



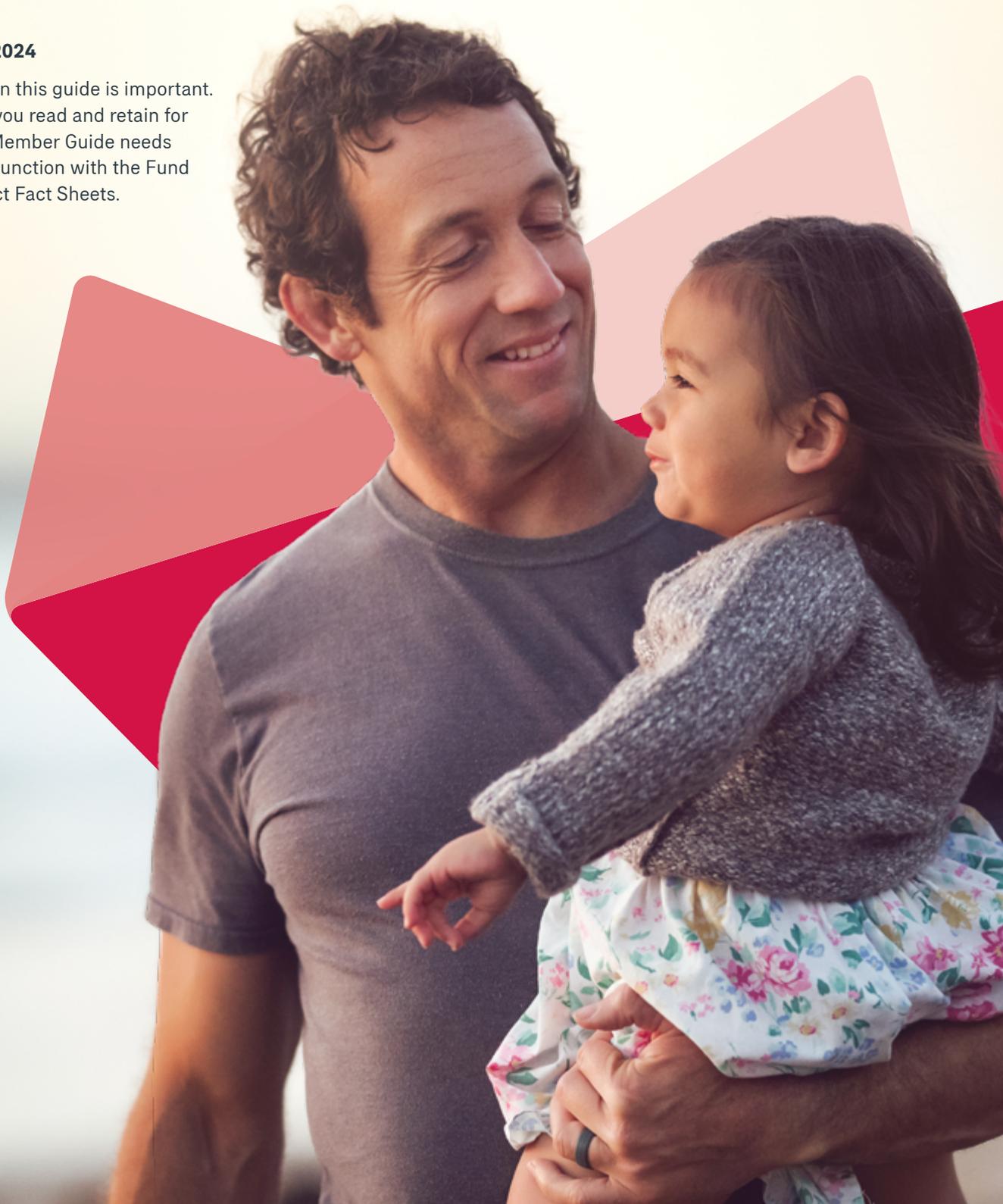
HEALTHIER, LONGER,
BETTER LIVES

AIA Health Insurance

MEMBER GUIDE

Effective 1 July 2024

Information within this guide is important. We recommend you read and retain for future use. This Member Guide needs to be read in conjunction with the Fund Rules and Product Fact Sheets.



Contents

Welcome to AIA Health	3
Your Member Guide.....	3
Getting started.....	3
Your AIA Health membership.....	5
Your hospital cover.....	7
Your extras cover.....	10
Government initiatives	14
Australian Government Rebate on private health insurance.....	14
Lifetime Health Cover loading.....	14
Medicare Levy Surcharge.....	15
Age-based Discount.....	15
AIA Vitality	16
What is AIA Vitality?.....	16
AIA Vitality discount.....	16
AIA Vitality partners.....	18
AIA Priority Protection	19
Insurance benefits.....	19
How do I get cover?.....	19
Your privacy.....	20
Making a complaint.....	20
The Private Health Insurance Code of Conduct.....	20
Contact us	20

Welcome to AIA Health

Welcome to AIA Health – insurance that protects and rewards. We've created cover that will help ensure you're protected.

And like you, we think health insurance should benefit you every day – not just when things go wrong.

That's why eligible AIA Health policies come with access to AIA Vitality, the health and wellbeing program that rewards you for learning about your health and taking steps to improve it.

We hope you're looking forward to starting your journey towards better health – and to enjoying the many benefits that come with it.

Your Member Guide

Your Member Guide is designed to help you understand important information about your private health insurance policy and how your AIA Health membership works in accordance with our Fund Rules. This Member Guide includes a summary of some of the key Fund Rules and it is important for all members to read this guide in conjunction with the Fund Rules and your AIA Health Product Fact Sheets. Please note our Fund Rules, Member Guide and Product Fact Sheets may change from time to time. To access a current version, you can access these documents on our website at aia.com.au/health or you can call us on 1800 943 010.

AIA Health may make changes to the benefits available from time to time, and will provide reasonable notice of such changes.

Getting started

Here's some important things you can expect to receive from us when you become an AIA Health member.

Membership Card

You'll receive your AIA Health membership card together with a Welcome Pack in the mail. Your membership card is the easiest and fastest way to claim. When on the spot claims are available, simply present and swipe your membership card, and you'll only pay the remaining balance. No forms needed. If you're admitted to hospital, you'll need to present your card when admitted.

On your card, you'll find your membership number, as well as the names of those covered under your membership. You'll also find our contact details located on the back for easy reference. If your card is lost, stolen, or if you add a new person to your membership, we'll send you a new card. Remember, whenever you get a new card from us, your old one automatically becomes invalid, so throw it away to avoid any confusion.

Online Member Services

You can access all the information you need on your policy by logging onto your Online Member Service Portal. Here you can manage your membership, update contact details, manage payments, make claims and view correspondence. You can login via members.health.aia.com.au

Private Health Information Statement

Your Private Health Information Statement (PHIS) is a summary of the key product features of your cover. You'll receive a copy of your PHIS when you join AIA Health and then at least once every 12 months, and any time there are changes to your policy. You can also request a copy of your PHIS from us at any time.

AIA Vitality

AIA Vitality is a personalised, science-backed health and wellbeing program that supports you every day to make healthier lifestyle choices. AIA Vitality isn't health insurance, but because it may help you prevent serious health issues, we've included access to AIA Vitality in our eligible products. If your policy comes with access to AIA Vitality, you'll receive an activation email for each insured adult under your policy (excluding adult dependents) shortly after joining. For a fee charged at the same time as your health insurance premium, you'll get to enjoy benefits and rewards and unlock more health insurance benefits for engaging in your health and wellbeing. Refer to your Product Fact Sheet for more information. Please contact us if you would like to discuss obtaining a product without access to AIA Vitality.

Depending on your cover, you'll get access to AIA Vitality or AIA Vitality Starter. AIA Vitality Starter is an introductory program, with similar benefits and rewards to AIA Vitality.

Each AIA Vitality member requires a unique email address, and you must be at least 18 years old to join. Dependents are unable to join AIA Vitality, regardless of their age.

Correspondence

From time to time, we'll need to send you important information about your insurance policy or membership. 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 from us.

Waiting periods

A waiting period is the time you'll need to serve as a member before being able to make a claim for a service included under your policy.

Waiting periods apply for:

- members new to private health insurance, whether part of a new membership or being added to an existing membership
- upgraded services for existing members increasing their level of cover
- transferring members upgrading their level of cover or where waiting periods had not been served with their previous fund.

If you have transferred from another health insurer without a break in cover, you do not need to re-serve hospital or extras waiting periods you've previously completed. However, if you're adding or upgrading your hospital and/or extras cover, you do need to complete waiting periods for the new or upgraded items. This includes reducing a hospital excess. For treatment that was covered under your previous policy (without a break in cover), at the same or higher level than the new policy, waiting periods are no longer than the balance of any unexpired waiting periods for the benefit that applied to you under your previous policy. For treatment that was covered under your previous policy (without a break in cover) but at a lower level, you are entitled to the lower benefits on your previous cover during the waiting period if you already served those waiting periods under your previous cover.

Refer to your Product Fact Sheet for the details of the waiting periods applicable to your policy.

Newborns and Child Dependants

A newborn, adopted child, step child or fostered child can be added to a membership without waiting periods provided the main Policyholder has held the policy for more than two months and the baby, adopted or foster child is added within six months of birth/adoption/fostering, or within six months of the step child's biological parent being added as a partner under the main Policyholder's policy. Single and Couple memberships will need to be upgraded to a Single Parent Family or Family membership. The join date will be effective as of the newborn's date of birth. The join date for adopted, fostered or step children will be the date they are added to the membership. Other child dependants added to a policy will be subject to new waiting periods. This includes children added more than six months after birth, adoption, fostering or marriage, or step children added more than six months after the step child's biological parent is added as a Partner under the main policyholder's policy. Normal portability rules will apply in the case where a child is transferring from another health fund.

Pre-existing conditions (only applicable to hospital cover)

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 (not your own doctor), existed at any time during the six months preceding the day on which you commenced cover for the relevant service.

Pre-existing conditions related to palliative care, psychiatric and rehabilitation services will be subject to a two month waiting period. If you have less than 12 months membership on your current hospital cover, you'll need to contact us by phone or email before being admitted so we can determine whether the waiting period for pre-existing conditions applies. It can take up to five working days to complete this assessment, so make sure you factor this in when you book your stay. If you go ahead with your admission without confirming your entitlements and we subsequently determine your condition to be pre-existing, you'll have to pay all outstanding hospital and medical charges not covered by Medicare.

Transferring from another health fund

When you join AIA Health, we'll request a Transfer Certificate from your previous fund, which can take up to 14 days to receive.

The Transfer Certificate contains information about your previous cover and allows us to remove any waiting periods previously served and adjust any applicable Age-based Discounts or Lifetime Health Cover loadings. If you need to make a claim during this period, you'll need to pay for your service in full and make a manual claim. Any claims made on your extras cover with your previous health fund in the same calendar year will be deducted from your annual limits.

Types of cover and membership

AIA Health offers a range of health insurance products covering various needs. These products include:

- Hospital cover
- Combined cover, which includes both Hospital and Extras.

Membership with AIA Health is available under the following categories:

- Single – one person only, the Policyholder
- Couple – for two people, the Policyholder and their partner
- Family – the Policyholder, partner and any of their Child Dependants
- Single parent family – the Policyholder and any of their Child Dependants.

All of our products include membership to AIA Vitality or AIA Vitality Starter for the Policyholder and partner (where applicable) for a monthly fee. To opt out of AIA Vitality, please call our Member Services team.

Eligibility

Health insurance products offered by AIA Health are designed for those with either a green or blue Medicare card. Being a member of AIA Health without full Medicare entitlements could leave you with significant out-of-pocket expenses.

If you're not an Australian resident and would like to join AIA Health, you should speak to our Member Services team on 1800 333 004 to discuss whether our range of Overseas Visitors Health Cover products may be more suitable.

To become an AIA Health member, the Policyholder (and partner where applicable) must be a minimum of 18 years old.

Your obligations

By joining AIA Health, you have agreed as the Policyholder that you will, in accordance with our Fund Rules:

- be truthful in your insurance application and when submitting any claims
- ensure your membership details are kept up to date and notify us as soon as possible of any changes
- have the authority and/or consent to act on behalf of all members insured under the policy
- read all documentation and correspondence provided by AIA Health, including your Member Guide, the Fund Rules, AIA's Privacy Policy and Product Fact Sheets
- ensure all members on your membership are aware of and abide by the information in the Member Guide, the Fund Rules, AIA's Privacy Policy and Product Fact Sheets
- keep your premiums up to date
- if you wish to use AIA Vitality, activate your AIA Vitality membership by registering an individual email address per non-dependent adult listed on the policy..

Our obligations

As your health fund, you can trust AIA Health will:

- treat all members fairly and in accordance with our Fund Rules
- notify you of any detrimental changes to your policy with reasonable notice (at least 60 days) for hospital and for extras changes
- act in accordance with our Privacy Policy and Direct Debit Service Agreement
- provide you with up to date product documentation at least once per year, or any time your policy changes, or at your request
- assess claims in a timely manner
- deal with complaints in a timely manner.

Your AIA Health membership

This section provides information on how to manage your AIA Health membership.

Policy authority

From time to time, you may need to contact us to access information or make changes to your policy.

As the Policyholder, only you will be able to make changes to the policy. If you'd like to give your partner or another third party the authority to act on your behalf, please contact our Member Services team to complete a nomination form.

Changing your contact details

You can change your contact details by logging in to your Online Member Services portal or by calling our Member Services team.

Premiums, as well as benefits such as ambulance cover, can differ from state to state. If you move interstate, you'll need to let us know within two months of moving so that we can keep your cover up to date.

Adding/removing members

If you need to add or remove a member from your policy, you can do so by calling our Member Services team. Any partner or Dependant over the age of 18 can remove themselves from a policy.

Only the Policyholder or an authorised person can make changes to the policy, and only the Policyholder can cancel the membership.

Child Dependants

A Child Dependant can remain covered under a Family or Single Parent Family membership until their 25th birthday. They must be living at home and not married or in a defacto relationship. Once removed from a policy, they'll have two months to take out their own policy to avoid re-serving waiting periods if they transfer to an equivalent or lower level of cover.

Changing your level of cover

From time to time your circumstances may change requiring you to change your level of cover. This can be done at any time by contacting our Member Services team, who can assist with finding you the right level of cover for your needs.

Standard waiting periods will apply for upgraded services if you're increasing your level of cover. Refer to the waiting periods section of this Member Guide for more information on waiting periods.

Managing your premiums

Payment methods and frequencies

You can choose to pay your premiums fortnightly, monthly or annually, by direct debit from a credit card (Visa or Mastercard) or nominated bank account.

Arrears

To claim benefits, your premiums must be up to date at the time of incurring the expense for the service or treatment.

If you do fall into arrears of two months or more, we may cancel your membership as of your last paid-to date.

Suspending your policy

Suspending your membership allows you to put your cover on hold and resume your cover at a later date without being subject to waiting periods. You will not be able to claim any benefits while your policy is on suspension, and your AIA Vitality membership will be cancelled after 30 days with all points and status lost. Upon resumption of your policy, you'll be provided with a new AIA Vitality membership. Periods of suspension do not count towards waiting periods and the balance of all outstanding waiting periods will need to be served on reactivation of the membership.

You can apply to suspend your policy if you're travelling overseas providing you:

- have served at least 12 months continuous unsuspended AIA Health membership, with at least six months between suspension for overseas travel
- plan to be overseas for at least four weeks
- have paid your premiums up to the date of suspension
- apply for your suspension before you leave.

For an overseas travel suspension, you're required to provide documentation showing the dates of your travel (such as your travel itinerary or boarding pass). The maximum allowable suspension is three years.

If suspending for financial hardship, you'll need to provide us with details to support your application, such as a current Health Care Card. The maximum allowable suspension for financial hardship is three months. Contact our Member Services team to find out more about our financial hardship policy.

Changing payment details

You can change your payment details, or make a manual payment, by logging in to your Online Member Services portal or contacting our Member Services team.

Direct Debit Request Service Agreement

By joining AIA Health, you agree to act in accordance with our Direct Debit Request Service Agreement.

The agreement explains your obligations when undertaking a direct debit arrangement with us, as well as our obligations to you as your direct debit provider.

A copy of our Direct Debit Request Service Agreement is available on our [website](#).

Cancelling your cover

We'd be sad to see you go, but you can terminate your membership at any time from the date you notify us by giving us a call.

If you're considering cancelling your membership, please contact our Member Services team. Having the right insurance is important. Our team can help you work through any considerations and answer questions, such as:

- reviewing your cover to help ensure you're on the right policy
- Lifetime Health Cover (LHC) loadings, Medicare Levy Surcharge (MLS) and waiting period implications
- suspending your policy due to overseas travel or financial hardship.

If you decide to leave, we'll send you a Transfer Certificate within 14 days of your request to cancel. We'll cancel your membership from the date that we receive your notice (or a future nominated date) and return any premiums paid in advance.

Only the Policyholder or a power of attorney (POA) has the right to cancel a membership.

AIA Health reserves the right to immediately terminate a membership with notice to the policyholder in accordance with section C9 of our [Fund Rules](#).

Cooling off period

If you cancel within 30 days of joining AIA Health, you'll get a full refund of any premiums paid, provided you've not made any claims.

General terms and conditions

AIA Health may decline or reduce your claim based on one of the following conditions:

- your premiums are in arrears as at the date the service was provided
- the treatment is not covered under your policy
- the treatment was not provided by a recognised provider
- the service was still subject to waiting periods
- you're already claiming from another source for the same treatment (for example workers' compensation or TAC)
- the treatment was provided free of charge
- you've claimed for the treatment with another health fund
- the treatment was not provided within Australia

- you've reached your maximum allowable benefit or are within a benefit replacement period
- it's been more than two years since the service was provided
- the invoice was incorrectly itemised
- the treatment was provided by yourself, or by a family member or business associate
- you're claiming for the same service provided on the same day by different providers
- the services were not rendered in person, unless for an telehealth consultation
- your claim contained false or misleading information.

Your hospital cover

This section outlines important information about AIA Health's hospital cover to help you understand how your policy works. As all our hospital products are different, this section should be read in conjunction with the Fund Rules and your Product Fact Sheet, which was provided to you when you joined AIA Health.

You should always call us before you go into hospital so we can help you understand what to expect in relation to your private health insurance with us.

How does it work?

Your hospital policy helps with covering the cost towards hospital accommodation, prostheses, theatre fees, intensive care and medical services when you're admitted into hospital and subject to waiting periods being served.

An 'included' benefit means we'll pay benefits towards your admission as a private patient in a participating private hospital, with the choice of your own doctor. Excesses, co-payments and out-of-pocket expenses may still apply. Refer to the 'Going to Hospital' section for more information about participating hospitals. If you are admitted to a public hospital as a private patient, we'll pay benefits towards included services for that admission. Excesses, co-payments and out-of-pocket expenses may still apply.

For 'restricted' benefits, we'll pay benefits towards your admission as a private patient in a public hospital, in a shared room. However, significant out-of-pocket expenses will apply. If you choose to use a private hospital for treatment which involves 'restricted' benefits, we'll pay the minimum default benefit set by the Australian Government for hospital accommodation, which will result in significant out-of-pocket expenses.

'Excluded' benefits will not be covered at all by AIA Health and you'll have to pay all expenses yourself, outside of any available Medicare benefits.

Inpatient vs outpatient

In order for AIA Health to pay benefits towards treatment under your hospital cover, you'll need to be treated as a private inpatient. An inpatient is someone who has been admitted into hospital for a medical service. Outpatient services are medical services provided without a hospital admission, such as a consultation with a Specialist, Surgeon, General Practitioner (GP) or visits to an Emergency Department. Pathology and diagnostic imaging are also considered outpatient services where there is no admission. Health funds are unable to provide cover for outpatient services, however you may be eligible to receive a benefit from Medicare.

Product tiers and clinical categories

Hospital policies are categorised into Basic, Bronze, Silver and Gold tiers – which are featured in your product's name. In order to comply, health funds must pay benefits towards all clinical categories included within a tier's minimum standard requirements. For more information about product tiers and clinical categories, please contact our Member Services team.

Going to hospital

Being admitted to hospital can sometimes be a stressful experience. You should contact us as soon as you know you need to go to hospital.

Participating hospitals

AIA Health has agreements with most private hospitals and day surgeries across Australia. When treated for an included service as a private patient in one of our participating hospitals, we'll generally cover all hospital accommodation charges as part of our agreement with that hospital. This means your out-of-pocket expenses will be limited to your excess, co-payment, any expenses related to your medical provider's fees, any gap for a medical device/human tissue product, high cost drugs and inpatient pathology/imaging.

To find out if your treating hospital has an agreement with AIA Health, please contact our Member Services team.

Medicare Benefit Schedule

The Federal Government sets a schedule of fees for eligible services provided by doctors to inpatients in hospital and to in-hospital diagnostics, like pathology and imaging. This is called the Medicare Benefit Schedule (MBS). For services that are included or restricted under your policy, Medicare pays 75% of these scheduled fees and health funds like AIA Health pay the remaining 25%.

Doctors and medical providers are not restricted to charging the scheduled fee and are able to set their own fees, which can be higher than the fees outlined in the MBS.

If your doctor chooses to charge a fee higher than the Federal Government schedule fee, there will be a charge remaining known as the 'gap'.

This gap may leave you with significant out-of-pocket expenses, unless your doctor participates in AIA Health's Access Gap Cover.

Access Gap Cover

If your doctor participates in Access Gap Cover, they'll agree to either remove (No Gap) or reduce (Known Gap) your out-of-pocket medical expenses. Where a Known Gap has been agreed, you should be made aware of your costs as part of your Informed Financial Consent - refer to the section below for more information on Informed Financial Consent.

Doctors can choose to opt in or out of Access Gap Cover on a patient-by-patient basis so it's important to ask them upfront. Note that Access Gap Cover does not apply for pathology/imaging and outpatient services.

Private patient in a public hospital

AIA Health will only pay for same day or overnight accommodation in a public hospital shared room or ward, up to the minimum rate as set by the Australian Government. There may be other charges imposed by the public hospital if being treated as a private patient and the member will be required to pay any difference between the benefit AIA pays and the amount the hospital charges (in addition to private room accommodation and any applicable excess and/or co-payment).

Informed Financial Consent

You should ask your doctor and the hospital about any out-of-pocket expenses you may incur before going into hospital. This summary of costs is called your Informed Financial Consent and should be provided to you in writing prior to your admission. We have provided a list of questions you can ask your doctor and hospital to help you understand their fees and any out-of-pocket expenses.

In the event that you're being treated as the result of an emergency, a summary of costs should be provided to you as soon as reasonably possible.

What should I ask my doctor and the hospital?

Here's some questions to ask your doctor and the hospital that may help you understand more about your treatment and any associated costs:

- What treatment will I receive and under what item numbers/clinical categories?
- What hospital will I be treated in and are they a participating hospital?
- Is there a Gap, and if so, how much?

- Do you participate in Access Gap Cover?
- Will there be any other doctors/specialists, and if so, what are their fees?

Once you have this information, call our Member Services team and we can help you understand whether and, if so, how you're covered for any treatment under your policy.

Your excess

Your excess is the amount you must contribute towards the cost of any hospital treatment during any calendar year. The excess applies per person, per calendar year and is capped at the amount specified on your policy. AIA Health doesn't charge an excess for Dependents. If you attend a hospital that is not a participating private hospital, you are likely to need to pay more than just the excess - and will have significant out-of-pocket expenses.

Your co-payment

Your co-payment is the daily amount you must contribute towards the cost of any hospital treatment when admitted at any private or public hospital. The co-payment applies per day, per person, per calendar year and is capped at the amount specified on your Product Fact Sheet. AIA Health does not charge a co-payment for Dependents.

AIA Health's Excess Refund and Co-payment Refund

AIA Health rewards its members for taking an active role in their health and wellbeing. If, at the time you're admitted to hospital, you have held an AIA Health policy for a minimum of six months and your AIA Vitality Status is Silver or above, we'll refund your excess or one day's co-payment, depending on your cover. Simply submit a claim, including your invoice and receipt to get a refund.

Please note we must wait for the hospital to process your account before we're able to provide your refund. This can take anywhere between one to eight weeks depending on the hospital.

Excess Refund and Co-Payment Refund are not available when claiming on certain clinical categories. Please refer to your Product Fact Sheet for more information.

In-hospital pharmaceuticals

AIA Health will pay a benefit for PBS and Non-PBS pharmaceuticals in hospital for circumstances where the medical service provided is not excluded from your policy and treatment has been undertaken whilst admitted in a participating hospital. No benefits are payable for pharmaceutical items dispensed on discharge. Out-of-pocket costs may still apply in certain circumstances (for example, for high cost drugs). Call our Member Services team to find out if you may be subject to any out-of-pocket costs.

Medical devices and Human Tissue Products

Some procedures may require the implantation of a device, known as a prosthesis (such as a pacemaker or cardiac stent). AIA Health will pay benefits towards approved prostheses implanted as part of your treatment for a medical service included under your policy, equivalent to the minimum benefit set out in the Prescribed List of Medical Devices and Human Tissue Products.

Please note that:

- no benefits will be paid for medical devices and human tissue products that are not on the Prescribed List;
- the member may need to pay a gap if the cost of the medical device / human tissue product on the Prescribed List is more than the minimum benefit; and
- the doctor should discuss the medical device options with the member and seek informed financial consent regarding additional costs the member may have to pay.

Dental Surgery

If dental surgery is included in your AIA Health policy, AIA Health will pay benefits towards in-patient hospital services for dental surgery for which a Medicare benefit is payable, as listed in the [Medical Benefits Schedule](#) (MBS) including theatre, accommodation and anaesthetist costs. Note that the MBS does not cover ordinary dental services (for example, a general anaesthetic for a filling). Out-of-pocket hospital costs may apply (for example, if your hospital or anaesthetist charges above the MBS scheduled fee).

Dentist fees are not covered under your hospital policy. Benefits towards your dentist's fees will only be paid if you also hold a suitable AIA Health extras product and have served all relevant wait periods.

Podiatric Surgery

If podiatric surgery is included on your AIA Health policy we will pay the minimum default benefit towards your hospital costs. This includes benefits for hospital accommodation and [approved prostheses items](#). We do not cover theatre fees or podiatric surgeon fees. This means if you have podiatric surgery in a private hospital, you could incur high out-of-pocket costs.

Having a baby

If you're planning for a baby, you should contact us to ensure the policy will pay benefits towards Pregnancy and Birth services under your policy. Obstetrics services have a 12 month waiting period for the mother, meaning you'll need to give birth after holding obstetrics cover for at least 12 months. Newborns are not typically admitted into hospital following childbirth as they fall under the mother's admission. In circumstances where special care is required

for a newborn, they may need to be admitted as a patient. Newborns are covered from birth for all services on their policy where the policy has been active for at least two months, provided the baby is added to the membership within six months of birth.

If you're on a Single or Couple membership, you'll need to change your membership to a Family or Single Parent Family membership to cover the baby under your policy.

Any scans or consultations with your obstetrician prior to the birthing admission are considered an outpatient service and are unable to be covered by your hospital insurance.

Accident benefit

All AIA Health products include cover for accidents that occur while your policy is in effect. 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 is due to medical causes nor does it include pre-existing conditions, falling pregnant or accidents arising from surgical procedures. For AIA Health to pay benefits towards an accident under your policy, treatment must be sought through a doctor or an emergency department within 48 hours of sustaining the injury.

Making a claim

Any member on the policy can submit a claim. Your hospital admission will generally consist of two separate claims:

- Hospital claim – for the costs associated with your accommodation, theatre fees, prostheses and pharmaceuticals.
- Medical claim – for the costs associated with your medical providers (such as surgeons, specialists and anaesthetists) and for in-hospital pathology and imaging.

Hospital claims

When using a participating or public hospital for a service included on your cover, the hospital will send the bill directly to us, which we'll pay on your behalf. If you're required to pay an excess or co-payment or any other out-of-pocket costs, the hospital will generally contact you directly and may request payment prior to your admission.

For admissions for services that are restricted on your cover, we'll pay the minimum default benefit as set by the Federal Government. In these circumstances, significant out-of-pocket costs will apply.

Medical claims

You can claim for provider fees by either:

- Paying in full and then claiming your Medicare benefit first – Medicare will provide you with a Statement of Benefits, which you give to us to complete your claim.
- Paying in full and then completing a two-way claim with Medicare – Medicare will initiate your claim with us.
- Completing a two-way claim with Medicare – once Medicare confirm you've not paid, we'll pay the claim amount to your provider via direct deposit or cheque.

Access Gap claims are submitted by the provider directly to AIA Health. Please note that where there is a 'Known Gap', you'll be required to pay the balance.

Emergency Ambulance

All AIA Health hospital and combined products pay benefits towards emergency ambulance services where you're transported by land, air or sea directly to a hospital within Australia. AIA Health products also pay benefits towards emergency ambulance services where you only require on-site treatment. You are limited to two on-site call outs per calendar year, per insured person.

Emergencies are circumstances when immediate hospital or on-site treatment is required for a serious and acute injury or condition where the viability or function of an organ or body part is threatened. AIA Health covers you for all clinically necessary ambulance services for emergencies in Australia. AIA Health pays ambulance benefits when the service is not publicly funded.

Check with your state ambulance authority to ensure you have the right level of cover for non-emergency ambulance transport within Australia. Without the right level of cover, you may face significant out-of-pocket costs for non-emergency ambulance transport.

Note: AIA Health does not provide ambulance cover where it is provided by the state. Transfers between hospitals are not covered (including in any emergency).

Travel and accommodation benefits

Where your policy includes a travel and accommodation benefit this can be used to claim towards the travel and accommodation costs of either yourself or a carer (if applicable) while you're in hospital. Benefits are only eligible where the round trip is at least 200km within Australia. Benefits are capped at \$50 per day for accommodation and 15 cents/km for travel for you and your carer. To claim, please complete a Travel and Accommodation claim form and submit it together with your receipts. You can access the form via your Online Member Services portal, members.health.aia.com.au or by calling our Member Services team.

Your extras cover

This section outlines important information about AIA Health extras cover to help you understand how your combined policy works. This section should be read in conjunction with the Fund Rules and your Product Fact Sheets, which were provided to you when you joined AIA Health.

How does it work?

Extras cover pays benefits towards health-related services where Medicare does not pay a benefit. Where an extras service is included in your policy, AIA Health will pay benefits towards these services as a percentage or a fixed amount of your provider's fee, up to any sub-limits or annual limits (once you've served your waiting periods). AIA Health only pays benefits towards extras services provided by recognised providers - you should check with AIA prior to receiving services whether your provider is a recognised provider with us.

Dental

AIA Health has a range of combined packages that pay benefits towards dental services including Preventative, General and Major dental treatment, as well as Orthodontic treatment.

Preventative dental services assist in preventing tooth decay, gum disease or other issues that may affect your overall oral health and includes services such as oral examinations, scale and cleans, and fluoride treatments.

General dental pays benefit towards simpler dental treatments and restorative services, as well as some preventative services. It includes services such as x-rays and fillings.

Major dental is for more complex dental treatments and AIA Health may pay benefits towards oral surgery, dentures, implants, periodontics (gum treatment), endodontics (root canals), occlusal therapy, crowns and bridges.

To make a claim for orthodontic treatment, you'll need to provide a copy of your orthodontic treatment plan along with your initial claim. Your orthodontic treatment plan should be completed by your treating orthodontist or dentist, and must include the item numbers for the services provided, treatment costs, commencement date and duration of treatment. Treatment is regarded as commencing on the date the appliance was originally fitted. Orthodontic claims are subject to annual and lifetime limits.

Annual limits apply for preventative, general and major dental treatment. Service limits also apply to some dental items.

Speak to our Member Services team for information about the benefits we pay towards dental services.

smile.com.au

We've partnered with smile.com.au to make dental care more affordable and accessible for our members. 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.

This means lower out-of-pocket costs for any treatment, as smile.com.au dentists will reduce their normal fees by at least 15%.

You will also get an additional 10% back on your Extras dental benefits on selected products (up to annual limits and subject to waiting periods having been served). Refer to your *Product Fact Sheet* for more details.

Savings may vary between dentists and it is recommended that, where possible, you obtain a quote prior to treatment.

Provided you have extras with dental cover, you're automatically able to access these discounts for all dental treatments performed by a smile.com.au approved dentist. You don't need to join separately or pay an additional subscription fee. With over 3,000 approved dentists in the smile.com.au network, chances are there's 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 a participating dentist with smile.com.au.

Please note you must have your AIA Health membership card with you at the time of service to access smile.com.au discounts. If you do not have your AIA Health membership card with you at the date of service, please contact our member services team who can assist with confirming your eligible AIA Health membership to access these discounts.

No Gap Dental available through smile.com.au

No Gap Dental is available on eligible preventative dental services if you have dental services included on your extras cover, have served the two month waiting period and are using a smile.com.au approved 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:

Treatment group	Dental item
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 remineralising agents, one treatment
Mouthguard	151 – Provision of a mouthguard

Orthodontics with smile.com.au

smile.com.au is a dental network, it doesn't have orthodontists in its network. However, some smile.com.au approved dentists can provide basic eligible orthodontic treatments, such as Invisalign, Snap-On Smile, Fastbraces, MYOBrace and Clear Correct, that enable you to access smile.com.au dental benefits including reduced fees and a higher claim percentage back.

Non-dental

Extras Boost

To reward our members for taking an active role in their health and wellbeing, if your cover includes our Extras Boost benefit and your AIA Vitality Status is Silver or above on the date you use your non-dental service, we'll increase your individual benefit by an extra 10%. This means lower out-of-pocket costs for you.

Your standard policy waiting periods, annual limits, service limits and sub-limits will still apply.

Optical partners

We've partnered with some of Australia's largest retailers to give you an extensive range of savings and discounts to choose from. These are in addition to your optical extras benefits, which means lower out-of-pocket costs for you.

- OPSM
- Specsavers
- Optical Network
- Clearly
- Laubman & Pank Optometrists

To find out more visit aia.com.au/health

Optical benefit

Where included under your policy, AIA Health will pay 100% of your optical costs for prescription lenses, contacts and frames only, up to your annual limit.

Mental health benefit

If psychology is included under your extras policy, our mental health benefit pays benefits towards psychology and counselling services when provided by a registered psychologist or counsellor recognised with the appropriate industry body, subject to serving any applicable waiting periods and up to any sub-limits or annual limits.

Medically prescribed appliances

Where included under your policy and after you have served your waiting periods, AIA Health will pay benefits towards approved health appliances by recognised providers up to your policy's annual limit. A doctor's letter of recommendation dated within the last 12 months is required to be lodged with claims. Approved appliances include the items listed below:

- blood glucose monitors
- blood pressure monitors
- nebulizer pump
- sleep apnoea monitors
- pressure garments
- approved orthopaedic appliances
- TENS machines
- hearing aids
- orthotics
- non-surgical prostheses including:
 - wigs (required as a result of hair loss from cancer treatment or alopecia)
 - external breast prostheses
 - artificial eyes
 - artificial ears
 - artificial nose
 - artificial limbs.

AIA Health does not cover the hiring of appliances, consumables or replacement parts. Appliances must be purchased within Australia from a supplier with a registered Australian Business Number (ABN). Online purchases from international suppliers are not covered.

Orthotics and orthopaedic appliances

Where included under your policy and after you have served your waiting periods, AIA Health will pay benefits towards custom-made orthotic and orthopaedic appliances for approved services provided by recognised providers (podiatrist and orthotist), up to your policy limit.

For an appliance 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.

Benefit replacement periods

A benefit replacement period is the length of time you need to wait after purchasing a health aid or appliance (or other covered item) before you can claim a benefit to purchase a replacement for it. This applies to all medically prescribed appliances (if covered), and is separate from a waiting period. AIA Health will not pay for replacements or new models of such items that function correctly or that are still under warranty.

Item	Benefit replacement period
Orthopaedic appliances Orthotics	12 months
Blood glucose monitor Blood pressure monitors Nebulizer pumps Sleep apnoea monitors TENS machines Hearing aids Non-surgical prostheses Pressure garments	3 calendar years

Swimming lessons

Where included under your policy and after you have served your waiting periods, AIA Health will pay benefits towards approved swimming lessons provided by recognised providers. Swimming lessons must be for the purpose of improving or preventing a specific medical condition as part of a health management program or a chronic disease management program. A doctor's letter of recommendation dated within the last 12 months is required to be lodged with claims. Check your Product Fact Sheet for applicable annual limits and waiting periods.

Smoking cessation

Where included under your policy and after you have served your waiting periods, AIA Health will pay benefits towards approved smoking cessation programs (Allen Carr's Easyway, Quitline, nicorette.com.au, nicabate.com.au, quitstopnow.com). AIA Health will only pay benefits towards the cost of the program; the cost of medications and nicotine replacement products such as patches, gum and lozenges are not covered. Benefits will not be paid for Allen Carr's Easyway program if the member has already received their Allen Carr's Easyway benefit through AIA Vitality, for the same instance of the program. Check your Product Fact Sheet for applicable annual limits and waiting periods.

Weight management programs

Where included under your policy and after you have served your waiting periods, AIA Health will pay benefits towards consultations at a dietician who is a recognised provider or participation in recognised weight loss programs including Weight Watchers and Fernwood Food Coaching. Meal and supplements costs are not covered. Check your Product Fact Sheet for applicable annual limits and waiting periods.

Health checks

Where included under your policy and after you have served your waiting periods, AIA Health will pay benefits towards preventative health checks provided by recognised providers where Medicare benefits are not payable for the preventative health check and there is no applicable MBS number. Preventive health checks that AIA Health may pay benefits towards include mammograms, bowel cancer screen kits, prostate cancer checks and skin cancer checks. Check your Product Fact Sheet for applicable annual limits and waiting periods. Contact our Member Services team prior to receiving the preventative health check to check whether AIA Health will pay benefits towards it.

Making a claim

Any member on the policy can submit a claim. There are a number of ways to claim your extras with AIA Health, including:

- At your service provider by providing your AIA Health membership card for processing through their HICAPS system.
- Online, via our Online Member Services portal. You can complete an electronic claim form and email your paid invoice to Health.Claims@aia.com.au. Please note some services cannot be claimed online.
- Email, by completing our claim form and sending it to Health.Claims@aia.com.au, together with your paid invoice.
- Post, by completing our claim form and posting it to us, together with your paid invoice. Our postal address is:

AIA Health
Att: Claims
PO Box 7302
Melbourne VIC 3004

Claim forms can be downloaded from your Online Member Services portal at members.health.aia.com.au

Benefit 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 applied as per person limits, sub limits, family limits, and lifetime limits.

Sub-limit

Sub-limits are the maximum amount of benefits AIA Health will pay towards specified services and/or items included on your cover per calendar year. For example, where Major Dental is included in your cover, there will be an annual limit specified. In addition, sub-limits may be specified within this cover for specified services and/or items that are covered under Major Dental.

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 family limits have already been reached on the cover or you have reached your lifetime limit.

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 or family annual limits have been reached, or lifetime 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 or family annual limits have been reached, or lifetime limits have been reached.

Family limit

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

Lifetime limit

A lifetime limit is the total benefit you can receive for an item or service over your 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).

Government initiatives

The Australian Government has initiatives in place to encourage people to hold and maintain private health insurance.

Australian Government Rebate on private health insurance

To help cover the cost of premiums, the Government provides eligible Australians with the Australian Government Rebate on private health insurance. The rebate is income tested and you can claim it, either:

- as a reduction of your premium, or
- as a lump sum payment when lodging your tax return.

The following table outlines the eligible rebate by income tier, effective 1 July 2024.

	Base Tier	Tier 1	Tier 2	Tier 3
Income thresholds				
Singles	\$97,000 or less	\$97,001 – \$113,000	\$113,001 – \$151,000	\$151,001 or more
Families	\$194,000 or less	\$194,001 – \$226,000	\$226,001 – \$302,000	\$302,001 or more
Australian Government Rebate on private health insurance				
Aged under 65	24.608%	16.405%	8.202%	0%
Aged 65 - 69	28.710%	20.507%	12.303%	0%
Aged 70 or over	32.812%	24.608%	16.405%	0%

Note: Family thresholds apply to couples and single parent families

Lifetime Health Cover loading

Lifetime Health Cover (LHC) loading was introduced to encourage people to join private hospital cover earlier in life.

If you join hospital cover after 1 July following your 31st birthday, you'll incur a 2% loading to your hospital premiums for each year after 30 that you waited.

For example if you take out hospital cover at the age of 40, you'll pay 20% more than someone who first took out hospital cover when they were 30. The maximum loading is 70%.

The LHC loading is removed once a person has held hospital cover and paid the loading for 10 continuous years.

To allow for lapses between cover, you're entitled to 1,094 days of absence from cover in your lifetime before you incur a loading.

Where LHC varies for the Policyholder and their partner, the average will be applied. Discover more about LHC at privatehealth.gov.au

Medicare Levy Surcharge

The Medicare Levy Surcharge (MLS) is a surcharge that people above a certain income threshold have to pay if they don't have eligible private hospital cover.

Effective 1 July 2024, the surcharge is calculated as a percentage of your income in your tax return, based on the following thresholds:

	Base Tier	Tier 1	Tier 2	Tier 3
Income thresholds				
Singles	\$97,000 or less	\$97,001 – \$113,000	\$113,001 – \$151,000	\$151,001 or more
Families	\$194,000 or less	\$194,001 – \$226,000	\$226,001 – \$302,000	\$302,001 or more
Surcharge	0%	1%	1.25%	1.5%

Note: Family thresholds apply to couples and single parent families

If your income is above the applicable income threshold, you can avoid paying the Medicare Levy Surcharge from the date you join AIA Health by holding any level of hospital cover with us.

Age-based Discount

AIA Health members aged 18-29 years will be eligible for an under 30s, Age-based Discount on selected covers.

The discount applies to the hospital premium on eligible covers only. There is no discount applied to the premium on your extras cover.

The discount you receive on your hospital cover will depend on your age when you first take out eligible hospital cover. The discount ranges from 10% off (if you take out cover between the ages of 18 and 25) to 2% off (if you take out cover at the age of 29).

As long as you remain on an eligible product you'll continue to receive your discount until you turn 41. After your 41st birthday your discount will reduce by 2% every year until it reaches 0%.

If you transfer to an eligible AIA Health product from another insurer where you had an Age-based Discount, we'll recognise it and you'll continue to receive the same level of discount on your hospital premium for your new cover. You must join AIA Health within two months of leaving your previous insurer to retain your discount.

Where the Age-based Discount varies for the Policyholder and their partner, the average will be applied.

AIA Vitality

What is AIA Vitality?

AIA Vitality is our science-backed health and wellbeing program that helps you learn about your health, improve it and stay motivated by earning rewards for taking care of your health. Health insurance provides you with financial protection, but health insurance paired with AIA Vitality is more than that. You can be financially protected and supported every day to make healthier lifestyle choices.

AIA Vitality works by helping you know your health through specialised and comprehensive feedback, providing tools and support to improve your health, and offering a range of rewards to keep you motivated on your journey to better health and wellbeing.

Depending on your cover, you'll get access to AIA Vitality or AIA Vitality Starter. AIA Vitality Starter is an introductory program, with similar benefits and rewards to AIA Vitality.

Single policies include one AIA Vitality membership. Couple and family policies include two AIA Vitality memberships for two adults. Each membership must be activated using a different email address; activating both memberships with the same email address will mean only one membership will be activated and used. The monthly fee for your AIA Vitality membership is \$12.50, or \$6 for AIA Vitality Starter. AIA Vitality fees are paid in conjunction with your health insurance premium.

Please note that children and any adult children still covered under your policy, are not eligible for an AIA Vitality membership.

AIA Vitality discount

One of the rewards of being a member of AIA Vitality is a 5% discount off your AIA Health insurance premiums if you achieve AIA Vitality Silver Status. This discount is applied to your premium when you first join AIA Health and continues to apply as long as you maintain AIA Vitality Silver Status or higher. If you don't achieve AIA Vitality Silver Status or higher during a calendar year, the discount will reduce to 2.5% in the following calendar year of your AIA Vitality membership, reducing to 0% in the subsequent calendar year.

To keep the discount, you need to achieve AIA Vitality Silver Status or higher each and every calendar year. The only exception to this is in your first year of membership. If you join AIA Health between 1 October and 31 December, you'll have the following calendar year to reach AIA Vitality Silver Status.

If the discount, or part thereof, has been removed or reduced because you didn't achieve AIA Vitality Silver Status, as soon as you do achieve AIA Vitality Silver Status, the full 5% discount will be reapplied to your health insurance premium.

Achieving AIA Vitality Silver Status

We want you to continue towards good health and regardless of where you are on that journey, not make it hard to get rewards. As a new member, you start your journey to better health at Bronze Status, working your way up to Silver, Gold or Platinum by completing points-earning activities. The more AIA Vitality Points you earn, the higher your AIA Vitality Status and the greater the rewards.

We believe achieving AIA Vitality Silver Status is the right level of engagement with the program for maintaining your premium discount because it can be achieved by anyone, regardless of their current health or age and represents a sound investment of effort in improving your health.

There are many ways to earn AIA Vitality Points and you only need 10,000 points to achieve AIA Vitality Silver Status. Below are some of the things you can do that will get you there quicker:

- Get an AIA Vitality Health Check done by either your GP or free at a participating TerryWhite Chemmart or Amcal pharmacy. Please note participating pharmacy appointments must be pre-booked through your AIA Vitality app or aiavitality.com.au. Free health checks are capped at one per AIA Vitality member, per membership year.
- Complete all the online health assessments through the AIA Vitality app.

- Link a compatible fitness device or your smartphone's activity tracking app and earn points for daily activity, like steps, that you may be doing already.
- Get an AIA Vitality Fitness Assessment at a participating gym.

You can find out more about all the ways to earn AIA Vitality Points by visiting aiavitality.com.au.

Who is eligible for the discount?

You will be eligible for the full 5% premium discount under the following circumstances:

- all new members joining AIA Health for the first time for the first calendar year of their membership
- existing AIA Health members who have achieved AIA Vitality Silver Status or higher by the end of each calendar year of their membership
- all new members in the second calendar year of their membership, if they joined AIA Health after 30 September.

You'll be eligible for a 2.5% premium discount when:

- it is a subsequent membership year and you held AIA Vitality Bronze Status as at 31 December, where the 5% premium discount was provided in the previous year.

You'll not be eligible for the premium discount when:

- it is a subsequent membership year and your second consecutive calendar year of holding AIA Vitality Bronze Status as at 31 December
- you've opted out of AIA Vitality.

With respect to Couples and Family policies, the 5% discount can be maintained if one of the covered AIA Vitality members has achieved AIA Vitality Silver Status.

To be eligible for the discount, you must be enrolled in AIA Vitality.

Where you opt out of AIA Vitality and opt back in at a later date, you will only be eligible for the full 5% premium discount once you achieve an AIA Vitality Silver Status.

Regaining the full 5% discount once it has begun to be reduced

You can return your discount to the full 5% by achieving AIA Vitality Silver Status. Your discount will be restored shortly after AIA Vitality Silver Status is achieved.

Premium adjustments

Your AIA Vitality Status is taken as at 31 December to determine your discount level for the next calendar year. If your discount is changing, we'll let you know early in the next calendar year, and your new premium will take effect at your next payment date after the notification.

Adjustments to your premium that occur as a result of changes to your AIA Vitality discount do not replace the premium adjustments that occur as a result of our annual review of product benefits and premiums. Our annual premium and benefits review takes place in April each year and applies to all AIA Health members, regardless of their AIA Vitality Status.

Opting out of AIA Vitality

You can elect to opt out of AIA Vitality by calling our Member Services team. By opting out of AIA Vitality, not only will you lose access to the benefits and rewards of AIA Vitality (see next page for details), you will also lose access to a number of health insurance benefits, including:

- AIA Health premium discount
- Excess and Co-payment Refund benefit
- Extras Boost benefit

Where you have chosen to opt out and have a couple or family AIA Health membership, both adults will lose access to AIA Vitality.

AIA Vitality partners

AIA Vitality gives you access to a range of health and fitness partners to help you improve your health and enjoy the rewards as you do. You can earn AIA Vitality Points by learning about and improving your current state of health in areas such as health checks, exercise and nutrition. These points contribute to your overall AIA Vitality Status (Bronze, Silver, Gold, Platinum).

Your AIA Vitality Status determines the level of discount you're able to receive on some of AIA Vitality's rewards including your insurance premium, flight benefit and endota e-Gift cards. A summary of the current AIA Vitality partners, their benefits and rewards are outlined below.

Please check our website for the most up to date list of AIA Vitality partners, their benefits and rewards.

Program features	AIA Vitality Starter	AIA Vitality
Free online health assessments (physical, mental wellbeing and nutrition)	✓	✓
Free in-person health checks at participating TerryWhite Chemmart and Amcal pharmacies	✓	✓
Free mental wellbeing support	✓	✓
Discounted nutrition assessment with Accredited Practising Dietitians	✓	✓
Discounted gym memberships with Fitness First, Virgin Active and Goodlife gyms	30% off	50% off
25% off selected Garmin fitness devices	✓	✓
Cashback on eligible Virgin Australia flights	Up to 30%	Up to 50%
Earn up to \$260 each year for reaching weekly physical activity targets	✓	✓
Peloton Benefit – 25% off Peloton Bike	✗	✓
Specialized Benefit – 25% off select Specialized bikes	✗	✓
Earn up to \$500 each year in retail shopping vouchers as you continue to engage with the program	✗	✓
Enjoy up to 50% off endota e-Gift cards	✗	✓
Discounted HOYTS movie vouchers	✗	✓

Know your health

WITH OUR PARTNERS

Improve your health

WITH OUR PARTNERS

Enjoy the rewards

WITH OUR PARTNERS

AIA Priority Protection

We know life can be unpredictable. At AIA Australia, we want to help you to be well, get well and protect your financial future. With our strong financial foundation and innovative insurance solutions, we'll partner with you to support you through life's ups and downs. We do this through a wide range of flexible insurance solutions that can be tailored to meet your own financial health and security needs.

Insurance benefits

As a member of AIA Health with AIA Vitality, you may be eligible for discounts on your AIA Priority Protection or AIA Priority Protection for Platform Investors insurance policy.

These discounts include an AIA Vitality membership discount, as well as a Health and Life discount on an eligible AIA Priority Protection or AIA Priority Protection for Platform Investors insurance policy.

AIA Vitality membership discount

By being an AIA Vitality member, you may be eligible for a discount on your AIA Priority Protection policy, which flexes up or down with your AIA Vitality Status. By continuing to engage in your health and wellbeing, you could receive a discount of up to 20%. For more information about the AIA Vitality Premium Adjustment rules, visit aiavitality.com.au or speak to your Financial Adviser.

Health and Life discount

As an AIA Health member, you're eligible for a 5% discount on your AIA Priority Protection policy, as long as you hold an AIA Vitality membership attached to your AIA Health membership and you maintain AIA Vitality Silver Status or above.

How do I get cover?

To find out more about AIA Priority Protection benefits, including Life cover, Total and Permanent Disablement, Crisis Recovery, Income Protection and Business Expenses insurance, visit aia.com.au, speak to your Financial Adviser or book a complimentary appointment with one of our AIA Financial Wellbeing Financial Planners, [here](#).

Other important information

Your privacy

AIA Health is committed to protecting your privacy. To read our Privacy Policy, please visit your Online Member Services portal at members.health.aia.com.au or contact our Member Services team on 1800 333 004.

Our Privacy Policy explains how we collect and handle personal and sensitive information as part of your relationship with AIA Health.

Making a complaint

We're here and we're ready to help. If there's anything you're not happy with, please let us know as soon as possible so we can get started on resolving it for you.

Should you have a complaint, you can call, email or write to us. We aim to resolve problems at your first point of contact.

If our Member Services team is unable to resolve your complaint, we'll refer it to our Head of Member Experience and finally, our Chief Health Insurance Officer.

Unresolved complaints can be referred to the Private Health Insurance Ombudsman:

Website: ombudsman.gov.au

Phone: 1300 362 072

Mail: Commonwealth Ombudsman
GPO Box 442
Canberra ACT 2601

For general information about Private Health Insurance, see www.privatehealth.gov.au



The Private Health Insurance Code of Conduct

AIA Health is a signatory to the Private Health Insurance Code of Conduct. The code was developed by the private health insurance industry and aims to improve industry standards of practice and service. As a signatory to the Code, we ensure that:

- information we provide to you is in plain language
- AIA Health employees are competently trained to deal with your enquiries
- AIA Health protects the privacy of your information in line with the Australian Privacy Principles.

A copy of the code is available at privatehealth.com.au/codeofconduct

Contact us

We're here and we're ready to help.
Here's how you can reach us.

AIA Health

Opening hours: Monday to Friday 8am-6pm AEDT

Phone: 1800 333 004

Email health.memberservices@aia.com.au

Mail: AIA Health PO Box 7302
Melbourne VIC 3004

AIA Vitality

Phone: 1800 848 254

Email queries@aiavitality.com.au

AIA Australia

Phone: 1800 333 613

Email infohub@aia.com

Mail: AIA Australia PO Box 6111
Melbourne VIC 3004

AIA Health

509 St Kilda Road
Melbourne VIC 3004

w: aia.com.au/health

e: health.memberservices@aia.com.au

p: 1800 333 004



HEALTHIER, LONGER,
BETTER LIVES

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