and vascular system	✓
Lung and chest	✓
Blood	✓
Back, neck and spine	✓
Plastic and reconstructive surgery (medically necessary)	✓
Dental surgery	✓
Podiatric surgery (provided by a registered podiatric surgeon)	✓
Implantation of hearing devices	✓
Cataracts	x
Joint replacements	x
Dialysis for chronic kidney failure	x
Pregnancy and birth	x
Assisted reproductive services	x
Weight loss surgery	x
Insulin pumps	x
Pain management with device	x
Sleep studies	x
Travel and accommodation	x
Accidental injury ²	✓
Emergency ambulance ³	✓

Waiting periods¹

We will recognise waiting periods already served for equivalent services with your previous insurer when you switch to AIA Health Insurance. If you are new to private health insurance, you will need to serve some waiting periods.

The following waiting periods apply for all treatments that are not excluded:

12 months

Pre-existing conditions, ailments or illnesses.

2 months

- Rehabilitation
- Hospital psychiatric services
- Palliative care
- All other hospital admissions included on your cover.

1 day

Accidents and emergency ambulance.

R Restricted service

Minimum requirement of the product tier

✓ Included

x Excluded

Your hospital cover explained

1. Waiting periods

Waiting periods are the period of time during which a member is not entitled to the benefits of the policy. Waiting periods can apply when changing your cover to include new or upgraded services. If you're switching to AIA Health Insurance from another equivalent policy, you won't need to re-serve waiting periods already served with your previous health insurer.

A newborn can be added to a family/single parent membership without waiting periods provided that the policyholder has held the policy for more than two months, and that the baby is added within two months of birth. The join date will be effective as at the newborn's date of birth.

Other child dependants added to a policy will be subject to new waiting periods. This includes children added more than two months after birth, adopted children, foster children and step children. Normal portability rules will apply in the case where a child is transferring from another health insurer.

Mental health waiting period exemption

Members with limited cover for psychiatric care are able to upgrade their cover to access higher benefits for in-hospital treatment without serving a waiting period. Members are only able to use this exemption from the existing two-month waiting period once in their lifetime.

2. Accidental injury

All AIA Health Insurance products include cover to be treated in an agreement private hospital for injuries sustained through an accident. An accident is an unforeseen event – occurring by chance and caused by an external force or object – which results in involuntary injury to the body requiring immediate treatment. An accident does not include any unforeseen conditions, the onset of which are due to medical causes nor does it include pre-existing conditions, falling pregnant or accidents arising from surgical procedures. For an accident to be covered, treatment must be sought through a Doctor or an Emergency Department within 48 hours of sustaining the injury.

3. Emergency ambulance treatment

AIA Health Insurance will cover you for clinically necessary emergency ambulance services where you are transported directly to a hospital in Australia.

Emergencies are circumstances when immediate hospital treatment is required for a serious and acute injury or condition where the viability or function of an organ or body part is threatened.

We recommend members purchase state-based ambulance membership where applicable to ensure they are fully protected against the cost of ambulance transport and treatment by paramedics. Check with your state Ambulance authority to ensure you have the right level of cover for emergency treatment and non-emergency ambulance transport by paramedics within Australia.

What is a pre-existing condition?

A pre-existing condition (PEC) is one where signs or symptoms of your ailment, illness or condition, in the opinion of a medical practitioner appointed by AIA Health Insurance (not your own doctor), existed at any time during the six months preceding the day on which you purchased or upgraded your hospital cover.

If you have transferred from another health insurer without a break in cover, you do not need to re-serve hospital waiting periods you have previously completed. However, if you are adding to or upgrading your hospital cover, you do need to complete waiting periods for the new or upgraded services.

Pre-existing conditions related to palliative care, psychiatric and rehabilitation services will serve a two-month waiting period.

Restricted services

Restricted services are hospital claims which are limited to a minimum (default) benefit. This is a minimum dollar amount set by the Federal Government for accommodation as a private patient in a shared room of a public hospital.

A restricted service does not pay any money towards the cost of intensive and coronary care, or theatre fees in a private hospital or private day centre. The minimum default benefit is unlikely to cover other costs such as the cost of accommodation in a private hospital. Therefore you may incur a large out-of-pocket expense if you receive a restricted service in a private hospital, private day centre or private room in a public hospital.

Excluded services

If a service is excluded, this means that AIA Health Insurance does not pay any benefits towards the hospital, medical or other costs relating to that service.

Any hospital treatments for which Medicare pays no benefit – such as cosmetic surgery – are excluded from all AIA Health Insurance covers.

Pharmacy benefits

Provided a hospital admission is not related to an excluded treatment, AIA Health Insurance will pay pharmaceutical benefits payable whilst admitted to a participating private hospital. This includes both Pharmaceutical Benefits Scheme (PBS) and non-PBS items. Medications dispensed upon being discharged from hospital, high-cost medications and experimental drugs are excluded.

AIA Vitality

At AIA Health Insurance, we believe health insurance should help people live healthier, longer, better lives. That's why we offer our policyholders (and 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 an AIA Vitality member, you start your journey to better health at Bronze Status, working 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 Insurance Member Guide.

AIA Health Insurance may make changes to this cover from time to time, including adding or reducing the benefits or services available to members. Notice of such changes will be provided via email in accordance with the PHI Act, Code of Conduct and Australian Consumer Law.