

# 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: **One adult**

PRODUCT NAME: **Silver Extras**

MONTHLY PREMIUM: **\$41.25** (no rebate)

AVAILABLE FOR: **Residents of Northern Territory**

WITH 30% REBATE: **\$28.85**

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
<b>DENTAL</b>	✓	2	\$1,000 per person (combined limit for general dental, major dental & endodontic)	Periodic oral examination - \$26.00
• General dental	✓	2		Scale & clean - \$52.00
• Major dental	✓	12		Fluoride treatment - \$18.00
• Endodontic	✓	12		Surgical tooth extraction - \$124.00
• Orthodontic	✓	12	\$400 per person \$1,500 lifetime limit	Full crown veneered - \$760.00
				Filling of one root canal - \$140.00
<b>OPTICAL</b> (eg prescribed spectacles / contact lenses)	✓	6	\$200 per person	Braces for upper & lower teeth, including removal plus fitting of retainer - 100% of charge
				Single vision lenses & frames - 100% of charge
				Multi-focal lenses & frames - 100% of charge
<b>NON PBS PHARMACEUTICALS</b>	✓	2	\$300 per person	Per eligible prescription - \$25.00
<b>PHYSIOTHERAPY</b>	✓	2	\$440 per person	Initial visit - \$34.00
				Subsequent visit - \$29.00
<b>CHIROPRACTIC</b>	✓	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
<b>PODIATRY</b>	✓	2	\$250 per person (combined limit for podiatry, psychology & other services)	Initial visit - \$31.00
				Subsequent visit - \$25.00
<b>PSYCHOLOGY</b>	✓	2		Initial visit - \$67.00
				Subsequent visit - \$53.00
<b>ACUPUNCTURE</b>	✓	2	Combined limit - see Chiropractic	Initial visit - \$33.00
				Subsequent visit - \$23.00
<b>NATUROPATHY</b>	✓	2		Initial visit - \$33.00
				Subsequent visit - \$23.00
<b>REMEDIAL MASSAGE</b>	✓	2		Initial visit - \$23.00
				Subsequent visit - \$23.00
<b>HEARING AIDS</b>	✓	12	\$500 per service 2 appliance(s) every 3 years	Per hearing aid - \$500.00
<b>BLOOD GLUCOSE MONITORS</b>	✓	12	\$400 per person 1 appliance(s) every 3 years	Per monitor - 60% 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, optical and hearing aid services increase each year over a continuous three year period of eligible cover.