## 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 <a href="http://www.cuahealth.com.au">http://www.cuahealth.com.au</a>.

HEALTH INSURER: CUA Health Limited WHO IS COVERED: One adult

PRODUCT NAME: Private Hospital 65% MONTHLY PREMIUM: # \$108.02 (before any rebate or loading)

AVAILABLE FOR: Residents of **Tasmania** Medicare Levy Surcharge: **Exempt** 

# You may be entitled to an Australian Government rebate on this premium. Your premium may include a Lifetime Health Cover loading and/or an insurer discount depending on your individual circumstances. Check with your insurer for more details.

WHAT'S COVERED IF I HAVE TO GO TO HOSPITAL?  ✓ 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)   X Hospital treatment for which Medicare pays no benefit eg most cosmetic surgery  COVERED AT ALL? (Exclusions)  WHAT SERVICES ARE ONLY COVERED TO A LIMITED EXTENT? (Restrictions, Benefit Limitation Periods)  HOW LONG ARE THE WAITING PERIODS FOR NEW AND UPGRADING MEMBERS?  12 months for palliative care, rehabilitation and psychiatric treatment • 12 months for reatments relating to other pre-existing ailments • 12 months for all other treatments  12 months for all other treatments  EXCESS: No excess  EXTRA COST PER DAY (CO-PAYMENTS): No co-payments (Excesses, Co-payments, Medical/Hospital gaps)  WILL I HAVE TO PAY ANYTHING IF I GO TO HOSPITAL? (Excesses, Co-payments, Medical/Hospital gaps)  Wedical/Hospital gaps)  EXCESS: No excess EXTRA COST PER DAY (CO-PAYMENTS): No co-payments 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: • the doctor(s) chosen • the treatment you are having • the hospital you go to 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.  WHAT OTHER FEATURES DOES THIS POLICY HAVE?  TO COVERED A RETURN TO PROVE THE ALL?  **COVERTO A LIMITED **EXTENTION TO PROVE THE ALL?  **COV		
COVERED AT ALL? (Exclusions)  WHAT SERVICES ARE ONLY COVERED TO A LIMITED EXTENT? (Restrictions, Benefit Limitation Periods)  HOW LONG ARE THE WAITING PERIODS FOR NEW AND UPGRADING MEMBERS?  12 months for palliative care, rehabilitation and psychiatric treatment 12 months for palliative treatments relating to other pre-existing ailments 12 months for all other treatments 12 months for obstetric treatments 12 months for obstetric treatments 12 months for all other treatments 12 months for all other treatments 12 months for obstetric treatments 12 months for palliative care, rehabilitation and psychiatric treatment 12 months for palliative care, rehabilitation and psychiatric treatment 12 months for palliative care, rehabilitation and psychiatric treatment 12 months for palliative care, rehabilitation and psychiatric treatment 12 months for palliative care, rehabilitation and psychiatric treatment 12 months for palliative care, rehabilitation and psychiatric treatment 12 months for palliative care, rehabilitation and psychiatric treatment 12 months for palliative care, rehabilitation and psychiatric treatment 12 months for palliative care, rehabilitation and psychiatric treatment 12 months for palliative care, rehabilitation and psychiatric treatment 12 months for palliative care, rehabilitation and psychiatric treatment 12 months for palliative care, rehabilitation and psychiatric treatment 12 months for palliative care, rehabilitation and psychiatric treatment 12 months for palliative care, rehabilitation and psychiatric treatment 12 months for palliative care, rehabilitation and psychiatric treatme		public hospital  ✓ Doctors' bills in hospital (see below)
COVERED TO A LIMITED EXTENT? (Restrictions, Benefit Limitation Periods)  HOW LONG ARE THE WAITING PERIODS FOR NEW AND UPGRADING MEMBERS?  • 2 months for palliative care, rehabilitation and psychiatric treatment • 12 months for obstetric treatments • 12 months for all other treatments • 2 months for all other treatments  WILL I HAVE TO PAY ANYTHING IF I GO TO HOSPITAL? (Excesses, Co-payments, Medical/Hospital gaps)  Medical/Hospital gaps)  EXCESS: No excess EXTRA COST PER DAY (CO-PAYMENTS): No co-payments DOCTORS' AND HOSPITAL BILLS: More than 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: • the doctor(s) chosen • the treatment you are having • the hospital you go to 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.  WHAT OTHER FEATURES DOES THIS POLICY HAVE?  THIS POLICY HAVE?  O 2 months for palliative care, rehabilitation and psychiatric treatment • 12 months for treatments relating to other pre-existing ailments • 12 months for obstetric treatments • 12 mont	COVERED AT ALL?	➤ Hospital treatment for which Medicare pays no benefit eg most cosmetic surgery
PERIODS FOR NEW AND UPGRADING MEMBERS?	COVERED TO A LIMITED  EXTENT? (Restrictions, Benefit Limitation	No restrictions or benefit limitation periods
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THIS POLICY HAVE? private hospital or day surgery accommodation, operating theatre and labour ward charges are	ANYTHING IF I GO TO HOSPITAL? (Excesses, Co-payments,	EXTRA COST PER DAY (CO-PAYMENTS): No co-payments  DOCTORS' AND HOSPITAL BILLS: More than 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:  • the doctor(s) chosen  • the treatment you are having  • the hospital you go to  Before you go to hospital, you should ask your doctor, hospital and health insurer about