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: One adult & dependant(s)

PRODUCT NAME: Gold Extras MONTHLY PREMIUM: \$129.39 (no rebate)

AVAILABLE FOR: Residents of **Victoria**WITH 30% REBATE: \$90.54

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 ■ 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 | 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.