

ASB Private Health Changes

Effective 1 November 2026 for new policies, and 19 December 2026 for existing policies.

What's changing?

AIA regularly reviews their health insurance products to ensure they continue to provide valuable cover while remaining sustainable and relevant over the long term.

AIA is making a small number of targeted changes to ASB Private Health and ASB Cancer Care policy wordings. The changes apply to new policies from 1 November 2026 and existing policies from 19 December 2026. While some benefits and exclusions are being updated to provide greater clarity around what is and isn't covered, most of your cover remains unchanged.

The changes that apply to each product are outlined below.

ASB Private Health

Changes to Benefits:

Surgery Benefit

- A two-year stand-down period will apply before you can claim for surgery to remove impacted wisdom teeth or unerupted teeth.
- The existing criteria AIA used to assess claims for blepharoplasty, ptosis and cataract surgery are being added to the policy wording, making it clearer how these claims are assessed.

Minor Surgery Benefit

- A limit of $750 per procedure will apply to skin lesion services. The overall Minor Surgery Benefit limit remains $3,000 per life assured per policy year.

Major Diagnostic Imaging and Tests Benefit

- The policy wording is being updated to clarify that diagnostic imaging and tests are covered when they are needed to investigate current signs or symptoms, or current abnormal findings identified by a healthcare professional.

Voluntary Treatment Overseas

- Cover for accidental injuries overseas will no longer apply if the injury would have been covered by ACC had it occurred in New Zealand.
- The policy wording is being updated to clarify that, for overseas treatment outside Australia, each initial and ongoing service must be recommended by a New Zealand specialist and approved by AIA before it takes place, to be covered.

Changes to exclusions:

Cosmetic exclusion

- The Cosmetic exclusion is being renamed **Services not required for physical health.**
- The policy wording is being updated to make it clearer that the policy covers services that are primarily needed to improve or restore your physical health or physical function, or prevent it from getting worse.

Dental and oral surgery exclusion

- The policy wording is being updated to make it clearer that dental care is not covered, unless it's specifically covered under the Surgery Benefit or Dental Evaluation and Treatment Prior to Qualifying Treatments Benefit.

Preventative treatment and routine screening exclusion

- The policy wording is being updated to clarify that preventative treatment, screening, monitoring and routine health checks aren't covered if you don't have current signs or symptoms, or current abnormal findings identified by a healthcare professional, unless they're specifically covered elsewhere in your policy.

Refractive visual errors

- Tests and consultations related to correcting refractive visual errors or astigmatism through surgery, surgically implanted intraocular lenses, or laser treatment will not be covered.

Snoring exclusion

- The existing Snoring exclusion is being renamed **Sleep Disorders**.
- Consultations, investigations, diagnostic tests and non-surgical treatment for sleep disturbances, including insomnia, snoring, and obstructive sleep apnoea, will not be covered except where reasonably required to determine eligibility under the Bariatric Surgery Benefit.

Other changes:

Making a claim

- The policy wording is being updated to clarify that if AIA has agreed to pay your health service provider directly for an approved claim, payment will be made after the approved procedure has taken place.

Medically necessary

- The definition of medically necessary is being clarified to confirm that it applies to services and supplies required for the diagnosis, care, or treatment of a physical disease or illness.

ASB Private Health Plus

Along with the above changes to exclusions and other changes, the following benefit updates apply:

Diagnostic Imaging and Tests Benefit

- The policy wording is being updated to clarify that diagnostic imaging and tests are covered when they are needed to investigate current symptoms, signs, or abnormal findings identified by a healthcare professional.
- The policy wording is also being updated to clarify that Incisional Biopsies are covered by this benefit, but full excisions aren't.
- Sleep Studies will not be covered under the Diagnostic Imaging and Tests Benefit.

FAQs

Claims

How will claims be assessed for existing customers?

Any claim with a claim event date on or after 19 December 2026 will only be assessed on the new policy wording.

Any claim with a claim event date prior to 19 December 2026 will be assessed based on the customer's original policy wording and the version in effect at the time of the claim event date.

What happens with prior approvals?

Any claim that received prior approval before the new policy wording takes effect for existing customers will be honoured for 6 months from the date the prior approval was issued.

Any prior approval request that has been submitted to AIA prior to 19 December 2026 but which has not yet been approved, will be assessed on the policy wording that applied at the time of submission, provided all information to assess prior approval has been provided.

If a claim has previously been paid under an earlier version of the policy wording (the version that applied at the time), but is no longer covered since the wording changed, will any follow-up be covered?

No. For any claim with a claim event date on or after 19 December 2026, the assessment will be based on the new policy wording only – even if an earlier, related claim was paid under the previous policy wording (unless prior approval was issued before 19 December 2026). AIA recommend getting prior approval before incurring any costs.

If I recently completed an internal replacement to a product affected by these changes, can I reinstate the previous cover instead?

If the replacement policy has been issued within 3 months prior to the new policy wording taking effect on 1 November 2026, you can reinstate your former policy with a signed request. **No underwriting will be required.** The request to reinstate must be made within 90 days of the replacement.

Communications

Will existing customers be notified about these policy wording changes?

Yes, as per the policy wording, AIA will be providing customers 30 days' notice before the changes become effective on 19 December 2026.

The above summary is a guide only and is subject to the terms and conditions of the policy wording.

The availability of insurance cover is subject to your application being approved. All applications are subject to individual consideration. Special conditions, exclusions or premium loadings may apply. An excess may apply for health insurance policies. For full details, refer to the Policy Document which is available on request from ASB Bank Limited. ASB Life, health and disability insurance is underwritten and administered by AIA New Zealand Limited and distributed through ASB Bank Limited.