

# 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**

PRODUCT NAME: **Private Hospital 65%**

MONTHLY PREMIUM: **\$90.00** (no rebate)

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

WITH 30% REBATE: **\$63.00**

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.

<b>WHAT'S COVERED IF I HAVE TO GO TO HOSPITAL?</b>	<ul style="list-style-type: none"> <li>✓ 65% of charge for hospital treatment, including accommodation as a private patient in a private or public hospital</li> <li>✓ Doctors' bills in hospital (see below)</li> </ul>
<b>WHAT SERVICES ARE NOT COVERED AT ALL?</b> (Exclusions)	✗ Hospital treatment for which Medicare pays no benefit eg most cosmetic surgery
<b>WHAT SERVICES ARE ONLY COVERED TO A LIMITED EXTENT?</b> (Restrictions, Benefit Limitation Periods)	<i>No restrictions or benefit limitation periods</i>
<b>HOW LONG ARE THE WAITING PERIODS FOR NEW AND UPGRADING MEMBERS?</b>	<ul style="list-style-type: none"> <li>• 2 months for palliative care, rehabilitation and psychiatric treatment</li> <li>• 12 months for treatments relating to other pre-existing ailments</li> <li>• 12 months for obstetric treatments</li> <li>• 2 months for all other treatments</li> </ul>
<b>WILL I HAVE TO PAY ANYTHING IF I GO TO HOSPITAL?</b> (Excesses, Co-payments, Medical/Hospital gaps)	<p><b>EXCESS:</b> No excess</p> <p><b>EXTRA COST PER DAY (CO-PAYMENTS):</b> No co-payments</p> <p><b>DOCTORS' AND HOSPITAL BILLS:</b> 9 out of 10 medical services paid for by this health insurer in NSW &amp; 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"> <li>• the doctor(s) chosen</li> <li>• the treatment you are having</li> <li>• the hospital you go to</li> </ul> <p><b>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.</b></p>
<b>WHAT OTHER FEATURES DOES THIS POLICY HAVE?</b>	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