

AIA Comprehensive 70 Extras

Effective 12 October 2020.

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

Extras treatments	Amount you can claim	Waiting period (months)	Claiming limit per calendar year, per member
General Dental	70%	2	\$1,000
Dental Gap Refund¹ – AIA Vitality members (Silver status or above only)			
Scale and Clean	100%	2	One service per person per year ¹
Comprehensive oral examination	100%	and AIA Vitality Silver status or above	
Mouthguard	100%		
Preventative Dental¹			
Comprehensive oral examination	70%	2	No annual limit ¹
Periodic Oral examination	70%		No annual limit ¹
Oral examination – Limited	70%		No annual limit ¹
Consultation	70%		No annual limit ¹
Major Dental¹	70%	12	\$1,000
Orthodontics	70%	12	\$1,000 Lifetime limit – \$2,600
Optical – excluding non-prescription sunglasses			
Frames	100%		
Prescription lenses	100%	6	\$300
Contact lenses	100%		
Physiotherapy	70%		
Hydrotherapy	70%	2	\$600
Myotherapy	70%		
Exercise physiology	70%		
Chiropractic	70%	2	\$400
Osteopathy	70%		
Acupuncture	70%	2	\$400
Remedial massage	70%		
Podiatry ²	70%	2	\$400
Non-PBS Pharmacy ³	100%	2	\$400 (\$40 per prescription)
Psychology	70%	2	\$400
Audiology	70%	2	\$400
Eye therapy	70%	2	\$400
Speech therapy	70%	2	\$400
Antenatal and postnatal		NOT COVERED	
Occupational therapy	70%	2	\$400
Medically prescribed appliances and non-surgical prostheses (inc hearing aids) ⁴	70%	12	\$500
Orthopaedic appliances ²	70%	2	\$400
Swimming lessons ⁴	70%	2	\$300
Dietetics (inc approved weightloss programs) ⁴	70%	2	\$400
Preventative Health Benefits ⁵	100%	2	\$200

Important information about your Extras cover

Extras can be claimed from any practitioner in a private practice who are appropriately registered with recognised bodies approved by AIA Health Insurance where there is no Medicare benefit payable. Your provider can confirm they are recognised or you can call us on 1800 333 004.

Waiting periods

Waiting periods will apply to:

- New AIA Health Insurance memberships (previously uninsured).
- Additions to a AIA Health Insurance membership (including newborns added after two months of birth/adopted/foster/natural/step child) unless the addition/s has already served all waiting periods with myOwn or another fund. Newborns added to a policy within two months of their date of birth, where the main policy holder has held the policy for more than two months, will not be required to serve any waiting periods. Waiting period info for newborns added after two months of birth/adopted/foster/natural/step child is in your member guide.
- Existing AIA Health Insurance memberships, and transfers to AIA Health Insurance from another fund where the level of cover and/or benefit entitlement is upgraded or increased and/or where the waiting periods have not been completed.

† Dental Gap Refund

The Dental Gap Refund is only available to members of the AIA Vitality program. AIA Health Insurance will reimburse gap payments on eligible preventative dental benefits to members who have served the 2-month waiting period and are at AIA Vitality Silver Status (or above) at the time of service.

AIA Vitality membership is a separate product that is included in all AIA Health Insurance products. You become an AIA Vitality Member once you have activated your membership directly through AIA Vitality.

To receive the Dental Gap Refund you will need to pay your provider at the time of service. After validating your eligibility, AIA Health Insurance will reimburse any gap payment made on the eligible claim. This benefit is limited to one service per treatment group per year for each person listed on the policy. Eligible Dental Gap Refund item numbers for each treatment group are:

Comprehensive oral examination

- 011 (comprehensive oral examination) or
- 012 (periodic oral examination)

Scale and Clean

- 111 (removal of plaque and/or stain), or
- 114 (Removal of calculus – first visit), or
- 115 (Removal of calculus – subsequent visit)

Mouthguard

- 151 (Provision of a mouthguard)

Dependents on a family policy will have access to Dental Gap Refund when at least one policy holder or partner/spouse achieves AIA Vitality Silver status or above.

Dental Gap Refund cannot be used where the service limit for preventative dental has already been reached.

1. Preventative and Major Dental

While there is no annual limit to claims for preventative dental, there are limits to the number of specific treatments that may be claimed in a calendar year. Preventative dental service limits include one comprehensive oral examination per member, two periodic dental examinations, and three Consultations per member per calendar year.

There are a range of dental procedures that cannot be claimed when provided on the same day e.g. a filling on a tooth that has been removed. Dental benefits for some procedures cannot be paid unless tooth identifications are supplied by the provider.

'Major dental' includes crowns, bridgework, complete dentures, partial dentures, prosthodontics services, implant procedures, periodontics, oral surgery and oral appliances for sleep apnoea.

2. Podiatry and orthopaedic appliances

Orthopaedic and orthotic appliances must be custom made by a podiatrist or orthotists, and not by a chiropractor or physiotherapist. For an orthosis 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. Orthopaedic appliances attract benefits where the application of which has resulted from, and is required immediately following, the injury or surgery, and a doctor's letter of recommendation is required prior to claiming.

3. Non-PBS Pharmacy

AIA Health Insurance will pay a benefit of up to \$40 per prescription up to annual limits for all non-PBS Pharmaceuticals and travel vaccines. Pharmaceutical benefits are only payable on drugs that are a Schedule 4 or Schedule 8 class.

4. Medically prescribed appliances and non-surgical prostheses (inc hearing aids), swimming lessons and dietetics (inc approved weightloss programs)

A doctor's letter of recommendation is required to be lodged with claims for the following items/services: blood glucose monitor, extremity pump, nebuliser pump, sleep apnoea machine, tens machine, pressure garments, approved weightloss programs and swimming lessons. AIA Health Insurance does not pay benefits for the hire of any health appliance or equipment. A benefit replacement rule applies to medically prescribed appliances and non-surgical prostheses. A member must wait 3 years before they can lodge another claim.

5. Preventative Health Benefits

AIA Health Insurance will pay benefits for preventative health screening services equivalent to 100% of the fee charged for bowel cancer identification kits (1 every 2 years) and Melanoma surveillance photography (1 per year) up to \$200 per person.

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

AIA Everyday 55 Extras

Effective 12 October 2020.

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

Extras treatments	Amount you can claim	Waiting period (months)	Claiming limit per calendar year, per member
General Dental	55%	2	\$800
Dental Gap Refund¹ – AIA Vitality members (Silver status or above only)			
Scale and Clean	100%	2	One service per person per year ¹
Comprehensive oral examination	100%	and AIA Vitality Silver status or above	
Mouthguard	100%		
Preventative Dental¹			
Comprehensive oral examination	55%	2	No annual limit ¹
Periodic Oral examination	55%		No annual limit ¹
Oral examination – Limited	55%		No annual limit ¹
Consultation	55%		No annual limit ¹
Major Dental¹	55%	12	\$500
Orthodontics		NOT COVERED	
Optical – excluding non-prescription sunglasses			
Frames	100%		
Prescription lenses	100%	6	\$250
Contact lenses	100%		
Physiotherapy	55%		
Hydrotherapy	55%	2	\$300
Myotherapy	55%		
Exercise physiology	55%		
Chiropractic	55%	2	\$200
Osteopathy	55%		
Acupuncture	55%	2	\$200
Remedial massage	55%		
Podiatry		NOT COVERED	
Non-PBS Pharmacy ²	100%	2	\$200 (\$40 per prescription)
Psychology	55%	2	\$200
Audiology			
Eye therapy		NOT COVERED	
Speech therapy			
Antenatal and postnatal			
Occupational therapy	55%	2	\$200
Medically prescribed appliances and non-surgical prostheses (inc hearing aids) ³	55%	12	\$300
Orthopaedic appliances		NOT COVERED	
Swimming lessons ³	55%	2	\$200
Dietetics (inc approved weightloss programs) ³	55%	2	\$200
Preventative Health Benefits ⁴	100%	2	\$100

Important information about your Extras cover

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Waiting periods

Waiting periods will apply to:

- New AIA Health Insurance memberships (previously uninsured).
- Additions to a AIA Health Insurance membership (including newborns added after two months of birth/adopted/foster/natural/step child) unless the addition/s has already served all waiting periods with myOwn or another fund. Newborns added to a policy within two months of their date of birth, where the main policy holder has held the policy for more than two months, will not be required to serve any waiting periods. Waiting period info for newborns added after two months of birth/adopted/foster/natural/step child is in your member guide.
- Existing AIA Health Insurance memberships, and transfers to AIA Health Insurance from another fund where the level of cover and/or benefit entitlement is upgraded or increased and/or where the waiting periods have not been completed.

† Dental Gap Refund

The Dental Gap Refund is only available to members of the AIA Vitality program. AIA Health Insurance will reimburse gap payments on eligible preventative dental benefits to members who have served the 2-month waiting period and are at AIA Vitality Silver Status (or above) at the time of service.

AIA Vitality membership is a separate product that is included in all AIA Health Insurance products. You become an AIA Vitality Member once you have activated your membership directly through AIA Vitality.

To receive the Dental Gap Refund you will need to pay your provider at the time of service. After validating your eligibility, AIA Health Insurance will reimburse any gap payment made on the eligible claim. This benefit is limited to one service per treatment group per year for each person listed on the policy. Eligible Dental Gap Refund item numbers for each treatment group are:

Comprehensive oral examination

- 011 (comprehensive oral examination) or
- 012 (periodic oral examination)

Scale and Clean

- 111 (removal of plaque and/or stain), or
- 114 (Removal of calculus – first visit), or
- 115 (Removal of calculus – subsequent visit)

Mouthguard

- 151 (Provision of a mouthguard)

Dependents on a family policy will have access to Dental Gap Refund when at least one policy holder or partner/spouse achieves AIA Vitality Silver status or above.

Dental Gap Refund cannot be used where the service limit for preventative dental has already been reached.

1. Preventative and Major Dental

While there is no annual limit to claims for preventative dental, there are limits to the number of specific treatments that may be claimed in a calendar year. Preventative dental service limits include one comprehensive oral examination per member, two periodic dental examinations, and three Consultations per member per calendar year.

There are a range of dental procedures that cannot be claimed when provided on the same day e.g. a filling on a tooth that has been removed. Dental benefits for some procedures cannot be paid unless tooth identifications are supplied by the provider.

'Major dental' includes crowns, bridgework, complete dentures, partial dentures, prosthodontics services, implant procedures, periodontics, oral surgery and oral appliances for sleep apnoea.

2. Non-PBS Pharmacy

AIA Health Insurance will pay a benefit of up to \$40 per prescription up to annual limits for all non-PBS Pharmaceuticals and travel vaccines. Pharmaceutical benefits are only payable on drugs that are a Schedule 4 or Schedule 8 class.

3. Medically prescribed appliances and non-surgical prostheses (inc hearing aids), swimming lessons and dietetics (inc approved weightloss programs)

A doctor's letter of recommendation is required to be lodged with claims for the following items/services: blood glucose monitor, extremity pump, nebuliser pump, sleep apnoea machine, tens machine, pressure garments, approved weightloss programs and swimming lessons. AIA Health Insurance does not pay benefits for the hire of any health appliance or equipment. A benefit replacement rule applies to medically prescribed appliances and non-surgical prostheses. A member must wait 3 years before they can lodge another claim.

4. Preventative Health Benefits

AIA Health Insurance will pay benefits for preventative health screening services equivalent to 100% of the fee charged for bowel cancer identification kits (1 every 2 years) and Melanoma surveillance photography (1 per year) up to \$100 per person.

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

AIA Lite 60 Extras

Effective 12 October 2020.

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

Extras treatments	Amount you can claim	Waiting period (months)	Claiming limit per calendar year, per member	
General Dental	60%	2	\$600	
Preventative Dental¹				
Comprehensive oral examination	60%	2	No annual limit ¹	
Periodic Oral examination	60%		No annual limit ¹	
Oral examination – Limited	60%		No annual limit ¹	
Consultation	60%		No annual limit ¹	
Major Dental¹	60%	12	\$300	
Orthodontics		NOT COVERED		
Optical – excluding non-prescription sunglasses				
Frames	100%	6	\$200	
Prescription lenses	100%			
Contact lenses	100%			
Physiotherapy	60%	2	\$300	
Hydrotherapy	60%			
Myotherapy	60%			
Chiropractic	60%			
Osteopathy	60%			
Exercise physiology				NOT COVERED
Acupuncture				
Remedial massage				
Podiatry				
Non-PBS Pharmacy				
Psychology				
Audiology				
Eye therapy				
Speech therapy				
Antenatal and postnatal				
Occupational therapy				
Medically prescribed appliances and non-surgical prostheses (inc hearing aids)				
Orthopaedic appliances				
Swimming lessons				
Dietetics (inc approved weightloss programs)				
Preventative Health Benefits				

Important information about your Extras cover

Extras can be claimed from any practitioner in a private practice who are appropriately registered with recognised bodies approved by AIA Health Insurance where there is no Medicare benefit payable. Your provider can confirm they are recognised or you can call us on 1800 333 004.

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Waiting periods

Waiting periods will apply to:

- New AIA Health Insurance memberships (previously uninsured).
- Additions to a AIA Health Insurance membership (including newborns added after two months of birth/adopted/foster/natural/step child) unless the addition/s has already served all waiting periods with myOwn or another fund. Newborns added to a policy within two months of their date of birth, where the main policy holder has held the policy for more than two months, will not be required to serve any waiting periods. Waiting period info for newborns added after two months of birth/adopted/foster/natural/step child is in your member guide.
- Existing AIA Health Insurance memberships, and transfers to AIA Health Insurance from another fund where the level of cover and/or benefit entitlement is upgraded or increased and/or where the waiting periods have not been completed.

1. Preventative and Major Dental

While there is no annual limit to claims for preventative dental, there are limits to the number of specific treatments that may be claimed in a calendar year. Preventative dental service limits include one comprehensive oral examination per member, two periodic dental examinations, and three Consultations per member per calendar year.

There are a range of dental procedures that cannot be claimed when provided on the same day e.g. a filling on a tooth that has been removed. Dental benefits for some procedures cannot be paid unless tooth identifications are supplied by the provider.

'Major dental' includes crowns, bridgework, complete dentures, partial dentures, prosthodontics services, implant procedures, periodontics, oral surgery and oral appliances for sleep apnoea.

AIA Lite 70 Extras

Effective 12 October 2020.

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

Extras treatments	Amount you can claim	Waiting period (months)	Claiming limit per calendar year, per member
General Dental	70%	2	\$800
Dental Gap Refund[†] – AIA Vitality members (Silver status or above only)			
Scale and Clean	100%	2	One service per person per year [†]
Comprehensive oral examination	100%	and AIA Vitality Silver status or above	
Mouthguard	100%		
Preventative Dental[†]			
Comprehensive oral examination	70%	2	No annual limit [†]
Periodic Oral examination	70%		No annual limit [†]
Oral examination – Limited	70%		No annual limit [†]
Consultation	70%		No annual limit [†]
Major Dental[†]	70%	12	\$500
Orthodontics		NOT COVERED	
Optical – excluding non-prescription sunglasses			
Frames	100%		
Prescription lenses	100%	6	\$200
Contact lenses	100%		
Physiotherapy	70%		
Hydrotherapy	70%		
Myotherapy	70%	2	\$400
Chiropractic	70%		
Osteopathy	70%		
Acupuncture	70%	2	\$350
Remedial massage	70%		
Podiatry			
Exercise physiology			
Non-PBS Pharmacy			
Psychology			
Audiology			
Eye therapy			
Speech therapy			
Antenatal and postnatal		NOT COVERED	
Occupational therapy			
Medically prescribed appliances and non-surgical prostheses (inc hearing aids)			
Orthopaedic appliances			
Swimming lessons			
Dietetics (inc approved weightloss programs)			
Preventative Health Benefits			

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Waiting periods

Waiting periods will apply to:

- New AIA Health Insurance memberships (previously uninsured).
- Additions to a AIA Health Insurance membership (including newborns added after two months of birth/adopted/foster/natural/step child) unless the addition/s has already served all waiting periods with myOwn or another fund. Newborns added to a policy within two months of their date of birth, where the main policy holder has held the policy for more than two months, will not be required to serve any waiting periods. Waiting period info for newborns added after two months of birth/adopted/foster/natural/step child is in your member guide.
- Existing AIA Health Insurance memberships, and transfers to AIA Health Insurance from another fund where the level of cover and/or benefit entitlement is upgraded or increased and/or where the waiting periods have not been completed.

† Dental Gap Refund

The Dental Gap Refund is only available to members of the AIA Vitality program. AIA Health Insurance will reimburse gap payments on eligible preventative dental benefits to members who have served the 2-month waiting period and are at AIA Vitality Silver Status (or above) at the time of service.

AIA Vitality membership is a separate product that is included in all AIA Health Insurance products. You become an AIA Vitality Member once you have activated your membership directly through AIA Vitality.

To receive the Dental Gap Refund you will need to pay your provider at the time of service. After validating your eligibility, AIA Health Insurance will reimburse any gap payment made on the eligible claim. This benefit is limited to one service per treatment group per year for each person listed on the policy. Eligible Dental Gap Refund item numbers for each treatment group are:

Comprehensive oral examination

- 011 (comprehensive oral examination) or
- 012 (periodic oral examination)

Scale and Clean

- 111 (removal of plaque and/or stain), or
- 114 (Removal of calculus – first visit), or
- 115 (Removal of calculus – subsequent visit)

Mouthguard

- 151 (Provision of a mouthguard)

Dependents on a family policy will have access to Dental Gap Refund when at least one policy holder or partner/spouse achieves AIA Vitality Silver status or above.

Dental Gap Refund cannot be used where the service limit for preventative dental has already been reached.

1. Preventative and Major Dental

While there is no annual limit to claims for preventative dental, there are limits to the number of specific treatments that may be claimed in a calendar year. Preventative dental service limits include one comprehensive oral examination per member, two periodic dental examinations, and three Consultations per member per calendar year.

There are a range of dental procedures that cannot be claimed when provided on the same day e.g. a filling on a tooth that has been removed. Dental benefits for some procedures cannot be paid unless tooth identifications are supplied by the provider.

'Major dental' includes crowns, bridgework, complete dentures, partial dentures, prosthodontics services, implant procedures, periodontics, oral surgery and oral appliances for sleep apnoea.

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

AIA Mid 60 Extras

Effective 12 October 2020.

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

Extras treatments	Amount you can claim	Waiting period (months)	Claiming limit per calendar year, per member
General Dental	60%	2	\$800
Dental Gap Refund¹ – AIA Vitality members (Silver status or above only)			
Scale and Clean	100%	2 and AIA Vitality Silver status or above	One service per person per year ¹
Comprehensive oral examination	100%		
Mouthguard	100%		
Preventative Dental¹			
Comprehensive oral examination	60%	2	No annual limit ¹
Periodic Oral examination	60%		No annual limit ¹
Oral examination – Limited	60%		No annual limit ¹
Consultation	60%		No annual limit ¹
Major Dental¹	60%	12	\$800
Orthodontics	60%	12	\$800 Lifetime limit – \$2,000
Optical – excluding non-prescription sunglasses			
Frames	100%	6	\$250
Prescription lenses	100%		
Contact lenses	100%		
Physiotherapy	60%	2	\$500
Hydrotherapy	60%		
Myotherapy	60%		
Exercise physiology	60%		
Chiropractic	60%	2	\$300
Osteopathy	60%		
Acupuncture	60%	2	\$300
Remedial massage	60%		
Podiatry	60%	2	\$300
Non-PBS Pharmacy ²	100%	2	\$300 (\$40 per prescription)
Psychology	60%	2	\$300
Audiology	60%	2	\$300
Eye therapy	60%	2	\$300
Speech therapy	60%	2	\$300
Antenatal and postnatal		NOT COVERED	
Occupational therapy	60%	2	\$300
Medically prescribed appliances and non-surgical prostheses (inc hearing aids) ³	60%	12	\$300
Orthopaedic appliances		NOT COVERED	
Swimming lessons ³	60%	2	\$200
Dietetics (inc approved weightloss programs) ³	60%	2	\$300
Preventative Health Benefits ⁴	100%	2	\$150

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Waiting periods

Waiting periods will apply to:

- New AIA Health Insurance memberships (previously uninsured).
- Additions to a AIA Health Insurance membership (including newborns added after two months of birth/adopted/foster/natural/step child) unless the addition/s has already served all waiting periods with myOwn or another fund. Newborns added to a policy within two months of their date of birth, where the main policy holder has held the policy for more than two months, will not be required to serve any waiting periods. Waiting period info for newborns added after two months of birth/adopted/foster/natural/step child is in your member guide.
- Existing AIA Health Insurance memberships, and transfers to AIA Health Insurance from another fund where the level of cover and/or benefit entitlement is upgraded or increased and/or where the waiting periods have not been completed.

† Dental Gap Refund

The Dental Gap Refund is only available to members of the AIA Vitality program. AIA Health Insurance will reimburse gap payments on eligible preventative dental benefits to members who have served the 2-month waiting period and are at AIA Vitality Silver Status (or above) at the time of service.

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To receive the Dental Gap Refund you will need to pay your provider at the time of service. After validating your eligibility, AIA Health Insurance will reimburse any gap payment made on the eligible claim. This benefit is limited to one service per treatment group per year for each person listed on the policy. Eligible Dental Gap Refund item numbers for each treatment group are:

Comprehensive oral examination

- 011 (comprehensive oral examination) or
- 012 (periodic oral examination)

Scale and Clean

- 111 (removal of plaque and/or stain), or
- 114 (Removal of calculus – first visit), or
- 115 (Removal of calculus – subsequent visit)

Mouthguard

- 151 (Provision of a mouthguard)

Dependents on a family policy will have access to Dental Gap Refund when at least one policy holder or partner/spouse achieves AIA Vitality Silver status or above.

Dental Gap Refund cannot be used where the service limit for preventative dental has already been reached.

1. Preventative and Major Dental

While there is no annual limit to claims for preventative dental, there are limits to the number of specific treatments that may be claimed in a calendar year. Preventative dental service limits include one comprehensive oral examination per member, two periodic dental examinations, and three Consultations per member per calendar year.

There are a range of dental procedures that cannot be claimed when provided on the same day e.g. a filling on a tooth that has been removed. Dental benefits for some procedures cannot be paid unless tooth identifications are supplied by the provider.

'Major dental' includes crowns, bridgework, complete dentures, partial dentures, prosthodontics services, implant procedures, periodontics, oral surgery and oral appliances for sleep apnoea.

2. Non-PBS Pharmacy

AIA Health Insurance will pay a benefit of up to \$40 per prescription up to annual limits for all non-PBS Pharmaceuticals and travel vaccines. Pharmaceutical benefits are only payable on drugs that are a Schedule 4 or Schedule 8 class.

3. Medically prescribed appliances and non-surgical prostheses (inc hearing aids), swimming lessons and dietetics (inc approved weightloss programs)

A doctor's letter of recommendation is required to be lodged with claims for the following items/services: blood glucose monitor, extremity pump, nebuliser pump, sleep apnoea machine, tens machine, pressure garments, approved weightloss programs and swimming lessons. AIA Health Insurance does not pay benefits for the hire of any health appliance or equipment. A benefit replacement rule applies to medically prescribed appliances and non-surgical prostheses. A member must wait 3 years before they can lodge another claim.

4. Preventative Health Benefits

AIA Health Insurance will pay benefits for preventative health screening services equivalent to 100% of the fee charged for bowel cancer identification kits (1 every 2 years) and Melanoma surveillance photography (1 per year) up to \$150 per person.

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

AIA Minimum 50 Extras

Effective 12 October 2020.

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Extras treatments	Amount you can claim	Waiting period (months)	Claiming limit per calendar year, per member
General Dental	50%	2	\$600
Preventative Dental¹			
Comprehensive oral examination	50%	2	No annual limit ¹
Periodic Oral examination	50%		No annual limit ¹
Oral examination – Limited	50%		No annual limit ¹
Consultation	50%		No annual limit ¹
Major Dental		NOT COVERED	
Orthodontics		NOT COVERED	
Optical – excluding non-prescription sunglasses			
Frames	100%		
Prescription lenses	100%	6	\$200
Contact lenses	100%		
Physiotherapy	50%		
Hydrotherapy	50%	2	\$300
Myotherapy	50%		
Exercise physiology		NOT COVERED	
Chiropractic	50%	2	\$200
Osteopathy	50%		
Acupuncture	50%	2	\$200
Remedial massage	50%		
Podiatry			
Non-PBS Pharmacy			
Psychology			
Audiology			
Eye therapy			
Speech therapy			
Antenatal and postnatal		NOT COVERED	
Occupational therapy			
Medically prescribed appliances and non-surgical prostheses (inc hearing aids)			
Orthopaedic appliances			
Swimming lessons			
Dietetics (inc approved weightloss programs)			
Preventative Health Benefits			

Important information about your Extras cover

Extras can be claimed from any practitioner in a private practice who are appropriately registered with recognised bodies approved by AIA Health Insurance where there is no Medicare benefit payable. Your provider can confirm they are recognised or you can call us on 1800 333 004.

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Waiting periods

Waiting periods will apply to:

- New AIA Health Insurance memberships (previously uninsured).
- Additions to a AIA Health Insurance membership (including newborns added after two months of birth/adopted/foster/natural/step child) unless the addition/s has already served all waiting periods with myOwn or another fund. Newborns added to a policy within two months of their date of birth, where the main policy holder has held the policy for more than two months, will not be required to serve any waiting periods. Waiting period info for newborns added after two months of birth/adopted/foster/natural/step child is in your member guide.
- Existing AIA Health Insurance memberships, and transfers to AIA Health Insurance from another fund where the level of cover and/or benefit entitlement is upgraded or increased and/or where the waiting periods have not been completed.

1. Preventative Dental

While there is no annual limit to claims for preventative dental, there are limits to the number of specific treatments that may be claimed in a calendar year. Preventative dental service limits include one comprehensive oral examination per member, two periodic dental examinations, and three Consultations per member per calendar year.

There are a range of dental procedures that cannot be claimed when provided on the same day e.g. a filling on a tooth that has been removed. Dental benefits for some procedures cannot be paid unless tooth identifications are supplied by the provider.

AIA Top 70 Extras

Effective 12 October 2020.

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

Extras treatments	Amount you can claim	Waiting period (months)	Claiming limit per calendar year, per member
General Dental	70%	2	\$1,000
Dental Gap Refund[†] – AIA Vitality members (Silver status or above only)			
Scale and Clean	100%	2	One service per person per year [†]
Comprehensive oral examination	100%	and AIA Vitality Silver status or above	
Mouthguard	100%		
Preventative Dental[†]			
Comprehensive oral examination	70%	2	No annual limit [†]
Periodic Oral examination	70%		No annual limit [†]
Oral examination – Limited	70%		No annual limit [†]
Consultation	70%		No annual limit [†]
Major Dental[†]	70%	12	\$1,000
Orthodontics	70%	12	\$1,000 Lifetime limit – \$2,600
Optical			
Frames	100%		
Prescription lenses	100%	6	\$300
Contact lenses	100%		
Physiotherapy	70%		
Hydrotherapy	70%	2	\$600
Myotherapy	70%		
Exercise physiology	70%		
Chiropractic	70%	2	\$400
Osteopathy	70%		
Acupuncture	70%	2	\$400
Remedial massage	70%		
Podiatry ²	70%	2	\$400
Non-PBS Pharmacy ³	100%	2	\$400 (\$40 per prescription)
Psychology	70%	2	\$400
Audiology	70%	2	\$400
Eye therapy	70%	2	\$400
Speech therapy	70%	2	\$400
Antenatal and postnatal ⁴	70%	2	\$400
Occupational therapy	70%	2	\$400
Medically prescribed appliances and non-surgical prostheses (inc hearing aids) ⁵	70%	12	\$500
Orthopaedic appliances ²	70%	2	\$400
Swimming lessons ⁵	70%	2	\$300
Dietetics (inc approved weightloss programs) ⁵	70%	2	\$400
Preventative Health Benefits ⁶	100%	2	\$200

Important information about your Extras cover

Extras can be claimed from any practitioner in a private practice who are appropriately registered with recognised bodies approved by AIA Health Insurance where there is no Medicare benefit payable. Your provider can confirm they are recognised or you can call us on 1800 333 004.

Waiting periods

Waiting periods will apply to:

- New AIA Health Insurance memberships (previously uninsured).
- Additions to a AIA Health Insurance membership (including newborns added after two months of birth/adopted/foster/natural/step child) unless the addition/s has already served all waiting periods with myOwn or another fund. Newborns added to a policy within two months of their date of birth, where the main policy holder has held the policy for more than two months, will not be required to serve any waiting periods. Waiting period info for newborns added after two months of birth/adopted/foster/natural/step child is in your member guide.
- Existing AIA Health Insurance memberships, and transfers to AIA Health Insurance from another fund where the level of cover and/or benefit entitlement is upgraded or increased and/or where the waiting periods have not been completed.

† Dental Gap Refund

The Dental Gap Refund is only available to members of the AIA Vitality program. AIA Health Insurance will reimburse gap payments on eligible preventative dental benefits to members who have served the 2-month waiting period and are at AIA Vitality Silver Status (or above) at the time of service.

AIA Vitality membership is a separate product that is included in all AIA Health Insurance products. You become an AIA Vitality Member once you have activated your membership directly through AIA Vitality.

To receive the Dental Gap Refund you will need to pay your provider at the time of service. After validating your eligibility, AIA Health Insurance will reimburse any gap payment made on the eligible claim. This benefit is limited to one service per treatment group per year for each person listed on the policy. Eligible Dental Gap Refund item numbers for each treatment group are:

Comprehensive oral examination

- 011 (comprehensive oral examination) or
- 012 (periodic oral examination)

Scale and Clean

- 111 (removal of plaque and/or stain), or
- 114 (Removal of calculus – first visit), or
- 115 (Removal of calculus – subsequent visit)

Mouthguard

- 151 (Provision of a mouthguard)

Dependents on a family policy will have access to Dental Gap Refund when at least one policy holder or partner/spouse achieves AIA Vitality Silver status or above.

Dental Gap Refund cannot be used where the service limit for preventative dental has already been reached.

1. Preventative and Major Dental

While there is no annual limit to claims for preventative dental, there are limits to the number of specific treatments that may be claimed in a calendar year. Preventative dental service limits include one comprehensive oral examination per member, two periodic dental examinations, and three Consultations per member per calendar year.

There are a range of dental procedures that cannot be claimed when provided on the same day e.g. a filling on a tooth that has been removed. Dental benefits for some procedures cannot be paid unless tooth identifications are supplied by the provider.

'Major dental' includes crowns, bridgework, complete dentures, partial dentures, prosthodontics services, implant procedures, periodontics, oral surgery and oral appliances for sleep apnoea.

2. Podiatry and orthopaedic appliances

Orthopaedic and orthotic appliances must be custom made by a podiatrist or orthotists, and not by a chiropractor or physiotherapist. For an orthosis 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. Orthopaedic appliances attract benefits where the application of which has resulted from, and is required immediately following, the injury or surgery, and a doctor's letter of recommendation is required prior to claiming.

3. Non-PBS Pharmacy

AIA Health Insurance will pay a benefit of up to \$40 per prescription up to annual limits for all non-PBS Pharmaceuticals and travel vaccines. Pharmaceutical benefits are only payable on drugs that are a Schedule 4 or Schedule 8 class.

4. Antenatal and post-natal

Antenatal and postnatal treatments can only be claimed through recognised physiotherapists, midwives or lactation consultants in private practice.

5. Medically prescribed appliances and non-surgical prostheses (inc hearing aids), swimming lessons and dietetics (inc approved weightloss programs)

A doctor's letter of recommendation is required to be lodged with claims for the following items/services: blood glucose monitor, extremity pump, nebuliser pump, sleep apnoea machine, tens machine, pressure garments, approved weightloss programs and swimming lessons. AIA Health Insurance does not pay benefits for the hire of any health appliance or equipment. A benefit replacement rule applies to medically prescribed appliances and non-surgical prostheses. A member must wait 3 years before they can lodge another claim.

6. Preventative Health Benefits

AIA Health Insurance will pay benefits for preventative health screening services equivalent to 100% of the fee charged for bowel cancer identification kits (1 every 2 years) and Melanoma surveillance photography (1 per year) up to \$200 per person.

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

Comprehensive 70 Extras (M0)

Effective 16 June 2021.

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

Extras treatments	Amount you can claim		Annual limit per person, per calendar year	Waiting period (months)
	At all other providers	At smile.com.au dentists ⁵		
Preventative and General Dental ¹	60%	75%	\$1,000	2
No Gap Dental ² (available through smile.com.au)	Not available	100%		
Major Dental ³	60%	75%	\$1,000	12
Orthodontics ⁴	60%	75%	\$1,000 Lifetime limit - \$2,600	12
By using the smile.com.au dental network, you can significantly reduce your out-of-pocket dental expenses. Visit aia.com.au/smile to find out how.				
Optical – (prescription lenses, contacts and frames only)		100%	\$250	6
Physiotherapy		70%		
Hydrotherapy		70%		
Myotherapy		70%	\$600	2
Exercise Physiology		70%		
Chiropractic		70%		
Osteopathy		70%	\$400	2
Acupuncture		70%	\$200	2
Remedial massage		70%	\$200	2
Podiatry		70%	\$400	2
Non-PBS Pharmaceuticals ⁶		Up to \$40 per item	\$400	2
Psychology		70%	\$400	2
Audiology		70%	\$400	2
Eye therapy		70%	\$400	2
Speech therapy		70%	\$400	2
Occupational therapy		70%	\$400	2
Medically prescribed appliances and non-surgical prostheses (inc hearing aids) ⁷		70%	\$500	12
Orthotic and orthopaedic appliances ⁸		70%	\$400	2
Swimming lessons ⁹		70%	\$300	2
Weight management programs (including dietetics) ¹⁰		70%	\$400	2
Preventative health benefits ¹¹		100%	\$200	2

Unless stipulated otherwise, consultations must be one-on-one with a registered provider.

Your Extras cover explained

1. Preventative and General Dental

Preventative and General Dental includes a wide range of common dental procedures including check-ups, x-rays, cleaning, fluoride treatments, fillings and simple teeth extractions. There are limits to the number of Preventative Dental treatments that may be claimed in a calendar year.

Preventative Dental service limits include one comprehensive oral examination and two periodic dental examinations, per person, per calendar year.

There are a range of dental procedures that cannot be claimed when provided on the same day e.g. a filling on a tooth that has been removed. Dental benefits for some procedures cannot be paid unless tooth identification is supplied by the provider.

2. No Gap Dental

No Gap Dental benefit is available on eligible preventative dental services to members who have served the two-month waiting period and are using a smile.com.au dentist.

Please note this benefit is included in the combined Preventative and General Dental annual limit.

This benefit is limited to one service per treatment group per year for each person listed on the policy. Eligible No Gap Dental item numbers for each treatment group are:

Oral examinations

- 011 (Comprehensive oral examination)
- 012 (Periodic oral examination)
- 013 (Oral examination limited)

Scale and clean

- 111 (Removal of plaque and/or stain)
- 114 (Removal of calculus – first visit)
- 115 (Removal of calculus – subsequent visit)

Fluoride treatment

- 121 (Topical application of remineralisation and/or cariostatic agents, one treatment)

Mouthguard

- 151 (Provision of a mouthguard)

3. Major Dental

Major Dental includes endodontics, occlusal therapy, crowns, bridges, complete and partial dentures, dental implants, periodontics and oral surgery (includes surgical teeth extractions e.g. wisdom teeth).

4. Orthodontics with smile.com.au

smile.com.au is a dental network – it does not have Orthodontists in its network. However, some dentists do provide basic orthodontic treatments that are eligible to receive smile.com.au Dental Network benefits including reduced fees and higher percentage back (e.g. Invisalign, Snap-On Smile, Fastbraces, MYOBrace and Clear Correct).

5. smile.com.au

We have partnered with smile.com.au to make dental care more affordable and accessible for our members. Members who have extras with dental cover will save 15–40% off* all dental treatments performed by a smile.com.au approved dentist.

These savings are in addition to your existing AIA Health benefits. This means lower out-of-pocket costs for any treatment, as smile.com.au dentists will reduce their normal fees by at least 15%.

With over 2,400 approved dentists in the smile.com.au network, chances are there is one near you.

*Savings may vary between dentists. It is recommended that members obtain a quote prior to treatment.

6. Pharmaceuticals

AIA Health will pay benefits of up to \$40 per item, after the PBS threshold, up to your annual limits for all non-PBS Pharmaceuticals and travel vaccines. Pharmaceutical benefits are only payable on drugs that are a Schedule 4 or Schedule 8 class.

7. Medically prescribed appliances

A doctor's letter of recommendation is required to be lodged with claims for a medically prescribed appliance, including;

- blood glucose monitor
- blood pressure monitors
- nebuliser pump
- sleep apnoea machine
- TENS machine
- pressure garments
- non-surgical prostheses

AIA Health does not pay benefits for the hire of any health appliance or any consumable products associated with these devices. A benefit replacement rule applies to medically prescribed appliances. A member must wait 3 years before they can lodge another claim for the same item.

8. Orthopaedic and orthotic appliances

Orthopaedic and orthotic appliances must be custom made by a podiatrist or orthotists, and not by a chiropractor or physiotherapist. For an orthosis 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. Orthopaedic appliances attract benefits where the application of which has resulted from, and is required immediately following, an injury or surgery. A doctor's letter of recommendation is required prior to claiming.

Orthopaedic and orthotic appliances are subject to a 12 month benefit replacement period.

9. Swimming lessons

AIA Health will pay benefits for approved swimming lessons provided by recognised swimming providers. Swimming lessons must be for the purpose of improving or preventing a specific medical condition e.g. asthma. A doctor's letter of recommendation is required to be lodged with claims.

10. Weight management programs

AIA Health will pay benefits for any consultations at a registered dietitian or participation in recognised weight loss programs, including Jenny Craig, Weight Watchers and Fernwood Food Coaching. A doctor's letter of recommendation is required to be lodged with claims.

11. Preventative health benefits

AIA Health will pay benefits for preventative health checks provided by recognised providers, including:

- mammograms and bowel cancer screening kits (1 each every 2 years)
- prostate cancer and skin cancer checks (1 each per year).

Note: if a member has claimed a health check through Medicare, we will not pay for that claim again.

Important information about your Extras cover

How we communicate with you

As our primary method of communication is email, it is important that your contact details are kept up to date with your current email address to ensure you're able to receive any correspondence.

Recognised providers

Extras can be claimed from any practitioner in a private practice who is appropriately registered with recognised bodies approved by AIA Health, where there is no Medicare benefit payable. Your provider can confirm they are recognised or you can call us on 1800 333 004.

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 from another equivalent policy, you won't need to re-serve waiting periods already served with the previous health insurer.

Benefit Replacement Periods

Benefit replacement period is the time you need to wait after purchasing an item covered by us before you can receive further benefits to replace the item. All medically prescribed appliances and hearing aids have a benefit replacement period of 3 years for purchasing or replacing the same item.

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

Top 70 Extras (M0)

Effective 16 June 2021.

This information is important, please read thoroughly. For more information please refer to your Member Guide or call us on 1300 333 004. This product is closed to new members.

Extras treatments	Amount you can claim		Annual limit per person, per calendar year	Waiting period (months)
	At all other providers	At smile.com.au dentists ⁵		
Preventative and General Dental ¹	60%	75%	\$1,000	2
No Gap Dental ² (available through smile.com.au)	Not available	100%		
Major Dental ³	60%	75%	\$1,000	12
Orthodontics ⁴	60%	75%	\$1,000 Lifetime limit - \$2,600	12
By using the smile.com.au dental network, you can significantly reduce your out-of-pocket dental expenses. Visit aiahealth.com.au/smile to find out how.				
Optical – (prescription lenses, contacts and frames only)		100%	\$250	6
Physiotherapy		70%		
Hydrotherapy		70%		
Myotherapy		70%	\$600	2
Exercise Physiology		70%		
Chiropractic		70%		
Osteopathy		70%	\$400	2
Acupuncture		70%	\$200	2
Remedial massage		70%	\$200	2
Podiatry		70%	\$400	2
Non-PBS Pharmaceuticals ⁶		Up to \$40 per item	\$400	2
Psychology		70%	\$400	2
Audiology		70%	\$400	2
Eye therapy		70%	\$400	2
Speech therapy		70%	\$400	2
Antenatal and postnatal ⁷		70%	\$400	2
Occupational therapy		70%	\$400	2
Medically prescribed appliances and non-surgical prostheses (inc hearing aids) ⁸		70%	\$500	12
Orthotic and orthopaedic appliances ⁹		70%	\$400	2
Swimming lessons ¹⁰		70%	\$300	2
Weight management programs (including dietetics) ¹¹		70%	\$400	2
Preventative health benefits ¹²		100%	\$200	2

Unless stipulated otherwise, consultations must be one-on-one with a registered provider.

Your Extras cover explained

1. Preventative and General Dental

Preventative and General Dental includes a wide range of common dental procedures including check-ups, x-rays, cleaning, fluoride treatments, fillings and simple teeth extractions. There are limits to the number of Preventative Dental treatments that may be claimed in a calendar year.

Preventative Dental service limits include one comprehensive oral examination and two periodic dental examinations, per person, per calendar year.

There are a range of dental procedures that cannot be claimed when provided on the same day e.g. a filling on a tooth that has been removed. Dental benefits for some procedures cannot be paid unless tooth identification is supplied by the provider.

2. No Gap Dental

No Gap Dental benefit is available on eligible preventative dental services to members who have served the two-month waiting period and are using a smile.com.au dentist.

Please note this benefit is included in the combined Preventative and General Dental annual limit.

This benefit is limited to one service per treatment group per year for each person listed on the policy. Eligible No Gap Dental item numbers for each treatment group are:

Oral examinations

- 011 (Comprehensive oral examination)
- 012 (Periodic oral examination)
- 013 (Oral examination limited)

Scale and clean

- 111 (Removal of plaque and/or stain)
- 114 (Removal of calculus – first visit)
- 115 (Removal of calculus – subsequent visit)

Fluoride treatment

- 121 (Topical application of remineralisation and/or cariostatic agents, one treatment)

Mouthguard

- 151 (Provision of a mouthguard)

3. Major Dental

Major Dental includes endodontics, occlusal therapy, crowns, bridges, complete and partial dentures, dental implants, periodontics and oral surgery (includes surgical teeth extractions e.g. wisdom teeth).

4. Orthodontics with smile.com.au

smile.com.au is a dental network – it does not have Orthodontists in its network. However, some dentists do provide basic orthodontic treatments that are eligible to receive smile.com.au Dental Network benefits including reduced fees and higher percentage back (e.g. Invisalign, Snap-On Smile, Fastbraces, MYOBrace and Clear Correct).

5. smile.com.au

We have partnered with smile.com.au to make dental care more affordable and accessible for our members. Members who have extras with dental cover will save 15–40% off* all dental treatments performed by a smile.com.au approved dentist.

These savings are in addition to your existing AIA Health benefits. This means lower out-of-pocket costs for any treatment, as smile.com.au dentists will reduce their normal fees by at least 15%.

With over 2,400 approved dentists in the smile.com.au network, chances are there is one near you.

*Savings may vary between dentists. It is recommended that members obtain a quote prior to treatment.

6. Pharmaceuticals

AIA Health will pay benefits of up to \$40 per item, after the PBS threshold, up to your annual limits for all non-PBS Pharmaceuticals and travel vaccines. Pharmaceutical benefits are only payable on drugs that are a Schedule 4 or Schedule 8 class.

7. Antenatal and postnatal services

Antenatal and postnatal treatments can only be claimed through recognised midwives or lactation consultants.

8. Medically prescribed appliances

A doctor's letter of recommendation is required to be lodged with claims for a medically prescribed appliance, including;

- blood glucose monitor
- blood pressure monitors
- nebuliser pump
- sleep apnoea machine
- TENS machine
- pressure garments
- non-surgical prostheses

AIA Health does not pay benefits for the hire of any health appliance or any consumable products associated with these devices. A benefit replacement rule applies to medically prescribed appliances. A member must wait 3 years before they can lodge another claim for the same item.

9. Orthopaedic and orthotic appliances

Orthopaedic and orthotic appliances must be custom made by a podiatrist or orthotists, and not by a chiropractor or physiotherapist. For an orthosis 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. Orthopaedic appliances attract benefits where the application of which has resulted from, and is required immediately following, an injury or surgery. A doctor's letter of recommendation is required prior to claiming.

Orthopaedic and orthotic appliances are subject to a 12 month benefit replacement period.

10. Swimming lessons

AIA Health will pay benefits for approved swimming lessons provided by recognised swimming providers. Swimming lessons must be for the purpose of improving or preventing a specific medical condition e.g. asthma. A doctor's letter of recommendation is required to be lodged with claims.

11. Weight management programs

AIA Health will pay benefits for any consultations at a registered dietitian or participation in recognised weight loss programs, including Jenny Craig, Weight Watchers and Fernwood Food Coaching. A doctor's letter of recommendation is required to be lodged with claims.

12. Preventative health benefits

AIA Health will pay benefits for preventative health checks provided by recognised providers, including:

- mammograms and bowel cancer screening kits (1 each every 2 years)
- prostate cancer and skin cancer checks (1 each per year).

Note: if a member has claimed a health check through Medicare, we will not pay for that claim again.

Important information about your Extras cover

How we communicate with you

As our primary method of communication is email, it is important that your contact details are kept up to date with your current email address to ensure you're able to receive any correspondence.

Recognised providers

Extras can be claimed from any practitioner in a private practice who is appropriately registered with recognised bodies approved by AIA Health, where there is no Medicare benefit payable. Your provider can confirm they are recognised or you can call us on 1800 333 004.

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 from another equivalent policy, you won't need to re-serve waiting periods already served with the previous health insurer.

Benefit Replacement Periods

Benefit replacement period is the time you need to wait after purchasing an item covered by us before you can receive further benefits to replace the item. All medically prescribed appliances and hearing aids have a benefit replacement period of 3 years for purchasing or replacing the same item.

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

Minimum 50 Extras (M0)

Effective 16 June 2021.

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

Extras treatments	Amount you can claim		Annual limit per person, per calendar year	Waiting period (months)
	At all other providers	At smile.com.au dentists ³		
Preventative and General Dental ¹	50%	70%	\$600	2
No Gap Dental ² (available through smile.com.au)	Not available	100%		
Major Dental	Not covered			
Orthodontics	Not covered			
By using the smile.com.au dental network, you can significantly reduce your out-of-pocket dental expenses. Visit aia.com.au/smile to find out how.				
Optical – (prescription lenses, contacts and frames only)	100%		\$200	6
Physiotherapy	50%			
Hydrotherapy	50%		\$300	2
Myotherapy	50%			
Chiropractic	50%		\$200	2
Osteopathy	50%			
Acupuncture	50%		\$100	2
Remedial massage	50%		\$100	2

Unless stipulated otherwise, consultations must be one-on-one with a registered provider.

Your Extras cover explained

1. Preventative and General Dental

Preventative and General Dental includes a wide range of common dental procedures including check-ups, x-rays, cleaning, fluoride treatments, fillings and simple teeth extractions. There are limits to the number of Preventative Dental treatments that may be claimed in a calendar year.

Preventative Dental service limits include one comprehensive oral examination and two periodic dental examinations, per person, per calendar year.

There are a range of dental procedures that cannot be claimed when provided on the same day e.g. a filling on a tooth that has been removed. Dental benefits for some procedures cannot be paid unless tooth identification is supplied by the provider.

2. No Gap Dental

No Gap Dental benefit is available on eligible preventative dental services to members who have served the two-month waiting period and are using a smile.com.au dentist.

Please note this benefit is included in the combined Preventative and General Dental annual limit.

This benefit is limited to one service per treatment group per year for each person listed on the policy. Eligible No Gap Dental item numbers for each treatment group are:

Oral examinations

- 011 (Comprehensive oral examination)
- 012 (Periodic oral examination)
- 013 (Oral examination limited)

Scale and clean

- 111 (Removal of plaque and/or stain)
- 114 (Removal of calculus – first visit)
- 115 (Removal of calculus – subsequent visit)

Fluoride treatment

- 121 (Topical application of remineralisation and/or cariostatic agents, one treatment)

Mouthguard

- 151 (Provision of a mouthguard)

3. smile.com.au

We have partnered with smile.com.au to make dental care more affordable and accessible for our members. Members who have extras with dental cover will save 15–40% off* all dental treatments performed by a smile.com.au approved dentist.

These savings are in addition to your existing AIA Health benefits. This means lower out-of-pocket costs for any treatment, as smile.com.au dentists will reduce their normal fees by at least 15%.

With over 2,400 approved dentists in the smile.com.au network, chances are there is one near you.

*Savings may vary between dentists. It is recommended that members obtain a quote prior to treatment.

Important information about your Extras cover

How we communicate with you

As our primary method of communication is email, it is important that your contact details are kept up to date with your current email address to ensure you're able to receive any correspondence.

Recognised providers

Extras can be claimed from any practitioner in a private practice who is appropriately registered with recognised bodies approved by AIA Health, where there is no Medicare benefit payable. Your provider can confirm they are recognised or you can call us on 1800 333 004.

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 from another equivalent policy, you won't need to re-serve waiting periods already served with the previous health insurer.

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

Mid 60 Extras (M0)

Effective 16 June 2021.

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

Extras treatments	Amount you can claim		Annual limit per person, per calendar year	Waiting period (months)
	At all other providers	At smile.com.au dentists ⁵		
Preventative and General Dental ¹	50%	70%	\$800	2
No Gap Dental ² (available through smile.com.au)	Not available	100%		
Major Dental ³	50%	70%	\$800	12
Orthodontics ⁴	50%	70%	\$800 Lifetime limit - \$2,000	12
By using the smile.com.au dental network, you can significantly reduce your out-of-pocket dental expenses. Visit aia.com.au/smile to find out how.				
Optical – (prescription lenses, contacts and frames only)	100%		\$250	6
Physiotherapy	60%			
Hydrotherapy	60%			
Myotherapy	60%		\$500	2
Exercise Physiology	60%			
Chiropractic	60%			
Osteopathy	60%		\$300	2
Acupuncture	60%		\$150	2
Remedial massage	60%		\$150	2
Podiatry	60%		\$300	2
Non-PBS Pharmaceuticals ⁶	Up to \$40 per item		\$300	2
Psychology	60%		\$300	2
Audiology	60%		\$300	2
Eye therapy	60%		\$300	2
Speech therapy	60%		\$300	2
Occupational therapy	60%		\$300	2
Medically prescribed appliances and non-surgical prostheses (inc hearing aids) ⁷	60%		\$300	12
Swimming lessons ⁸	60%		\$200	2
Weight management programs (including dietetics) ⁹	60%		\$300	2
Preventative health benefits ¹⁰	100%		\$150	2

Unless stipulated otherwise, consultations must be one-on-one with a registered provider.

Your Extras cover explained

1. Preventative and General Dental

Preventative and General Dental includes a wide range of common dental procedures including check-ups, x-rays, cleaning, fluoride treatments, fillings and simple teeth extractions. There are limits to the number of Preventative Dental treatments that may be claimed in a calendar year.

Preventative Dental service limits include one comprehensive oral examination and two periodic dental examinations, per person, per calendar year.

There are a range of dental procedures that cannot be claimed when provided on the same day e.g. a filling on a tooth that has been removed. Dental benefits for some procedures cannot be paid unless tooth identification is supplied by the provider.

2. No Gap Dental

No Gap Dental benefit is available on eligible preventative dental services to members who have served the two-month waiting period and are using a smile.com.au dentist.

Please note this benefit is included in the combined Preventative and General Dental annual limit.

This benefit is limited to one service per treatment group per year for each person listed on the policy. Eligible No Gap Dental item numbers for each treatment group are:

Oral examinations

- 011 (Comprehensive oral examination)
- 012 (Periodic oral examination)
- 013 (Oral examination limited)

Scale and clean

- 111 (Removal of plaque and/or stain)
- 114 (Removal of calculus – first visit)
- 115 (Removal of calculus – subsequent visit)

Fluoride treatment

- 121 (Topical application of remineralisation and/or cariostatic agents, one treatment)

Mouthguard

- 151 (Provision of a mouthguard)

3. Major Dental

Major Dental includes endodontics, occlusal therapy, crowns, bridges, complete and partial dentures, dental implants, periodontics and oral surgery (includes surgical teeth extractions e.g. wisdom teeth).

4. Orthodontics with smile.com.au

smile.com.au is a dental network – it does not have Orthodontists in its network. However, some dentists do provide basic orthodontic treatments that are eligible to receive smile.com.au Dental Network benefits including reduced fees and higher percentage back (e.g. Invisalign, Snap-On Smile, Fastbraces, MYOBrace and Clear Correct).

5. smile.com.au

We have partnered with smile.com.au to make dental care more affordable and accessible for our members. Members who have extras with dental cover will save 15–40% off* all dental treatments performed by a smile.com.au approved dentist.

These savings are in addition to your existing AIA Health benefits. This means lower out-of-pocket costs for any treatment, as smile.com.au dentists will reduce their normal fees by at least 15%.

With over 2,400 approved dentists in the smile.com.au network, chances are there is one near you.

*Savings may vary between dentists. It is recommended that members obtain a quote prior to treatment.

6. Pharmaceuticals

AIA Health will pay benefits of up to \$40 per item, after the PBS threshold, up to your annual limits for all non-PBS Pharmaceuticals and travel vaccines. Pharmaceutical benefits are only payable on drugs that are a Schedule 4 or Schedule 8 class.

7. Medically prescribed appliances

A doctor's letter of recommendation is required to be lodged with claims for a medically prescribed appliance, including;

- blood glucose monitor
- blood pressure monitors
- nebuliser pump
- sleep apnoea machine
- TENS machine
- pressure garments
- non-surgical prostheses

AIA Health does not pay benefits for the hire of any health appliance or any consumable products associated with these devices. A benefit replacement rule applies to medically prescribed appliances. A member must wait 3 years before they can lodge another claim for the same item.

8. Swimming lessons

AIA Health will pay benefits for approved swimming lessons provided by recognised swimming providers. Swimming lessons must be for the purpose of improving or preventing a specific medical condition e.g. asthma. A doctor's letter of recommendation is required to be lodged with claims.

9. Weight management programs

AIA Health will pay benefits for any consultations at a registered dietitian or participation in recognised weight loss programs, including Jenny Craig, Weight Watchers and Fernwood Food Coaching. A doctor's letter of recommendation is required to be lodged with claims.

10. Preventative health benefits

AIA Health will pay benefits for preventative health checks provided by recognised providers, including:

- mammograms and bowel cancer screening kits (1 each every 2 years)
- prostate cancer and skin cancer checks (1 each per year).

Note: if a member has claimed a health check through Medicare, we will not pay for that claim again.

Important information about your Extras cover

How we communicate with you

As our primary method of communication is email, it is important that your contact details are kept up to date with your current email address to ensure you're able to receive any correspondence.

Recognised providers

Extras can be claimed from any practitioner in a private practice who is appropriately registered with recognised bodies approved by AIA Health, where there is no Medicare benefit payable. Your provider can confirm they are recognised or you can call us on 1800 333 004.

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 from another equivalent policy, you won't need to re-serve waiting periods already served with the previous health insurer.

Benefit Replacement Periods

Benefit replacement period is the time you need to wait after purchasing an item covered by us before you can receive further benefits to replace the item. All medically prescribed appliances and hearing aids have a benefit replacement period of 3 years for purchasing or replacing the same item.

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

Lite 70 Extras (M0)

Effective 16 June 2021.

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

Extras treatments	Amount you can claim		Annual limit per person, per calendar year	Waiting period (months)
	At all other providers	At smile.com.au dentists ⁴		
Preventative and General Dental ¹	60%	75%	\$800	2
No Gap Dental ² (available through smile.com.au)	Not available	100%		
Major Dental ³	60%	75%	\$500	12
Orthodontics	Not covered			
By using the smile.com.au dental network, you can significantly reduce your out-of-pocket dental expenses. Visit aia.com.au/smile to find out how.				
Optical – (prescription lenses, contacts and frames only)	100%		\$200	6
Physiotherapy	70%			
Hydrotherapy	70%			
Myotherapy	70%		\$400	2
Chiropractic	70%			
Osteopathy	70%			
Acupuncture	70%		\$175	2
Remedial massage	70%		\$175	2

Unless stipulated otherwise, consultations must be one-on-one with a registered provider.

Your Extras cover explained

1. Preventative and General Dental

Preventative and General Dental includes a wide range of common dental procedures including check-ups, x-rays, cleaning, fluoride treatments, fillings and simple teeth extractions. There are limits to the number of Preventative Dental treatments that may be claimed in a calendar year.

Preventative Dental service limits include one comprehensive oral examination and two periodic dental examinations, per person, per calendar year.

There are a range of dental procedures that cannot be claimed when provided on the same day e.g. a filling on a tooth that has been removed. Dental benefits for some procedures cannot be paid unless tooth identification is supplied by the provider.

2. No Gap Dental

No Gap Dental benefit is available on eligible preventative dental services to members who have served the two-month waiting period and are using a smile.com.au dentist.

Please note this benefit is included in the combined Preventative and General Dental annual limit.

This benefit is limited to one service per treatment group per year for each person listed on the policy. Eligible No Gap Dental item numbers for each treatment group are:

Oral examinations

- 011 (Comprehensive oral examination)
- 012 (Periodic oral examination)
- 013 (Oral examination limited)

Scale and clean

- 111 (Removal of plaque and/or stain)
- 114 (Removal of calculus – first visit)
- 115 (Removal of calculus – subsequent visit)

Fluoride treatment

- 121 (Topical application of remineralisation and/or cariostatic agents, one treatment)

Mouthguard

- 151 (Provision of a mouthguard)

3. Major Dental

Major Dental includes endodontics, occlusal therapy, crowns, bridges, complete and partial dentures, dental implants, periodontics and oral surgery (includes surgical teeth extractions e.g. wisdom teeth).

4. smile.com.au

We have partnered with smile.com.au to make dental care more affordable and accessible for our members. Members who have extras with dental cover will save 15–40% off* all dental treatments performed by a smile.com.au approved dentist.

These savings are in addition to your existing AIA Health benefits. This means lower out-of-pocket costs for any treatment, as smile.com.au dentists will reduce their normal fees by at least 15%.

With over 2,400 approved dentists in the smile.com.au network, chances are there is one near you.

*Savings may vary between dentists. It is recommended that members obtain a quote prior to treatment.

Important information about your Extras cover

How we communicate with you

As our primary method of communication is email, it is important that your contact details are kept up to date with your current email address to ensure you're able to receive any correspondence.

Recognised providers

Extras can be claimed from any practitioner in a private practice who is appropriately registered with recognised bodies approved by AIA Health, where there is no Medicare benefit payable. Your provider can confirm they are recognised or you can call us on 1800 333 004.

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 from another equivalent policy, you won't need to re-serve waiting periods already served with the previous health insurer.

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

Lite 65 Extras (M0)

Effective 16 June 2021.

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

Extras treatments	Amount you can claim		Annual limit per person, per calendar year	Waiting period (months)
	At all other providers	At smile.com.au dentists ⁴		
Preventative and General Dental ¹	50%	70%	\$700	2
No Gap Dental ² (available through smile.com.au)	Not available	100%		
Major Dental ³	50%	70%	\$400	12
Orthodontics	Not covered			
By using the smile.com.au dental network, you can significantly reduce your out-of-pocket dental expenses. Visit aia.com.au/smile to find out how.				
Optical – (prescription lenses, contacts and frames only)	100%		\$200	6
Physiotherapy	65%			
Hydrotherapy	65%			
Myotherapy	65%		\$350	2
Chiropractic	65%			
Osteopathy	65%			
Acupuncture	65%		\$125	2
Remedial massage	65%		\$125	2

Unless stipulated otherwise, consultations must be one-on-one with a registered provider.

Your Extras cover explained

1. Preventative and General Dental

Preventative and General Dental includes a wide range of common dental procedures including check-ups, x-rays, cleaning, fluoride treatments, fillings and simple teeth extractions. There are limits to the number of Preventative Dental treatments that may be claimed in a calendar year.

Preventative Dental service limits include one comprehensive oral examination and two periodic dental examinations, per person, per calendar year.

There are a range of dental procedures that cannot be claimed when provided on the same day e.g. a filling on a tooth that has been removed. Dental benefits for some procedures cannot be paid unless tooth identification is supplied by the provider.

2. No Gap Dental

No Gap Dental benefit is available on eligible preventative dental services to members who have served the two-month waiting period and are using a smile.com.au dentist.

Please note this benefit is included in the combined Preventative and General Dental annual limit.

This benefit is limited to one service per treatment group per year for each person listed on the policy. Eligible No Gap Dental item numbers for each treatment group are:

Oral examinations

- 011 (Comprehensive oral examination)
- 012 (Periodic oral examination)
- 013 (Oral examination limited)

Scale and clean

- 111 (Removal of plaque and/or stain)
- 114 (Removal of calculus – first visit)
- 115 (Removal of calculus – subsequent visit)

Fluoride treatment

- 121 (Topical application of remineralisation and/or cariostatic agents, one treatment)

Mouthguard

- 151 (Provision of a mouthguard)

3. Major Dental

Major Dental includes endodontics, occlusal therapy, crowns, bridges, complete and partial dentures, dental implants, periodontics and oral surgery (includes surgical teeth extractions e.g. wisdom teeth).

4. smile.com.au

We have partnered with smile.com.au to make dental care more affordable and accessible for our members. Members who have extras with dental cover will save 15–40% off* all dental treatments performed by a smile.com.au approved dentist.

These savings are in addition to your existing AIA Health benefits. This means lower out-of-pocket costs for any treatment, as smile.com.au dentists will reduce their normal fees by at least 15%.

With over 2,400 approved dentists in the smile.com.au network, chances are there is one near you.

*Savings may vary between dentists. It is recommended that members obtain a quote prior to treatment.

Important information about your Extras cover

How we communicate with you

As our primary method of communication is email, it is important that your contact details are kept up to date with your current email address to ensure you're able to receive any correspondence.

Recognised providers

Extras can be claimed from any practitioner in a private practice who is appropriately registered with recognised bodies approved by AIA Health, where there is no Medicare benefit payable. Your provider can confirm they are recognised or you can call us on 1800 333 004.

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 from another equivalent policy, you won't need to re-serve waiting periods already served with the previous health insurer.

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

Lite 60 Extras (M0)

Effective 16 June 2021.

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

Extras treatments	Amount you can claim		Annual limit per person, per calendar year	Waiting period (months)
	At all other providers	At smile.com.au dentists ⁴		
Preventative and General Dental ¹	50%	70%	\$600	2
No Gap Dental ² (available through smile.com.au)	Not available	100%		
Major Dental ³	50%	70%	\$300	12
Orthodontics	Not covered			
By using the smile.com.au dental network, you can significantly reduce your out-of-pocket dental expenses. Visit aia.com.au/smile to find out how.				
Optical – (prescription lenses, contacts and frames only)		100%	\$200	6
Physiotherapy		60%		
Hydrotherapy		60%		
Myotherapy		60%		
Exercise Physiology		60%	\$300	2
Chiropractic		60%		
Osteopathy		60%		

Unless stipulated otherwise, consultations must be one-on-one with a registered provider.

Your Extras cover explained

1. Preventative and General Dental

Preventative and General Dental includes a wide range of common dental procedures including check-ups, x-rays, cleaning, fluoride treatments, fillings and simple teeth extractions. There are limits to the number of Preventative Dental treatments that may be claimed in a calendar year.

Preventative Dental service limits include one comprehensive oral examination and two periodic dental examinations, per person, per calendar year.

There are a range of dental procedures that cannot be claimed when provided on the same day e.g. a filling on a tooth that has been removed. Dental benefits for some procedures cannot be paid unless tooth identification is supplied by the provider.

2. No Gap Dental

No Gap Dental benefit is available on eligible preventative dental services to members who have served the two-month waiting period and are using a smile.com.au dentist.

Please note this benefit is included in the combined Preventative and General Dental annual limit.

This benefit is limited to one service per treatment group per year for each person listed on the policy. Eligible No Gap Dental item numbers for each treatment group are:

Oral examinations

- 011 (Comprehensive oral examination)
- 012 (Periodic oral examination)
- 013 (Oral examination limited)

Scale and clean

- 111 (Removal of plaque and/or stain)
- 114 (Removal of calculus – first visit)
- 115 (Removal of calculus – subsequent visit)

Fluoride treatment

- 121 (Topical application of remineralisation and/or cariostatic agents, one treatment)

Mouthguard

- 151 (Provision of a mouthguard)

3. Major Dental

Major Dental includes endodontics, occlusal therapy, crowns, bridges, complete and partial dentures, dental implants, periodontics and oral surgery (includes surgical teeth extractions e.g. wisdom teeth).

4. smile.com.au

We have partnered with smile.com.au to make dental care more affordable and accessible for our members. Members who have extras with dental cover will save 15–40% off* all dental treatments performed by a smile.com.au approved dentist.

These savings are in addition to your existing AIA Health benefits. This means lower out-of-pocket costs for any treatment, as smile.com.au dentists will reduce their normal fees by at least 15%.

With over 2,400 approved dentists in the smile.com.au network, chances are there is one near you.

*Savings may vary between dentists. It is recommended that members obtain a quote prior to treatment.

Important information about your Extras cover

How we communicate with you

As our primary method of communication is email, it is important that your contact details are kept up to date with your current email address to ensure you're able to receive any correspondence.

Recognised providers

Extras can be claimed from any practitioner in a private practice who is appropriately registered with recognised bodies approved by AIA Health, where there is no Medicare benefit payable. Your provider can confirm they are recognised or you can call us on 1800 333 004.

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 from another equivalent policy, you won't need to re-serve waiting periods already served with the previous health insurer.

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

Everyday 55 Extras (M0)

Effective 16 June 2021.

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

Extras treatments	Amount you can claim		Annual limit per person, per calendar year	Waiting period (months)
	At all other providers	At smile.com.au dentists ⁴		
Preventative and General Dental ¹	50%	70%	\$800	2
No Gap Dental ² (available through smile.com.au)	Not available	100%		
Major Dental ³	50%	70%	\$500	12
Orthodontics	Not covered			
By using the smile.com.au dental network, you can significantly reduce your out-of-pocket dental expenses. Visit aia.com.au/smile to find out how.				
Optical – (prescription lenses, contacts and frames only)	100%		\$250	6
Physiotherapy	55%		\$300	2
Hydrotherapy	55%			
Myotherapy	55%			
Exercise Physiology	55%			
Chiropractic	55%			
Osteopathy	55%		\$200	2
Acupuncture	55%		\$100	2
Remedial massage	55%		\$100	2
Non-PBS Pharmaceuticals ⁵	Up to \$40 per item		\$200	2
Psychology	55%		\$200	2
Occupational therapy	55%		\$200	2
Medically prescribed appliances and non-surgical prostheses (inc hearing aids) ⁶	55%		\$300	12
Swimming lessons ⁷	55%		\$200	2
Weight management programs (including dietetics) ⁸	55%		\$200	2
Preventative health benefits ⁹	100%		\$100	2

Unless stipulated otherwise, consultations must be one-on-one with a registered provider.

Your Extras cover explained

1. Preventative and General Dental

Preventative and General Dental includes a wide range of common dental procedures including check-ups, x-rays, cleaning, fluoride treatments, fillings and simple teeth extractions. There are limits to the number of Preventative Dental treatments that may be claimed in a calendar year.

Preventative Dental service limits include one comprehensive oral examination and two periodic dental examinations, per person, per calendar year.

There are a range of dental procedures that cannot be claimed when provided on the same day e.g. a filling on a tooth that has been removed. Dental benefits for some procedures cannot be paid unless tooth identification is supplied by the provider.

2. No Gap Dental

No Gap Dental benefit is available on eligible preventative dental services to members who have served the two-month waiting period and are using a smile.com.au dentist.

Please note this benefit is included in the combined Preventative and General Dental annual limit.

This benefit is limited to one service per treatment group per year for each person listed on the policy. Eligible No Gap Dental item numbers for each treatment group are:

Oral examinations

- 011 (Comprehensive oral examination)
- 012 (Periodic oral examination)
- 013 (Oral examination limited)

Scale and clean

- 111 (Removal of plaque and/or stain)
- 114 (Removal of calculus – first visit)
- 115 (Removal of calculus – subsequent visit)

Fluoride treatment

- 121 (Topical application of remineralisation and/or cariostatic agents, one treatment)

Mouthguard

- 151 (Provision of a mouthguard)

3. Major Dental

Major Dental includes endodontics, occlusal therapy, crowns, bridges, complete and partial dentures, dental implants, periodontics and oral surgery (includes surgical teeth extractions e.g. wisdom teeth).

4. smile.com.au

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have extras with dental cover will save 15–40% off* all dental treatments performed by a smile.com.au approved dentist.

These savings are in addition to your existing AIA Health benefits. This means lower out-of-pocket costs for any treatment, as smile.com.au dentists will reduce their normal fees by at least 15%.

With over 2,400 approved dentists in the smile.com.au network, chances are there is one near you.

*Savings may vary between dentists. It is recommended that members obtain a quote prior to treatment.

5. Pharmaceuticals

AIA Health will pay benefits of up to \$40 per item, after the PBS threshold, up to your annual limits for all non-PBS Pharmaceuticals and travel vaccines. Pharmaceutical benefits are only payable on drugs that are a Schedule 4 or Schedule 8 class.

6. Medically prescribed appliances

A doctor's letter of recommendation is required to be lodged with claims for a medically prescribed appliance, including;

- blood glucose monitor
- blood pressure monitors
- nebuliser pump
- sleep apnoea machine
- TENS machine
- pressure garments
- non-surgical prostheses

AIA Health does not pay benefits for the hire of any health appliance or any consumable products associated with these devices. A benefit replacement rule applies to medically prescribed appliances. A member must wait 3 years before they can lodge another claim for the same item.

7. Swimming lessons

AIA Health will pay benefits for approved swimming lessons provided by recognised swimming providers. Swimming lessons must be for the purpose of improving or preventing a specific medical condition e.g. asthma. A doctor's letter of recommendation is required to be lodged with claims.

8. Weight management programs

AIA Health will pay benefits for any consultations at a registered dietitian or participation in recognised weight loss programs, including Jenny Craig, Weight Watchers and Fernwood Food Coaching. A doctor's letter of recommendation is required to be lodged with claims.

9. Preventative health benefits

AIA Health will pay benefits for preventative health checks provided by recognised providers, including:

- mammograms and bowel cancer screening kits (1 each every 2 years)
- prostate cancer and skin cancer checks (1 each per year).

Note: if a member has claimed a health check through Medicare, we will not pay for that claim again.

Important information about your Extras cover

How we communicate with you

As our primary method of communication is email, it is important that your contact details are kept up to date with your current email address to ensure you're able to receive any correspondence.

Recognised providers

Extras can be claimed from any practitioner in a private practice who is appropriately registered with recognised bodies approved by AIA Health, where there is no Medicare benefit payable. Your provider can confirm they are recognised or you can call us on 1800 333 004.

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 from another equivalent policy, you won't need to re-serve waiting periods already served with the previous health insurer.

Benefit Replacement Periods

Benefit replacement period is the time you need to wait after purchasing an item covered by us before you can receive further benefits to replace the item. All medically prescribed appliances and hearing aids have a benefit replacement period of 3 years for purchasing or replacing the same item.

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