

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: **Two adults**

PRODUCT NAME: **Gold Extras**

MONTHLY PREMIUM: **\$152.19** (no rebate)

AVAILABLE FOR: Residents of **Northern Territory**

WITH 30% REBATE: **\$106.49**

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
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
• General dental				
• 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	No annual limit	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.