

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

AVAILABLE FOR: Residents of **Queensland**

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 | n/a | | | Covered by State government |

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.