

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 <http://www.cuahealth.com.au>.

HEALTH INSURER: **CUA Health Limited**

WHO IS COVERED: **Two adults & dependant(s)**

PRODUCT NAME: **Private Hospital 65%**

MONTHLY PREMIUM: **\$200.03** (no rebate)

AVAILABLE FOR: **Residents of Tasmania**

WITH 30% REBATE: **\$139.98**

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.

WHAT'S COVERED IF I HAVE TO GO TO HOSPITAL?	<ul style="list-style-type: none"> ✓ 65% of charge for hospital treatment, including accommodation as a private patient in a private or public hospital ✓ Doctors' bills in hospital (see below) (Ambulance is covered by State government)
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: 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:</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 \$1,000 per person per hospital admission