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# THANKS FOR COMPARING HEALTH INSURANCE

It's a good idea to read through the following pages to learn more about this policy. If you have any questions or need more information, chat with one of our health insurance specialists by calling **1800 46 29 55**.

**On the other hand, if you're ready to buy, here's what you need to do:**

1. Review the enclosed policy brochure to ensure it meets your health insurance needs
2. Buy direct at **comparethemarket.com.au**; or
3. Call **1800 46 29 55** to speak to one of our Health Insurance Specialists

Thank you for not  
getting muddle with  
**comparethameerkat.com.au**  
It is much appreciate!



Need assistance?  
Call **1800 46 29 55**

# 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: **Two adults**

PRODUCT NAME: **Gold Extras**

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

AVAILABLE FOR: Residents of **South Australia**

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
<b>DENTAL</b> • General 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
• Major dental	✓	12	\$2,000 per person (combined limit for major dental & orthodontic - <b>Sub-limits apply</b> )	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
<b>OPTICAL</b> (eg prescribed spectacles / contact lenses)	✓	6	\$250 per person	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
<b>NON PBS PHARMACEUTICALS</b>	✓	2	\$600 per person	Per eligible prescription - \$50.00
<b>PHYSIOTHERAPY</b>	✓	2	\$600 per person	Initial visit - \$50.00 Subsequent visit - \$33.00
<b>CHIROPRACTIC</b>	✓	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
<b>PODIATRY</b>	✓	2	\$500 per person (combined limit for podiatry, psychology & other services)	Initial visit - \$36.00 Subsequent visit - \$29.00
<b>PSYCHOLOGY</b>	✓	2		Initial visit - \$85.00 Subsequent visit - \$62.00
<b>ACUPUNCTURE</b>	✓	2	Combined limit - see Chiropractic	Initial visit - \$45.00 Subsequent visit - \$27.00
<b>NATUROPATHY</b>	✓	2		Initial visit - \$45.00 Subsequent visit - \$27.00
<b>REMEDIAL MASSAGE</b>	✓	2		Initial visit - \$27.00 Subsequent visit - \$27.00
<b>HEARING AIDS</b>	✓	12	\$800 per service 2 appliance(s) every 3 years	Per hearing aid - \$800.00
<b>BLOOD GLUCOSE MONITORS</b>	✓	12	\$600 per person 1 appliance(s) every 3 years (combined limit for blood glucose monitors & other services)	Per monitor - 80% of charge
<b>AMBULANCE</b>	✓	0 day	No annual limit	Comprehensive cover (see insurer for details)

**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.



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