

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: **Two adults & dependant(s)**

PRODUCT NAME: **PRIVATE HOSPITAL 75% + EXTRAS**

MONTHLY PREMIUM: **\$293.19** (no rebate)

AVAILABLE FOR: Residents of **Western Australia**

WITH 30% REBATE: **\$205.19**

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 75% + EXTRAS** policy from **CUA Health Limited**.

| | |
|---|---|
| WHAT'S COVERED IF I HAVE TO GO TO HOSPITAL? | <ul style="list-style-type: none"> ✓ 75% 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 \$1,000 per person for each calendar year. |

General Treatment Component

The following applies to the general treatment component for the **PRIVATE HOSPITAL 75% + 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 | ✓ | 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 |
| • General dental | ✓ | 12 | | Full crown veneered - \$760.00 |
| • Major dental | ✓ | 12 | | Filling of one root canal - \$140.00 |
| • Endodontic | ✓ | 12 | \$400 per person \$1,500 lifetime limit | Braces for upper & lower teeth, including removal plus fitting of retainer - 100% of charge |
| • Orthodontic | ✓ | 12 | | |
| 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 | ✓ | 0 day | | Comprehensive cover (see insurer for details) |

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.