

# Private Health Insurance Standard Information Statement - General Treatment Policy

This Statement provides basic information for the purposes of comparison only. **For full explanation of this general treatment policy please contact the health insurer on 1300 499 260 or visit <http://www.cuahealth.com.au>.**

HEALTH INSURER: **CUA Health Limited**

WHO IS COVERED: **Two adults & dependant(s)**

PRODUCT NAME: **Gold Extras**

MONTHLY PREMIUM: **\$129.39** (no rebate)

AVAILABLE FOR: **Residents of Victoria**

WITH 30% REBATE: **\$90.54**

MEDICARE LEVY SURCHARGE: **NOT Exempt**

Australian Government Rebates also range from 0% to 40% and depend on age and income levels. The most common rebate of 30% is shown above. Check with your insurer for more details.

**PREFERRED SERVICE PROVIDER ARRANGEMENTS:** This health insurer does not operate a preferred provider scheme.

| SERVICES  | COVER | WAITING PERIOD<br>(MONTHS) | BENEFIT LIMITS<br>(PER 12 MONTHS)   | EXAMPLES OF MAXIMUM BENEFITS   |
|---|-------|----------------------------|---|--|
| <b>DENTAL</b><br>• General dental                             | ✓     | 2                          | No annual limit<br>(no limit on preventative dental)  | Periodic oral examination - \$35.00<br>Scale & clean - \$70.00<br>Fluoride treatment - \$22.00<br>Surgical tooth extraction - \$176.00 |
| • Major dental  | ✓     | 12                         | \$2,000 per person<br>(combined limit for major dental & orthodontic -<br><b>Sub-limits apply</b> )   | Full crown veneered - \$974.00   |
| • Endodontic  | ✓     | 12                         | \$500 per person  | Filling of one root canal - \$184.00   |
| • Orthodontic   | ✓     | 12                         | Combined limit - see Major dental   | Braces for upper & lower teeth, including<br>removal plus fitting of retainer - 100% of charge   |
| <b>OPTICAL</b> (eg prescribed<br>spectacles / contact lenses) | ✓     | 6                          | \$250 per person  | Single vision lenses & frames - 100% of<br>charge<br>Multi-focal lenses & frames - 100% of charge                                      |
| <b>NON PBS PHARMACEUTICALS</b>                                | ✓     | 2                          | \$600 per person  | Per eligible prescription - \$50.00  |
| <b>PHYSIOTHERAPY</b>  | ✓     | 2                          | \$600 per person  | Initial visit - \$50.00<br>Subsequent visit - \$33.00  |
| <b>CHIROPRACTIC</b>   | ✓     | 2                          | \$400 per person up to \$800 per policy<br>(combined limit for chiropractic, acupuncture,<br>naturopathy, remedial massage & other<br>services) | Initial visit - \$45.00<br>Subsequent visit - \$27.00  |
| <b>PODIATRY</b>   | ✓     | 2                          | \$500 per person<br>(combined limit for podiatry, psychology & other<br>services)   | Initial visit - \$36.00<br>Subsequent visit - \$29.00  |
| <b>PSYCHOLOGY</b>   | ✓     | 2                          |   | Initial visit - \$85.00<br>Subsequent visit - \$62.00  |
| <b>ACUPUNCTURE</b>  | ✓     | 2                          | Combined limit - see Chiropractic   | Initial visit - \$45.00<br>Subsequent visit - \$27.00  |
| <b>NATUROPATHY</b>  | ✓     | 2                          |   | Initial visit - \$45.00<br>Subsequent visit - \$27.00  |
| <b>REMEDIAL MASSAGE</b>                                       | ✓     | 2                          |   | Initial visit - \$27.00<br>Subsequent visit - \$27.00  |
| <b>HEARING AIDS</b>   | ✓     | 12                         | \$800 per service<br>2 appliance(s) every 3 years   | Per hearing aid - \$800.00   |
| <b>BLOOD GLUCOSE MONITORS</b>                                 | ✓     | 12                         | \$600 per person<br>1 appliance(s) every 3 years<br>(combined limit for blood glucose monitors &<br>other services)                             | Per monitor - 80% of charge  |
| <b>AMBULANCE</b>  | ✓     | 0 day                      | No annual limit   | Comprehensive cover (see insurer for details)  |

**OTHER FEATURES:** Benefit Limits (per 12 months) for orthodontic and hearing aid services increase each year over a continuous ten year period of eligible cover. Benefit Limit (per 12 months) for optical services increase each year over a continuous five year period of eligible cover.