

## 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**

PRODUCT NAME: **PRIVATE HOSPITAL 65% + TOP EXTRAS**

MONTHLY PREMIUM: **\$320.76** (no rebate)

AVAILABLE FOR: **Residents of NSW & ACT**

WITH 30% REBATE: **\$224.51**

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 65% + TOP EXTRAS** policy from **CUA Health Limited**.

|                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| <b>WHAT'S COVERED IF I HAVE TO GO TO HOSPITAL?</b>                                                        | <ul style="list-style-type: none"> <li>✓ 65% of charge for hospital treatment, including accommodation as a private patient in a private or public hospital</li> <li>✓ Doctors' bills in hospital (see below)</li> <li>✓ Comprehensive cover for ambulance (see insurer for details) - 0 day waiting period applies</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>WHAT SERVICES ARE NOT COVERED AT ALL?</b><br>(Exclusions)                                              | ✗ Hospital treatment for which Medicare pays no benefit eg most cosmetic surgery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>WHAT SERVICES ARE ONLY COVERED TO A LIMITED EXTENT?</b><br>(Restrictions, Benefit Limitation Periods)  | <i>No restrictions or benefit limitation periods</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>HOW LONG ARE THE WAITING PERIODS FOR NEW AND UPGRADING MEMBERS?</b>                                    | <ul style="list-style-type: none"> <li>• 2 months for palliative care, rehabilitation and psychiatric treatment</li> <li>• 12 months for treatments relating to other pre-existing ailments</li> <li>• 12 months for obstetric treatments</li> <li>• 2 months for all other treatments</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>WILL I HAVE TO PAY ANYTHING IF I GO TO HOSPITAL?</b><br>(Excesses, Co-payments, Medical/Hospital gaps) | <p><b>EXCESS:</b> No excess</p> <p><b>EXTRA COST PER DAY (CO-PAYMENTS):</b> No co-payments</p> <p><b>DOCTORS' AND HOSPITAL BILLS:</b> 9 out of 10 medical services paid for by this health insurer in NSW &amp; ACT 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"> <li>• the doctor(s) chosen</li> <li>• the treatment you are having</li> <li>• the hospital you go to</li> </ul> <p><b>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.</b></p> |
| <b>WHAT OTHER FEATURES DOES THIS POLICY HAVE?</b>                                                         | 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 per hospital admission                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

## General Treatment Component

The following applies to the general treatment component for the **PRIVATE HOSPITAL 65% + TOP EXTRAS** policy from **CUA Health Limited**.

| <b>PREFERRED SERVICE PROVIDER ARRANGEMENTS:</b> This health insurer does not operate a preferred provider scheme.                                                                                                                                                                                  |       |                         |                                                                                                                                           |                                                                                                                                        |
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| SERVICES                                                                                                                                                                                                                                                                                           | COVER | WAITING PERIOD (MONTHS) | BENEFIT LIMITS (PER 12 MONTHS)                                                                                                            | EXAMPLES OF MAXIMUM BENEFITS                                                                                                           |
| <b>DENTAL</b><br>• General dental                                                                                                                                                                                                                                                                  | ✓     | 2                       | No annual limit<br>(no limit on preventative dental)                                                                                      | Periodic oral examination - \$35.00<br>Scale & clean - \$70.00<br>Fluoride treatment - \$22.00<br>Surgical tooth extraction - \$176.00 |
| • Major dental                                                                                                                                                                                                                                                                                     | ✓     | 12                      | \$2,000 per person<br>(combined limit for major dental & orthodontic -<br><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<br>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<br>Subsequent visit - \$33.00                                                                                  |
| <b>CHIROPRACTIC</b>                                                                                                                                                                                                                                                                                | ✓     | 2                       | \$400 per person up to \$800 per policy<br>(combined limit for chiropractic, acupuncture, naturopathy, remedial massage & other services) | Initial visit - \$45.00<br>Subsequent visit - \$27.00                                                                                  |
| <b>PODIATRY</b>                                                                                                                                                                                                                                                                                    | ✓     | 2                       | \$500 per person<br>(combined limit for podiatry, psychology & other services)                                                            | Initial visit - \$36.00<br>Subsequent visit - \$29.00                                                                                  |
| <b>PSYCHOLOGY</b>                                                                                                                                                                                                                                                                                  | ✓     | 2                       |                                                                                                                                           | Initial visit - \$85.00<br>Subsequent visit - \$62.00                                                                                  |
| <b>ACUPUNCTURE</b>                                                                                                                                                                                                                                                                                 | ✓     | 2                       | Combined limit - see Chiropractic                                                                                                         | Initial visit - \$45.00<br>Subsequent visit - \$27.00                                                                                  |
| <b>NATUROPATHY</b>                                                                                                                                                                                                                                                                                 | ✓     | 2                       |                                                                                                                                           | Initial visit - \$45.00<br>Subsequent visit - \$27.00                                                                                  |
| <b>REMEDIAL MASSAGE</b>                                                                                                                                                                                                                                                                            | ✓     | 2                       |                                                                                                                                           | Initial visit - \$27.00<br>Subsequent visit - \$27.00                                                                                  |
| <b>HEARING AIDS</b>                                                                                                                                                                                                                                                                                | ✓     | 12                      | \$800 per service<br>2 appliance(s) every 3 years                                                                                         | Per hearing aid - \$800.00                                                                                                             |
| <b>BLOOD GLUCOSE MONITORS</b>                                                                                                                                                                                                                                                                      | ✓     | 12                      | \$600 per person<br>1 appliance(s) every 3 years<br>(combined limit for blood glucose monitors & other services)                          | Per monitor - 80% of charge                                                                                                            |
| <b>AMBULANCE</b>                                                                                                                                                                                                                                                                                   | ✓     | 0 day                   |                                                                                                                                           | Comprehensive cover (see insurer for details)                                                                                          |
| <b>OTHER FEATURES:</b> 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. |       |                         |                                                                                                                                           |                                                                                                                                        |