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
PRODUCT NAME: Silver Extras MONTHLY PREMIUM: \$82.51 (no rebate)

AVAILABLE FOR: Residents of **Queensland**WITH 30% REBATE: \$57.76

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 (Months) | BENEFIT LIMITS (PER 12 MONTHS) | EXAMPLES OF MAXIMUM BENEFITS |
|---|----------|----------------------------|--|--|
| DENTAL • General dental | ~ | 2 | \$1,000 per person (combined limit for general dental, major dental & endodontic) | Periodic oral examination - \$26.00 Scale & clean - \$52.00 Fluoride treatment - \$18.00 Surgical tooth extraction - \$124.00 |
| Major dental | ~ | 12 | | Full crown veneered - \$760.00 |
| Endodontic | ✓ | 12 | | Filling of one root canal - \$140.00 |
| Orthodontic | ✓ | 12 | \$400 per person \$1,500 lifetime limit | Braces for upper & lower teeth, including removal plus fitting of retainer - 100% of charge |
| OPTICAL (eg prescribed spectacles / contact lenses) | ~ | 6 | \$200 per person | Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge |
| NON PBS PHARMACEUTICALS | ✓ | 2 | \$300 per person | Per eligible prescription - \$25.00 |
| PHYSIOTHERAPY | ~ | 2 | \$440 per person | Initial visit - \$34.00 Subsequent visit - \$29.00 |
| CHIROPRACTIC | ~ | 2 | \$250 per person up to \$500 per policy (combined limit for chiropractic, acupuncture, naturopathy, remedial massage & other services) | Initial visit - \$33.00 Subsequent visit - \$23.00 |
| PODIATRY | ✓ | 2 | \$250 per person (combined limit for podiatry, psychology & other services) | Initial visit - \$31.00 Subsequent visit - \$25.00 |
| PSYCHOLOGY | ✓ | 2 | | Initial visit - \$67.00 Subsequent visit - \$53.00 |
| ACUPUNCTURE | ~ | 2 | Combined limit - see Chiropractic | Initial visit - \$33.00 Subsequent visit - \$23.00 |
| NATUROPATHY | ~ | 2 | | Initial visit - \$33.00 Subsequent visit - \$23.00 |
| REMEDIAL MASSAGE | ✓ | 2 | | Initial visit - \$23.00 Subsequent visit - \$23.00 |
| HEARING AIDS | ✓ | 12 | \$500 per service 2 appliance(s) every 3 years | Per hearing aid - \$500.00 |
| BLOOD GLUCOSE MONITORS | ✓ | 12 | \$400 per person 1 appliance(s) every 3 years | Per monitor - 60% of charge |
| AMBULANCE | n/a | | | Covered by State government |

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