

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: **Silver Extras**

MONTHLY PREMIUM: **\$76.35** (no rebate)

AVAILABLE FOR: **Residents of Western Australia**

WITH 30% REBATE: **\$53.40**

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 | ✓ | 0 day | No annual limit | 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.