

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**
 PRODUCT NAME: **Silver Extras**
 AVAILABLE FOR: Residents of **Tasmania**

WHO IS COVERED: **One adult & dependant(s)**
 MONTHLY PREMIUM: **\$82.51** (no rebate)
 WITH 30% REBATE: **\$57.76**
 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	\$1,000 per person (combined limit for general dental, major dental & endodontic)	Periodic oral examination - \$26.00 Scale & clean - \$52.00 Fluoride treatment - \$18.00 Surgical tooth extraction - \$124.00
• Major dental	✓	12		Full crown veneered - \$760.00
• Endodontic	✓	12		Filling of one root canal - \$140.00
• Orthodontic	✓	12	\$400 per person \$1,500 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - 100% of charge
OPTICAL (eg prescribed spectacles / contact lenses)	✓	6	\$200 per person	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
NON PBS PHARMACEUTICALS	✓	2	\$300 per person	Per eligible prescription - \$25.00
PHYSIOTHERAPY	✓	2	\$440 per person	Initial visit - \$34.00 Subsequent visit - \$29.00
CHIROPRACTIC	✓	2	\$250 per person up to \$500 per policy (combined limit for chiropractic, acupuncture, naturopathy, remedial massage & other services)	Initial visit - \$33.00 Subsequent visit - \$23.00
PODIATRY	✓	2	\$250 per person (combined limit for podiatry, psychology & other services)	Initial visit - \$31.00 Subsequent visit - \$25.00
PSYCHOLOGY	✓	2		Initial visit - \$67.00 Subsequent visit - \$53.00
ACUPUNCTURE	✓	2	Combined limit - see Chiropractic	Initial visit - \$33.00 Subsequent visit - \$23.00
NATUROPATHY	✓	2		Initial visit - \$33.00 Subsequent visit - \$23.00
REMEDIAL MASSAGE	✓	2		Initial visit - \$23.00 Subsequent visit - \$23.00
HEARING AIDS	✓	12	\$500 per service 2 appliance(s) every 3 years	Per hearing aid - \$500.00
BLOOD GLUCOSE MONITORS	✓	12	\$400 per person 1 appliance(s) every 3 years	Per monitor - 60% of charge
AMBULANCE	n/a			Covered by State government

OTHER FEATURES: Benefit Limits (per 12 months) for orthodontic, optical and hearing aid services increase each year over a continuous three year period of eligible cover.