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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: **Silver Extras**

MONTHLY PREMIUM: **\$82.51** (no rebate)

AVAILABLE FOR: **Residents of South Australia**

WITH 30% REBATE: **\$57.76**

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>	✓	2	\$1,000 per person (combined limit for general dental, major dental & endodontic)	Periodic oral examination - \$26.00
• General dental	✓	2		Scale & clean - \$52.00
• Major dental	✓	12		Fluoride treatment - \$18.00
• Endodontic	✓	12		Surgical tooth extraction - \$124.00
• Orthodontic	✓	12	\$400 per person \$1,500 lifetime limit	Full crown veneered - \$760.00
				Filling of one root canal - \$140.00
<b>OPTICAL</b> (eg prescribed spectacles / contact lenses)	✓	6	\$200 per person	Braces for upper & lower teeth, including removal plus fitting of retainer - 100% of charge
				Single vision lenses & frames - 100% of charge
				Multi-focal lenses & frames - 100% of charge
<b>NON PBS PHARMACEUTICALS</b>	✓	2	\$300 per person	Per eligible prescription - \$25.00
<b>PHYSIOTHERAPY</b>	✓	2	\$440 per person	Initial visit - \$34.00
				Subsequent visit - \$29.00
<b>CHIROPRACTIC</b>	✓	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
<b>PODIATRY</b>	✓	2	\$250 per person (combined limit for podiatry, psychology & other services)	Initial visit - \$31.00
				Subsequent visit - \$25.00
<b>PSYCHOLOGY</b>	✓	2		Initial visit - \$67.00
				Subsequent visit - \$53.00
<b>ACUPUNCTURE</b>	✓	2	Combined limit - see Chiropractic	Initial visit - \$33.00
				Subsequent visit - \$23.00
<b>NATUROPATHY</b>	✓	2		Initial visit - \$33.00
				Subsequent visit - \$23.00
<b>REMEDIAL MASSAGE</b>	✓	2		Initial visit - \$23.00
				Subsequent visit - \$23.00
<b>HEARING AIDS</b>	✓	12	\$500 per service 2 appliance(s) every 3 years	Per hearing aid - \$500.00
<b>BLOOD GLUCOSE MONITORS</b>	✓	12	\$400 per person 1 appliance(s) every 3 years	Per monitor - 60% 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, optical and hearing aid services increase each year over a continuous three year period of eligible cover.



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