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THANKS FOR COMPARING HEALTH INSURANCE

It's a good idea to read through the following pages to learn more about this policy. If you have any questions or need more information, chat with one of our health insurance specialists by calling **1800 46 29 55**.

On the other hand, if you're ready to buy, here's what you need to do:

1. Review the enclosed policy brochure to ensure it meets your health insurance needs
2. Buy direct at **comparethemarket.com.au**; or
3. Call **1800 46 29 55** to speak to one of our Health Insurance Specialists

Thank you for not
getting muddle with
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It is much appreciate!



Need assistance?
Call **1800 46 29 55**

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 & dependant(s)**

PRODUCT NAME: **PRIVATE HOSPITAL 65% + TOP EXTRAS**

MONTHLY PREMIUM: **\$320.76** (no rebate)

AVAILABLE FOR: **Residents of NSW & ACT**

WITH 30% REBATE: **\$224.51**

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% + TOP EXTRAS** policy from **CUA Health Limited**.

WHAT'S COVERED IF I HAVE TO GO TO HOSPITAL?	<ul style="list-style-type: none"> ✓ 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
WHAT SERVICES ARE NOT COVERED AT ALL? (Exclusions)	✗ Hospital treatment for which Medicare pays no benefit eg most cosmetic surgery
WHAT SERVICES ARE ONLY COVERED TO A LIMITED EXTENT? (Restrictions, Benefit Limitation Periods)	<i>No restrictions or benefit limitation periods</i>
HOW LONG ARE THE WAITING PERIODS FOR NEW AND UPGRADING MEMBERS?	<ul style="list-style-type: none"> • 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
WILL I HAVE TO PAY ANYTHING IF I GO TO HOSPITAL? (Excesses, Co-payments, Medical/Hospital gaps)	<p>EXCESS: No excess</p> <p>EXTRA COST PER DAY (CO-PAYMENTS): No co-payments</p> <p>DOCTORS' AND HOSPITAL BILLS: 9 out of 10 medical services paid for by this health insurer in NSW & ACT 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:</p> <ul style="list-style-type: none"> • the doctor(s) chosen • the treatment you are having • the hospital you go to <p>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.</p>
WHAT OTHER FEATURES DOES THIS POLICY HAVE?	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

General Treatment Component

The following applies to the general treatment component for the **PRIVATE HOSPITAL 65% + TOP 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	No annual limit (no limit on preventative dental)	Periodic oral examination - \$35.00 Scale & clean - \$70.00 Fluoride treatment - \$22.00 Surgical tooth extraction - \$176.00
• Major dental	✓	12	\$2,000 per person (combined limit for major dental & orthodontic - Sub-limits apply)	Full crown veneered - \$974.00
• Endodontic	✓	12	\$500 per person	Filling of one root canal - \$184.00
• Orthodontic	✓	12	Combined limit - see Major dental	Braces for upper & lower teeth, including removal plus fitting of retainer - 100% of charge
OPTICAL (eg prescribed spectacles / contact lenses)	✓	6	\$250 per person	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
NON PBS PHARMACEUTICALS	✓	2	\$600 per person	Per eligible prescription - \$50.00
PHYSIOTHERAPY	✓	2	\$600 per person	Initial visit - \$50.00 Subsequent visit - \$33.00
CHIROPRACTIC	✓	2	\$400 per person up to \$800 per policy (combined limit for chiropractic, acupuncture, naturopathy, remedial massage & other services)	Initial visit - \$45.00 Subsequent visit - \$27.00
PODIATRY	✓	2	\$500 per person (combined limit for podiatry, psychology & other services)	Initial visit - \$36.00 Subsequent visit - \$29.00
PSYCHOLOGY	✓	2		Initial visit - \$85.00 Subsequent visit - \$62.00
ACUPUNCTURE	✓	2	Combined limit - see Chiropractic	Initial visit - \$45.00 Subsequent visit - \$27.00
NATUROPATHY	✓	2		Initial visit - \$45.00 Subsequent visit - \$27.00
REMEDIAL MASSAGE	✓	2		Initial visit - \$27.00 Subsequent visit - \$27.00
HEARING AIDS	✓	12	\$800 per service 2 appliance(s) every 3 years	Per hearing aid - \$800.00
BLOOD GLUCOSE MONITORS	✓	12	\$600 per person 1 appliance(s) every 3 years (combined limit for blood glucose monitors & other services)	Per monitor - 80% of charge
AMBULANCE	✓	0 day		Comprehensive cover (see insurer for details)
OTHER FEATURES: Benefit Limits (per 12 months) for orthodontic and hearing aid services increase each year over a continuous ten year period of eligible cover. Benefit Limit (per 12 months) for optical services increase each year over a continuous five year period of eligible cover.				



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