

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: **One adult**

PRODUCT NAME: **PRIVATE HOSPITAL 90% + TOP EXTRAS**

MONTHLY PREMIUM: **\$206.65** (no rebate)

AVAILABLE FOR: Residents of **Western Australia**

WITH 30% REBATE: **\$144.65**

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 90% + TOP EXTRAS** policy from **CUA Health Limited**.

WHAT'S COVERED IF I HAVE TO GO TO HOSPITAL?	<ul style="list-style-type: none"> ✓ 90% 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: Almost 8 out of 10 medical services paid for by this health insurer in Western Australia 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 \$500 per person for each calendar year.

General Treatment Component

The following applies to the general treatment component for the **PRIVATE HOSPITAL 90% + 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.				