Private Health Insurance Standard Information Statement - Combined Policy

This Statement provides basic information for the purposes of comparison only. For full explanation of this combined hospital and 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: PRIVATE HOSPITAL 65% + EXTRAS MONTHLY PREMIUM: \$282.54 (no rebate)

AVAILABLE FOR: Residents of **South Australia**WITH 30% REBATE: \$197.74
MEDICARE LEVY SURCHARGE: **Exempt**

Your actual premium may include a Lifetime Health Cover loading or insurer discounts. 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.

Hospital Component

The following applies to the hospital component for the PRIVATE HOSPITAL 65% + EXTRAS policy from CUA Health Limited.

| component for the FRIVATE HOST TIAL 6376 + EXTITAG policy from COA Treatm Elimited. |
|---|
| ✓ 65% of charge for hospital treatment, including accommodation as a private patient in a private or public hospital ✓ Doctors' bills in hospital (see below) ✓ Comprehensive cover for ambulance (see insurer for details) - 0 day waiting period applies |
| ➤ Hospital treatment for which Medicare pays no benefit eg most cosmetic surgery |
| No restrictions or benefit limitation periods |
| 2 months for palliative care, rehabilitation and psychiatric treatment 12 months for treatments relating to other pre-existing ailments 12 months for obstetric treatments 2 months for all other treatments |
| EXTRA COST PER DAY (CO-PAYMENTS): No co-payments DOCTORS' AND HOSPITAL BILLS: Almost 10 out of 10 medical services paid for by this health insurer in South Australia have no out-of-pocket expenses. This insurer also has arrangements that may mean lower out-of-pocket expenses on doctors' bills. You may also have to pay other costs depending upon the doctor(s) chosen the treatment you are having the hospital you go to Before you go to hospital, you should ask your doctor, hospital and health insurer about any out-of-pocket costs that may apply to you. |
| 100% of charge for hospital treatment as a private patient in a public hospital. Out-of-pocket costs for private hospital or day surgery accommodation, operating theatre and labour ward charges are capped at a maximum of \$1,000 per person per hospital admission |
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General Treatment Component

The following applies to the general treatment component for the PRIVATE HOSPITAL 65% + EXTRAS policy from CUA Health Limited.

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 | ✓ | 0 day | | Comprehensive cover (see insurer for details) |

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.