Private Health Insurance Standard Information Statement - Hospital Policy

This Statement provides basic information for the purposes of comparison only. For full explanation of this hospital 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: One adult & dependant(s)

PRODUCT NAME: Public Hospital 100% MONTHLY PREMIUM: \$140.92 (no rebate)

AVAILABLE FOR: Residents of Victoria WITH 30% REBATE: \$98.62

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.

in Victoria have no out-of-pocket expenses. This insurer also has arrangements that may mean to 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. What other features does Considerable out-of-pockets are payable if you are treated in a private hospital - we pay up to 50%	<u> </u>	•
COVERED AT ALL? (Exclusions) WHAT SERVICES ARE ONLY COVERED TO A LIMITED EXTENT? (Restrictions, Benefit Limitation Periods) HOW LONG ARE THE WAITING PERIODS FOR NEW AND UPGRADING MEMBERS? 12 months for palliative care, rehabilitation and psychiatric treatment 12 months for besteric treatments 12 months for obstetric treatments 12 months for all other treatments 12 months for all other treatments 13 months for all other treatments 14 months for all other treatments WILL I HAVE TO PAY ANYTHING (Excesses; Co-payments, Medical/Hospital gaps) WHAT OTHER FEATURES DOES THIS POLICY HAVE? No restrictions or benefit limitation periods • Vor estrictions or benefit limitation periods • 2 months for palliative care, rehabilitation and psychiatric treatment • 12 months for palliative care, rehabilitation and psychiatric treatment • 12 months for palliative care, rehabilitation and psychiatric treatment • 12 months for obsetric treatments • 12 months for obsetric treatments • 2 months for obsetric treatments • 12 m		
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PERIODS FOR NEW AND UPGRADING MEMBERS? 12 months for treatments relating to other pre-existing ailments 12 months for obstetric treatments 12 months for all other treatments WILL I HAVE TO PAY ANYTHING IF I GO TO HOSPITAL? (Excesses, Co-payments, Medical/Hospital gaps) EXTRA COST PER DAY (CO-PAYMENTS): No co-payments DOCTORS' AND HOSPITAL BILLS: More than 9 out of 10 medical services paid for by this health inst in Victoria have no out-of-pocket expenses. This insurer also has arrangements that may mean lout-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. WHAT OTHER FEATURES DOES THIS POLICY HAVE? Considerable out-of-pockets are payable if you are treated in a private hospital - we pay up to 50% the cost of standard single or shared accommodation, no benefits are payable for operating theat	COVERED TO A LIMITED EXTENT? (Restrictions, Benefit Limitation	No restrictions or benefit limitation periods
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		Considerable out-of-pockets are payable if you are treated in a private hospital - we pay up to 50% of the cost of standard single or shared accommodation, no benefits are payable for operating theatre, labour ward and intensive care charges.