



HEALTHIER, LONGER,
BETTER LIVES

SIGNIFICANT EVENT NOTICE

We've updated your cover from 31 July 2023.

July 2023



Thank you for continuing your insurance with us

Please refer to the tables below for a detailed overview of the changes taking place.

Important Note

It is important to read this Significant Event Notice (Notice) together with your existing Product Disclosure Statement and Policy Document, and any other policy notices previously provided in relation to your policy. The updates outlined in this document now form part of your policy.

It is important to note that we will not apply the updates in this Notice to the assessment of claims which relate to any health conditions that you already had as at 31 July 2023. These updates override your existing policy terms and conditions (except to the extent where you are disadvantaged in any way, in which case the previous policy wording will apply) and are subject to pre-existing medical conditions or events.

For your convenience, the updates outlined in the tables below show the existing terms of your policy prior to this update (before update) and the updated terms of your policy (after update).

We're here to help

No action is required from you. However, if you have any questions about the updates outlined in this Notice, please feel free to contact our Customer Care Team on 1800 333 613 Monday to Friday, 8am - 6pm AEST or email us at au.customer@aia.com. They will be happy to assist you.

Updates to Priceline Protects™ Serious Illness Insurance

The following enhancements apply to the Product Disclosure Statements (PDSs) for the following products:

- Priceline Protects™ Serious Illness Insurance, dated 28 February 2011; and
- Priceline Protects™ Serious Illness Insurance, dated 3 February 2012.

Disclosure Document	Insurance benefits impacted	Before update	After update
'Cancer' definition changes			
PDS	<ul style="list-style-type: none"> • totalcover • midcover (where Cancer cover has been selected) 	<p>Cancer</p> <p>The presence of one or more malignant tumours including leukaemia, lymphomas and Hodgkin's disease characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue.</p> <p>The following cancers are not covered:</p> <ul style="list-style-type: none"> • melanomas of less than 1mm maximum Breslow thickness and which are also less than Clark Level 3 depth of invasion as determined by histological examination; • all hyperkeratoses; • all basal cell carcinomas and squamous cell carcinomas of the skin unless having progressed to at least AJCC Stage III.; • all cancers which are histologically classified as having low malignant potential; • low level prostatic cancers: <ul style="list-style-type: none"> - which are histologically described as TNM Classification T1a or T1b or lesser classification; - which are characterised by a Gleason score less than 7; and - for which appropriate and necessary 'major interventionist treatment' has not been performed specifically to arrest the spread of malignancy. <p>'Major interventionist treatment' includes removal of the entire prostate, radiotherapy, chemotherapy, hormone therapy or any other similar interventionist treatment.</p>	<p>Cancer</p> <p>The presence of one or more malignant tumours including leukaemia, lymphomas and Hodgkin's disease characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue.</p> <p>The following cancers are not covered:</p> <ul style="list-style-type: none"> • melanomas of less than 1mm maximum Breslow thickness and which are also less than Clark Level 3 depth of invasion as determined by histological examination; • all hyperkeratoses; • all basal cell carcinomas and squamous cell carcinomas of the skin unless having progressed to at least AJCC Stage III.; • all cancers which are histologically classified as having low malignant potential; • low level prostatic cancers: <ul style="list-style-type: none"> - which are histologically described as TNM Classification T1a or T1b or lesser classification; - which are characterised by a Gleason score less than 7; and - for which appropriate and necessary 'major interventionist treatment' has not been performed specifically to arrest the spread of malignancy. <p>'Major interventionist treatment' includes removal of the entire prostate, radiotherapy, chemotherapy, hormone therapy or any other similar interventionist treatment.</p>

Disclosure Document	Insurance benefits impacted	Before update	After update
		<ul style="list-style-type: none"> chronic lymphocytic leukaemia less than Rai Stage 1; and tumours showing the malignant changes of carcinoma in situ* (including cervical dysplasia CIN-1, CIN-2, and CIN-3), or which are histologically described as pre malignant, or which are classified as FIGO Stage 0, or which have a TNM classification of Tis. 'FIGO' refers to the staging method of the International Federation of Gynaecology and Obstetrics. <p>*Carcinoma in situ of the breast is covered if it results directly in the removal of the entire breast or requires surgery and adjuvant therapy specifically to arrest the spread of malignancy and this procedure is considered the appropriate and necessary treatment as confirmed by an appropriate specialist acceptable to us.</p>	<ul style="list-style-type: none"> chronic lymphocytic leukaemia less than Rai Stage 1; and tumours showing the malignant changes of carcinoma in situ* (including cervical dysplasia CIN-1, CIN-2, and CIN-3), or which are histologically described as pre malignant, or which have a TNM classification of Tis. <p>*Carcinoma in situ of the breast is covered if it results directly in the removal of the entire breast or requires surgery and adjuvant therapy specifically to arrest the spread of malignancy and this procedure is considered the appropriate and necessary treatment as confirmed by an appropriate specialist acceptable to us.</p>
'Heart Attack (myocardial infarction)' definition changes			
PDS	<ul style="list-style-type: none"> totalcover midcover (where Cancer cover has been selected) 	<p>Heart Attack (myocardial infarction)</p> <p>The death of an area of heart muscle due to lack of adequate blood supply to that area because of coronary artery disease. The basis for diagnosis will be supported by a consultant cardiologist and require the following clinical features to be present and consistent with myocardial infarction (and not as a result of a medical intervention or procedure):</p> <ul style="list-style-type: none"> Diagnostic elevation of cardiac enzymes or Troponin 1 greater than 2.0µg/L or Troponin T greater than 0.6µg/L; and There are typical new ischaemic changes in the electrocardiograph (ECG). <p>If a diagnosis is inconclusive based on the criteria above, at AIA Australia's discretion, We will also consider other medical test results provided by a consultant cardiologist that unequivocally diagnoses heart attack (myocardial infarction) of the degree of severity (or greater) documented above, such as:</p> <ul style="list-style-type: none"> a permanent reduction in the Left Ventricular Ejection Fraction to less than 50 per cent measured in the three months or more after the event; or new pathological Q waves. Other acute coronary syndromes including, but not limited to, angina pectoris are excluded. 	<p>Heart Attack (myocardial infarction)</p> <p>The death of heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis must be confirmed by a cardiologist and evidenced by typical rise and/or fall of cardiac biomarker blood test (Troponin T, Troponin I or CK-MB) with at least one level above the 99th percentile of the upper reference limit PLUS:</p> <ul style="list-style-type: none"> Acute cardiac symptoms consistent with myocardial infarction (e.g. chest pain) <p>OR</p> <ul style="list-style-type: none"> New serial ECG changes with the development of any of the following: ST elevation or depression, T wave inversion pathological Q waves or left bundle branch block (LBBB) <p>OR</p> <ul style="list-style-type: none"> Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. <p>If the above tests are inconclusive, we will consider other appropriate and medically recognised tests. Other acute coronary syndromes including, but not limited to, angina pectoris are excluded.</p>