AIA Cancer Care Change Summary

Effective 1 November 2026 for New Business and 19 December 2026 for Existing Business

AIA regularly reviews its products to ensure they continue to balance customer needs with ongoing product and pricing sustainability. As a result of these reviews, we are making some changes to the AIA Cancer Care policy. The key changes are summarised below. Please read this along with the updated policy wording.

Key

	Benefit unavailable / Not applicable with specified product	C	Clarification	UC	Updated Criteria

Change Summary

This summary is a guide only and is subject to the terms and conditions of the policy wording.		AIA Cancer Care
Changes to Benefits		**Cancer Care**
Minor Surgery Benefit	**UPDATED CRITERIA** A sub-limit of $750 per procedure applies for skin lesion services. The overall limit for the benefit remains at $3,000 per life assured per policy year.	UC
Voluntary Treatment Overseas	**CLARIFICATION** Clarified that for treatment outside Australia, each initial and ongoing service covered must be recommended by a New Zealand specialist and approved by AIA.	C
Changes to Exclusions		
Cosmetic exclusion	**CLARIFICATION** The exclusion has been renamed **Services not required for physical health** and the wording has been updated to more clearly reflect its intent. The exclusion is intended to ensure the policy only covers services that are primarily required to improve, restore, or prevent deterioration in physical health or physical function.	C
Dental/Oral surgery exclusion	**CLARIFICATION** Clarified that dental care of any kind is excluded except where covered by the Surgery Benefit or Dental Evaluation and Treatment Prior to Qualifying Treatments Benefit. Some of the procedures that would be excluded are listed for clarity.	C
Preventative treatment & routine screening exclusion	**CLARIFICATION** Clarified that preventative treatment, screening, monitoring, routine health checks, and specified investigations are not covered when undertaken in the absence of current symptoms or signs, or current abnormal clinical findings, unless cover is specifically provided elsewhere in the policy.	C
Other Changes		
D. How to Make a Claim	**CLARIFICATION** Applying for prior approval section updated to clarify that direct payment to the health service provider will only occur after the approved procedure has taken place.	C