

How we are supporting our members

FAQs COVID-19

May 2020



1. Am I covered for COVID-19?

If you have been a member of AIA Health Insurance for at least two weeks you will be covered for all COVID-19 admissions, including those members covered under Cover Extension. So, if you are admitted to hospital as a private patient due to COVID-19, you will be covered, regardless of your level of cover.

In cases where you have been a member of ours for less than two weeks, you will be covered provided the waiting period for the relevant clinical category has been served with your previous health fund.

2. What is Cover Extension?

Cover Extension refers to the cover provided by AIA Health Insurance to members whose existing level of cover would have excluded them from coverage as a private patient for COVID-19 Hospital admissions.

Cover Extension is available to all members until 30 September 2020. We will continue to monitor the situation up to that date and advise you of any changes beyond this date.

3. Who is eligible for Cover Extension?

To access Cover Extension, a member must have held cover with AIA Health Insurance for a minimum period of 2 weeks. Premium payments on your policy must be up to date at the time of service, not be in arrears, or suspended.

4. Do I need to pay an excess if I am admitted to hospital for COVID-19 related treatment?

If you are admitted to either a public or private hospital as a private patient due to COVID-19, you will need to pay your standard hospital excess and may experience some out of pocket costs associated with specialist fees and/or other charges by the hospital.

If you choose not to use your private health insurance, you can be admitted to a public hospital as a public patient. In this case there are no out of pocket fees or excess payment to be made.

5. How do I claim for COVID-19 related admissions?

The claims process for COVID-19 admissions is no different to your usual claims process.

6. Will my elective surgery proceed?

On 21 April, the Federal Government announced that the reintroduction of elective surgeries will be staged from 27 April. If you have a pre-booked hospital admission or ongoing hospital treatment, we would recommend to regularly check in with your doctor and hospital before your admission for the most up-to-date information.

7. What is a Tele-consultation?

A Tele-consultation is an Extras benefit payment, for services provided by telephone, or video conferencing. The benefit applies to members who have an Extras product that includes cover for these services (as listed in [FAQ8](#)) and who have served the relevant waiting periods. The benefit payment is subject to your existing policy conditions (i.e. same per-person benefit limits and benefit percentages apply).

8. What extras services can I utilise remotely through Tele-consultations?

Services include:

- Psychology (including counselling and psychotherapy when provided by a psychologist)
- Physiotherapy (including post orthopaedic surgery rehabilitation, chronic musculoskeletal condition, cardiac rehabilitation or pelvic floor muscle training)
- Dietetics
- Speech pathology
- Occupational therapy

We will cover Tele-consultations from 1 March until 30 September 2020. Please see [eligibility requirements](#) for Tele-consultations.

9. What are my eligibility requirements for Tele-consultations?

In order to access Tele-consultations, you need to be undergoing an existing course of treatment or have seen your treatment provider in the past six months, or the service needs to be recommended by your general practitioner.

To be eligible, your health insurance needs to cover the relevant service, you need to have served the relevant waiting periods, and the premium payments on your policy must be up to date at the time of service, not be in arrears, or suspended.

The service must be delivered by a recognised provider with a valid provider number by 30 September 2020.

10. How can I claim for Tele-consultations?

You will need to pay for the service up front and then lodge your claim for benefits to be paid back into your nominated bank account.

You can lodge your claim:

- online via the member portal; or
- by emailing your claim through to us.

Tele-consultations will be covered in accordance with your existing policy conditions (i.e. same limits and benefit percentages apply). If you are unsure about the rebate you receive for these services, please refer to your product fact sheet for further details.

11. I'm experiencing financial hardship - what can I do?

If you are experiencing financial stress because of COVID-19, we can help find a solution that will suit your individual needs and cover. Please call us on 1800 333 004 and one of our Member Services Team representatives will talk to you about options during this time.

12. Where can I find out more information on COVID-19, testing, self-isolating etc?

Up-to-date and reliable information regarding COVID-19 can be found at:

- the Department of Health Novel coronavirus (COVID-19) health alert
- the Health Direct coronavirus (COVID-19) hub, which includes a symptom checker
- the National Coronavirus Health Information Line on 1800 020 080