

## 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 **compare**the**market**.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 comparethemeerkat.com.au

It is much appreciate!



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

## 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 <a href="http://www.cuahealth.com.au">http://www.cuahealth.com.au</a>.

**CUA Health Limited** One adult & dependant(s) HEALTH INSURER: WHO IS COVERED: PRODUCT NAME: **Private Hospital 90%** \$282.83 (before any rebate or loading) MONTHLY PREMIUM: # MEDICARE LEVY SURCHARGE: **Exempt** Residents of Tasmania

**AVAILABLE FOR:** 

<sup>#</sup> You may be entitled to an Australian Government rebate on this premium. Your premium may include a Lifetime Health Cover loading and/or an insurer discount depending on your individual circumstances. Check with your insurer for more details.

Dublic hospital  Doctors' bills in hospital (see below) (Ambulance is covered by State government)  WHAT SERVICES ARE NOT 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?  WILL I HAVE TO PAY ANYTHING IF I GO TO HOSPITAL? (Excesses, Co-payments, Medical/Hospital gaps)  Wedical/Hospital gaps)  WHAT OTHER FEATURES DOES THIS POLICY HAVE?  This POLICY HAVE?  Doctors' bills in hospital (see below) (Ambulance is covered by State government)  ★ Hospital (see below) (Ambulance is covered by State government)  ★ Hospital (see below) (Ambulance is covered by State government)  ★ Hospital (see below) (Ambulance is covered by State government)  ★ Hospital (see below) (Ambulance is covered by State government)  ★ Hospital (see below) (Ambulance is covered by State government)  ★ Hospital (see below) (Ambulance is covered by State government)  ★ Hospital (reatment for which Medicare pays no benefit eg most cosmetic surgery  No restrictions or benefit limitation periods  ■ Covered to Alimite  ■ 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 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 obstetric treatments  ■ 12 months for betefite treatments  ■ 12 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 palliative care, rehabilitation and psychiatric treatment  ■ 12 months for palliative care, rehabilitation and psychiatric treatment  ■ 12 months f		
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?  • 2 months for palliative care, rehabilitation and psychiatric treatment • 12 months for obstetric treatments other pre-existing ailments • 12 months for all other treatments • 2 months for all other treatments  WILL I HAVE TO PAY ANYTHING IF I GO TO HOSPITAL? (Excesses, Co-payments, Medical/Hospital gaps)  EXCESS: No excess 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 insuring in Tasmania 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 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?		✓ Doctors' bills in hospital (see below)
COVERED TO A LIMITED EXTENT? (Restrictions, Benefit Limitation Periods)  HOW LONG ARE THE WAITING PERIODS FOR NEW AND UPGRADING MEMBERS?  • 2 months for palliative care, rehabilitation and psychiatric treatment • 12 months for obstetric treatments • 12 months for all other pre-existing ailments • 12 months for all other treatments • 2 months for all other treatments  WILL I HAVE TO PAY ANYTHING IF I GO TO HOSPITAL? (Excesses, Co-payments, Medical/Hospital gaps)  Medical/Hospital gaps)  EXCESS: No excess 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 insuring in Tasmania 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 upone 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?  100% of cover 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	COVERED AT ALL?	➤ Hospital treatment for which Medicare pays no benefit eg most cosmetic surgery
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)  Medical/Hospital gaps)  EXCESS: No excess 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 insuring in Tasmania 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 upone 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?  12 months for treatments relating to other pre-existing ailments  • 12 months for obstetric treatments • 10 months for obstetric treatments  EXCESS: No excess  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 insure also has arrangements that may mean lower 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 up • 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.	COVERED TO A LIMITED  EXTENT? (Restrictions, Benefit Limitation	No restrictions or benefit limitation periods
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THIS POLICY HAVE? private hospital or day surgery accommodation, operating theatre and labour ward charges are	ANYTHING IF I GO TO HOSPITAL? (Excesses, Co-payments,	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 insurer in Tasmania 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:  • 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
capped at a max of \$500 per person per calendar year, this is not payable by dependant children		



## Why **compare**the**market**.com.au?

It's simple; we're here to help you save time and money off your next household bill. One quick search with **compare**the**market**.com.au can bring you results from some of Australia's award winning insurance and utility brands, so you can compare them side-by-side. We don't mark up policies, so if you do choose to purchase a product or service, you'll only be charged the provider's premium or fee.

So whether you're looking for car insurance, home and contents insurance or perhaps a better deal on your energy bill, compare with us. Visit our website for more information.

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