

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: **One adult**

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

MONTHLY PREMIUM: **\$172.68** (no rebate)

AVAILABLE FOR: Residents of **South Australia**

WITH 30% REBATE: **\$120.88**

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 10 out of 10 medical services paid for by this health insurer in South 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.