



Health Insurance

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Contents

About CUA Health	3
Private Health Insurance Code of Conduct	3
Why you need CUA Health insurance	4
Federal Government 30% - 40% rebate on private health insurance	5
Avoid extra Medicare levies (Medicare Levy Surcharge)	6
Save by acting early (Lifetime Health Cover)	7
How to join CUA Health (Cooling off period, membership cards, premium collections, claims)	8- 9
Important information (privacy, waiting periods, Private Patients' Hospital Charter, State of the Health Funds Report, complaints)	10 - 13
General conditions	14
Hospital products	15-19
What does a percentage product mean?	20
Extras / general product benefits	21-27
Premiums	insert

The documentation contained in this brochure includes details relevant to your cover. Please read the information carefully and retain the brochure for your reference. Further copies of the brochure are available from CUA Health, any CUA branch, or by visiting www.cuahealth.com.au.

About CUA Health

CUA Health is a not for profit private health insurer registered under the Private Health Insurance Act. It commenced operations in 1977 and aims to provide CUA members and their families with an affordable health care alternative.

Although CUA Health membership is restricted to CUA members, all permanent residents of Australia are welcome to join CUA and take advantage of CUA Health's low cost health insurance.

The CUA Health advantage

- CUA Health's profits are used to improve products and services rather than pay dividends to shareholders, ensuring our premiums are set at the lowest possible rate and that members have access to the best possible benefits.
- CUA Health has members, not customers. Members are treated as individuals and are at the centre of everything we do.
- CUA Health offers an easy to understand range of Hospital covers and two Extras cover options for additional health care needs.
- CUA Health offers members a fast claims service.
- CUA Health membership provides access to a wide range of financial and associated services and benefits offered through CUA.

Private Health Insurance Code of Conduct

The Private Health Insurance Code of Conduct is a self regulatory code that aims to maintain and enhance regulatory compliance and service standards across the private health insurance industry.



CUA Health is committed to the principles of the Code, which is about continuously improving standards of practice and service, providing information to consumers in plain language, promoting better informed decisions about private health insurance products and services, and providing information for consumers on their rights and obligations including easy access to dispute resolution processes.

Why you need CUA Health insurance

No one will ever be able to give you a guarantee that you'll never get sick or have an accident. It's an unfortunate fact of life that sickness and accidents can occur at any time and that sometimes you may require urgent treatment as a result.

But simply by having CUA Health insurance, you can be secure in the knowledge that you'll have access to health care - whenever you need it.

Plus, when you're a CUA Health member, you'll have the financial security of knowing that you're covered for most, or, in certain cases, all of the costs associated with hospital and other health care services.

But doesn't Medicare offer the same sort of cover?

No, not exactly. Under Medicare, all Australians are entitled to only a basic level of health care.

Should you need to go into hospital, Medicare will cover you for the cost of your shared accommodation and treatment if you are admitted as a public patient to a public hospital.

But Medicare will not give you the freedom to choose when or where you are treated.

Plus, unless you have a life threatening condition or require emergency treatment, you may have to wait to be admitted to a public hospital. The waiting periods on some of the more common types of elective surgery, such as tonsillectomies and hip and knee replacements, can be as long as 12 months or more.

What else doesn't Medicare cover?

- Your choice of doctor or specialist in a public hospital.
- Any private hospital accommodation or treatment.
- Any extra health costs such as dental, optical, pharmaceutical and physiotherapy.

Federal Government 30% - 40% rebate on private health insurance

The Federal Government provides a 30% - 40% rebate on the cost of private health insurance for all Australians. The rebate is available to everyone with private health insurance or anyone who takes out a new policy - no matter what their level of cover, income or type of membership.

Three levels of rebate are payable:

1. 30% where all persons are aged less than 65.
2. 35% where any person covered under that membership is aged 65 to less than 70.
3. 40% where any person covered under that membership is aged 70 or over.

Money in your pocket

For every dollar you pay towards to your private health insurance premium, the government will give you back 30 - 40 cents.

Three ways to claim your rebate:

1. As a premium reduction through CUA Health.
2. As a refundable tax rebate in your annual tax assessment.
3. As a direct payment available from Medicare offices.



Avoid extra Medicare levies

Medicare Levy Surcharge

Individuals and families on incomes above the Medicare Levy Surcharge thresholds who do not have private hospital insurance must pay a further 1% in addition to the Medicare Levy. This can be avoided by having hospital cover with an excess less than or equal to \$500 per annum for singles or \$1,000 per annum for couples and families.

What are the Medicare Levy Surcharge thresholds?

You will have to pay the Medicare Levy Surcharge if you and all of your dependants do not have appropriate private hospital insurance and:

- You are a single person without a dependant child or children and you have a taxable income greater than \$77,000.
- You are a member of a family and the combined taxable income of you and your spouse is greater than \$154,000 (with an extra \$1,500 allowance for each additional child after the first).

The Medicare Levy Surcharge thresholds are indexed each financial year therefore the amounts shown above will change on 1st July each year.

More information on the Medicare Levy Surcharge is available on the Australian Taxation Office website at www.ato.gov.au or the ATO special helpline on **132 861**.

Can I avoid the surcharge?

You are exempt from paying the Medicare Levy Surcharge for each day you hold CUA Health hospital cover.

Save by acting early...

Lifetime Health Cover

Lifetime Health Cover is a government initiative that started on 1 July 2000. It was designed to encourage people to take out hospital insurance earlier in life, and to maintain their cover.

When a person purchases hospital cover any time on or after 1st July following their 31st birthday, a certified age at entry (CAE) is established. The CAE is used to determine the LHC loading. Once the CAE has been established any applicable LHC loading will remain the same as long as cover is maintained.

Lifetime Health Cover recognises the length of time that a person has had private health insurance and rewards that loyalty by offering lower premiums. People who take out hospital cover early in life will be charged lower premiums, relative to people who take out cover later.

People who delay taking out hospital cover will pay a two per cent loading on top of their premium for every year they are aged over 30 when they first take out hospital cover. This is based on a person's Lifetime Health Cover age. For example, a person who delays joining until the age of 40 will pay 20 per cent more than someone who joined at the age of 30. The maximum loading a person can be required to pay is 70 per cent, payable by people who first take out hospital cover at age 65 or older.

Lifetime Health Cover encourages more people to join private health insurance at a younger age and to maintain their membership. This improves the overall health profile of health insurance members, which contributes to making premiums more affordable for all members.

The LHC loading will cease when a person has held hospital cover for ten continuous years. Persons born prior to 1st July 1934 are exempt from the LHC.

More information on Lifetime Health Cover is available from www.privatehealth.gov.au

How to join CUA Health

1. If you are not a member of CUA, please visit your local CUA branch to join or call **1300 499 260** for assistance.
2. Complete the CUA Health application form that appears at the back of this brochure and drop it into your local CUA branch or send it to:

CUA Health
Reply Paid 100
Brisbane QLD 4001
(no postage stamp required)

3. Ensure sufficient funds are in your nominated CUA transaction account to cover your regular CUA Health premium prior to the due date.

If you are transferring from another health fund

If you are transferring from another health fund, you won't lose your continuity of cover.

(For specific details please refer to point 8 of the General Conditions – on page 14 of this brochure.)

And if you have served part of your waiting period with another fund, you need only serve the balance of that waiting period with CUA Health.

To transfer from another fund, simply follow the steps above and then complete the 'Clearance Certificate' section of the CUA Health application form that appears at the back of this brochure.

Please note that if you have an arrangement with another financial institution or your employer whereby regular payments covering your premiums are automatically made to your present insurer, you will need to cancel this arrangement yourself.

Cooling off period

CUA Health provides a cooling-off period of 30 days from the commencement date of your membership. To take advantage of the cooling-off period and cancel your membership from the commencement date, you must advise us during the cooling-off period and any premium paid for the policy will be refunded in full, providing a claim has not been made.

Your CUA Health membership card

When you join CUA Health, a membership card identifying those persons covered under the membership will be issued. The card can be presented at participating health service providers to claim electronically for treatments you receive, eliminating the need to lodge a paper claim form.

Premiums collected automatically – no hassles

CUA automatically transfers your premium to CUA Health – at no extra charge to you. No fees apply to CUA Health debits from CUA accounts.

Claims

Hospital

Claims relating to hospital treatment will be automatically forwarded to CUA Health for processing. You need only pay any out of pocket expenses that may be applicable to the cover you have selected.

Medical

The Commonwealth Government has a schedule of fees for medical services known as the Medicare Benefits Schedule (MBS). For privately insured patients, Medicare pays 75% of the fee for a medical service provided in hospital and CUA Health pays the remaining 25%. If the doctor charges in excess of the MBS, a gap payment is required. This is separate to any contributions that are applicable to the cover you have selected. For example, Julie's doctor has charged \$1,500 for an item the MBS allows \$1,000. Julie's gap payment is \$500.

If your doctor participates in the access gap/agreement scheme your account will be automatically forwarded to us for processing. Any medical account that you receive should be submitted to Medicare on a 'Two-Way' claim form.

Extras

After your consultation, simply swipe your CUA Health membership card for on-the-spot claiming at participating HICAPS (Health Insurance Claims And Payment Service) or iSoft registered providers. All you pay is the difference between your account and the benefit allowed.

Alternatively, you can complete a paper claim form, attach the account and receipt then post it to us or forward it through your CUA branch. Any benefits payable will be credited to your nominated CUA transaction account, or a cheque will be posted to you. Claim forms are available by contacting CUA Health, through your CUA branch, or by visiting our website.

Important information

Privacy

1. We will confirm your membership details if queried by a doctor, hospital and/or other health service provider who has provided, or will provide, service to you.
2. When you are admitted to hospital or attend other health care facilities, personal information which assists in the processing of your claim is provided to us by the hospital or facility. Our agent, Australian Health Service Alliance Ltd manages the transfer of this information. We encourage you to visit the AHSA web site www.ahsa.com.au for complete details about how they comply with the National Privacy Principles.
3. You should advise your spouse and any dependants over the age of 18 years who are included in your health cover of the above information and that they are included in your cover from CUA Health and can gain access to any personal information we hold about them.

Use, disclosure and storage

We respect the privacy of your personal information and take all reasonable steps to ensure:

- The information collected is used only in relation to claims and to provide you with the cover requested.

continued....

- All personal information is stored securely to prevent misuse, loss, or unauthorised access, modification or disclosure.
- Information no longer required is destroyed in an appropriate and secure manner.
- Personal information collected, used and disclosed is accurate, complete and up to date.
- Claim forms contain the appropriate authority to enable collection of such information relevant to the assessment of a claim.

Access to your information

Wherever possible you may access your personal information held by CUA Health at any time and authorise the correction of any incorrect data.

Waiting periods

If you have not previously held private health insurance or you upgrade your cover, the following waiting periods will apply:

Accident cover	no waiting
Ambulance	no waiting
Pre-existing condition*	12 months
Obstetrics-related conditions	12 months
Crowns and bridges, dentures, orthodontic, periodontic, wisdom teeth, hearing aids#, orthotic appliances, podiatry-related aids, prostheses benefits and approved appliances#.	12 months
Optical benefits, Health Management Programs	6 months
Psychiatric care, rehabilitation or palliative care (even if the condition is pre-existing)	2 months
All other benefits	2 months

* Replacements for hearing aids and approved appliances are payable every three years.

If you have upgraded your cover with us or transferred from another private health insurer, benefits will be paid under your previous cover until the waiting period for your higher level of cover is served.

What is an accident?

An accident means an unforeseen and sudden event occurring by chance and caused by an external force or object, resulting in involuntary bodily injury requiring immediate treatment from a medical practitioner. It does not include any condition which can be attributed to medical causes.

*What is a pre-existing condition?

A pre-existing condition is one where signs or symptoms of your ailment, illness or condition – in the opinion of a medical practitioner appointed by us (not your own doctor) – existed at any time during the six months ending on the day on which you purchased your hospital insurance or upgraded to a higher level of hospital cover.

The only person authorised to decide if an ailment, illness or condition is pre-existing is the medical practitioner appointed by us. The medical practitioner we appoint must, however, consider any information regarding signs and symptoms provided by your treating medical practitioner(s)

Private health insurers can apply a special waiting period to new members of hospital tables who have pre-existing conditions. This waiting period also applies to existing members who have recently upgraded their level of hospital cover.

If the ailment, illness or condition is considered pre-existing:

- New members must wait 12 months for any hospital benefits.
- Members transferring/upgrading to a higher hospital table must wait 12 months to get the higher hospital benefits. Existing members with at least 12 months membership in total across their old and new cover are entitled to the lower benefits on their old cover.

Private Patients' Hospital Charter

The Charter aims to:

- Inform contributors of what they can reasonably require from private health insurers, medical practitioners, private and public hospitals and day hospital facilities.

- Advise people of matters to consider in making decisions about becoming contributors to private health insurers.
- Inform private patients about complaints mechanisms.

Copies of the Charter are available from CUA Health and on the Department of Health and Ageing's website at www.health.gov.au.

State of the Health Funds Report

This report is produced by the Private Health Insurance Ombudsman (PHIO) to assist consumers in assessing the relative performance and service delivery of each private health insurer. Copies of the report are available at www.phio.org.au or by contacting the PHIO office on 1800 640 695 (freecall).

Complaints

If you have any complaints or concerns, please phone **1300 499 260** in the first instance and ask to speak to a member of our staff who is appropriately authorised to deal with your concern. They will also assist you, if required, to provide an official complaint in writing to verify our records. If your concerns cannot be dealt with to your satisfaction immediately, the matter will be referred to management. If the issue has still not been resolved five working days after your initial contact, we will notify you in writing as to the reason why and how long it will take to resolve the matter.

In the unlikely event that you are still not satisfied with our service, you may request that the matter be further considered and reviewed by senior management who, after consideration of your situation, will advise you in writing of our decision within ten working days of your request. If you are not satisfied with the outcome of any complaint, you may contact the Private Health Insurance Ombudsman.

The Ombudsman is available to accept complaints from members of private health insurers by phone on 1800 640 695 (freecall), by fax to (02) 8235 8778 or via mail to:

Private Health Insurance Ombudsman
Level 7, 362 Kent Street, Sydney NSW 2000
email: info@phio.org.au web: www.phio.org.au

The Ombudsman is totally independent of CUA Health and the health insurance industry and provides free, expert and impartial advice to private health insurers' members.

General conditions

1. You must become a member of CUA (Credit Union Australia) before you can take up membership with CUA Health.
2. Premiums are payable in advance. Membership is automatically cancelled if premiums are two or more months in arrears.
3. Benefits are NOT payable for any services received while overseas. Members may apply to suspend their membership for periods of two weeks to 36 months while overseas. Documents such as but not limited to your boarding pass or overseas itinerary may be required to be sighted by us before cover is reinstated.
4. Family membership provides cover for the member, their spouse and any dependant children/young adults until their 23rd birthday. Full-time student dependants are covered up until they turn 25. Student dependants must be registered each year from when they turn 23 years of age.
5. Benefits are paid in accordance with CUA Health's rules and they shall not exceed the cost of any service.
6. You may not contribute to similar tables with more than one private health insurer.
7. Benefits are paid for claims lodged within 24 months of treatment.
8. If you are transferring from another private health insurer, CUA Health will grant you continuity of cover at an equivalent level, as long as you join within two months of the date that you were paid up to with your previous private health insurer. Loyalty bonuses are not transferable from one fund to another. We will record your official date of joining CUA Health as at the day immediately after the date that you were "paid to" with your previous fund, so that there is no period of time for which you are not covered. Your premiums will also be due from that date.
9. If you upgrade your cover, you will need to serve the waiting periods for your increased level of cover. Your existing level of cover will apply until these waiting periods are completed.
10. Single hospital membership for mothers covers the cost of the birth of the baby but does not cover any costs incurred by the baby. For your baby to be eligible for benefits immediately upon birth, the mother must have contributed to a family or single parent membership for at least two calendar months prior to the infant's birth. It is recommended that a single member upgrades to family or single parent membership as soon as pregnancy is confirmed to ensure a premature baby is covered.
11. Apart from any rights you may exercise under the cooling-off period, you may cancel your membership by advising us in writing.

Hospital products



What's not covered?

- Any difference between your doctor's fees and the Medicare schedule/Access Gap Cover agreed fee.
- Co-payments applicable to certain prostheses (i.e. hip and knee joint replacements, artificial heart valves, pacemaker devices and intra-ocular lenses for cataract surgery).
- Any patient contributions for Pharmaceutical Benefit Scheme (PBS) prescriptions – unless receiving Private Hospital 100% benefits whilst in hospital.
- Any items of a personal nature, including TV rental or phone calls where not part of the agreed charges.
- The patient's portion which is applied to any 'nursing home-type' patient admission into a public or private hospital. This amount is determined by the Federal Government.
- Cosmetic surgery - benefits are only payable for cosmetic surgery where it is required for a medical purpose and Medicare benefits are payable.
- Experimental and some high cost or exceptional drugs.
- Services not invoiced by the hospital.
- Emergency room treatment.
- Surgery by podiatrists.

Member Support Program

What is the Member Support Program?

The member support program is a unique service designed to make the transition from hospital to home easier for you. If it is appropriate, you can elect to leave hospital early after an operation or having a baby and continue receiving care in the comfort of your own home. We can ensure you receive all the support you need while you are recovering. By working with hospital staff and/or your doctor, services such as nursing care, home help and nappy supplies can be arranged.

How does it work?

Prior to your early discharge, your doctor and nursing staff will assess and decide whether the program is suitable for you and what discharge service you will require. With your consent, they will contact the Program Coordinator with details of the services that need to be arranged for you.

What happens next?

After you are discharged, registered service providers will visit you at home and continue to liaise with the fund's Program Coordinator about your recovery.

A Program Coordinator will also contact you to ensure that all services are in place and meeting your needs. The Coordinators are experienced registered nurses and midwives with knowledge of community services and how they operate.

This service is not available in all hospitals. If you would like more information about the member support program please call CUA Health.

The Member Support Program is managed on behalf of CUA Health by Australian Health Management Group Pty Ltd ABN 96 003 683 298.

Simplified billing process/access gap cover

Getting better is the only thing you should have to worry about when you need to go into hospital. CUA Health now offers its members access to a scheme that helps to simplify your claims for medical expenses and takes away all of the financial worries associated with your time in hospital.

The Access Gap Cover scheme will reduce or, in some instances, eliminate your out-of-pocket expenses for specialist care you receive whilst in hospital - providing you with complete peace of mind and convenience.

Doctors and specialists electing to participate in the Access Gap Cover scheme can bill CUA Health directly. So, not only does your hospital treatment cost you less, but the billing system is made easier for you, too!

A complete list of doctors participating in the Access Gap Cover scheme is available at www.ahsa.com.au

If your doctor or specialist chooses to use the scheme, you will either:

- Have no out-of-pocket expenses, or
- Know exactly how much you will pay before your treatment begins.

Your doctor or specialist may choose to use the scheme on a patient-by-patient basis. Of course, whether or not your doctor or specialist participates in Access Gap Cover will not change the relationship you have with him or her or affect the treatment you receive.

At your first consultation with your specialist, you should ask if he or she will be providing your treatment in hospital with no gap for you to pay. If, after your consultation, your specialist decides he or she is unable to provide you treatment with no gap for you to pay, ask what the gap amount will be. Remember, you are entitled to know how much you will have to pay from your own pocket.

At this point, you can choose to accept the amount they will be charging you. If you're not happy with the amount they will charge, you can ask your GP to refer you to another specialist.

Hospital products (continued)

Your benefits

Can I choose my own doctor and/or specialist?

Am I covered for the difference between the Medicare benefit and Medicare schedule fee or Access Gap Cover agreed fee for doctors'/specialist's services whilst in hospital?

Can I claim for approved prostheses benefits (i.e: artificial hips, knees, etc.) as per government listing? Note- check with your doctor/ CUA Health to determine if an out of pocket expense will be incurred.

Private hospital benefits

(participating hospitals - contact CUA Health for details)

Day surgery accommodation

Standard single or shared hospital accommodation

Operating theatre charges

Labour ward charges

Intensive care charges

Contribution capped at a max. per person each calendar year

Public hospital benefits

Accommodation, operating theatre, labour ward and intensive care charges.

Premiums

CUA Health premiums are available:

- From any CUA branch.
- On the web at www.cuahealth.com.au.
- Or by calling 1300 499 260.

Agreement hospitals

CUA Health has agreements with the majority of private hospitals and day surgeries. When there is an agreement you will have either no out-of-pocket expenses or you will be provided with details of your out-of-pocket expenses. A complete list of agreement hospitals is available at www.privatehealth.gov.au

Products, coverage & contributions

Private Hospital						Public Hospital
100%	100% Less \$250 Excess	90%	85%	75%	² 65% For singles only	¹ 100%

Yes	Yes	Yes	Yes	Yes	Yes	Yes
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Yes	Yes	Yes	Yes	Yes	Yes	Yes
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Yes	Yes	Yes	Yes	Yes	Yes	Yes
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100%	100%	90%	85%	75%	65%	Up to 50%
100%	100%	90%	85%	75%	65%	Up to 50%
100%	Less \$250	90%	85%	75%	65%	No benefits
100%	*excess per	90%	85%	75%	65%	No benefits
100%	overnight	90%	85%	75%	65%	No benefits
nil	stay	\$500	\$750	\$1,000	\$1,000	

*Excess does not apply to day surgery or dependants. The excess applies once for single and single parent memberships & twice for family/couple memberships per calendar year.

100%	100%	100%	100%	100%	100%	100%
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¹Public Hospital 100% product is suitable for members wanting to be treated in a public hospital as considerable out of pocket costs will be payable if services are provided in a private hospital.

²Private Hospital 65% is available only for single membership.

What does a percentage product mean?

Our hospital covers are slightly different to most other private health insurance products. The most you will have to pay for a hospital admission is capped, depending on the cover chosen.

Cover	Your Contribution
Private Hospital 90%	You pay 10% capped at \$500
Private Hospital 85%	You pay 15% capped at \$750
Private Hospital 75%	You pay 25% capped at \$1,000
Private Hospital 65%	You pay 35% capped at \$1,000

Using our Private Hospital 90% as an example, the following illustrates what you could expect in the event of hospitalisation.

Sarah has to undergo a series of six procedures in the same calendar year that will cost \$1,000 each time. Sarah's contribution each time is \$100 and she would not have to pay anything further after the fifth procedure, as the cap of \$500 was reached.

Arthur suffers a heart attack and is presented with a hospital bill of \$40,000. The maximum contribution he would need to pay is \$500. If Arthur was then required to attend hospital in the same calendar year no further contribution would be required because he has reached the cap.

What is an Excess Product?

An excess is fixed sum that a member agrees to contribute to a claim.

CUA Health offer one such product, Private Hospital 100% (\$250 Excess). An excess of \$250 is required to be paid upon admission to hospital. It does not apply to day surgery or to dependants listed on the membership. The excess is payable once only for single/ single parent memberships and twice for family/couple memberships for each calendar year.

Public Hospital Cover

Members with private hospital cover and public hospital cover alike can choose to be treated as a private patient in a public hospital with no contributions or excesses. You can choose your own doctor and are not subject to the public hospital waiting lists. The only limitations are the availability of the private room and doctor's relationship with that hospital.

Extras / general products benefits

No matter how healthy we are, we all sometimes need access to dental, optical, pharmaceutical and physiotherapy services. CUA Health Extras cover provides benefits for a comprehensive range of services.

For only a few dollars each week, CUA Health Gold and Silver Extras can help to reduce your costs for many of those services not covered by Medicare – up to the limits shown on the following pages.

CUA Health only pays a benefit towards services performed by private practitioners in private practice provided their associations and services are recognised by us. If you are unsure if the provider you have selected or service you require is covered under our policy, please contact CUA Health for confirmation.

The following items, limits and benefits are provided as a general guide only. Please call us if any further information is required.

Benefits shown are a sample only and are generally a specific amount determined from the average of past claims. Calendar year limits cover the period 1 January to 31 December each year.



Extras / general products benefits

	Gold	Silver
Dental		
Calendar year limit per person	Benefit (up to)	Benefit (up to)
General Dental	No annual limit	
Endodontic (e.g. root canal services)	\$500	
Major dental (e.g. crowns, bridges, dentures) & [®] Orthodontics	\$2,000	
General, endodontic & major dental		\$1,000
Orthodontics	\$750 [#] - \$1,250	\$400* - \$520
Lifetime limit per person for orthodontics	\$2,500	\$1,500
<p>[®] Sub-limit for orthodontics applies. [#] These individual calendar year limits increase by \$50 per year over a continuous ten year period of eligible cover to the maximum shown. * These individual calendar year limits increase by \$40 per year over a continuous three year period of eligible cover to the maximum shown.</p>		
Examples of benefits		
	Benefit (up to)	Benefit (up to)
Comprehensive oral examination - item 011	\$32	\$28
x-rays - items 022 - 037	\$24 - \$84	\$20 - \$72
Scaling/cleaning - item 114	\$57	\$49
Fluoride application - item 121	\$20	\$17
Simple extraction - item 311	\$83	\$71
Filling/s (1-5) surfaces) - items 511 to 535	\$68 - \$146	\$59 - \$125
Root canal (one canal) - items 415 & 417	\$299	\$256
Approved, fitted mouth guard - item 151	\$91	\$78
Crown - item 615	\$864	\$740
Bridge work (per unit) - item 643	\$692	\$593
Single denture - item 711	\$667	\$571
Full dentures - item 719	\$1,166	\$999

Extras / general products benefits

	Gold	Silver
Optical		
	Benefit (up to)	Benefit (up to)
Calendar year limit per person	\$250* - \$300	\$200* - \$230
*These individual calendar year limits increase by \$10 per year over a continuous five year period of eligible cover to the maximum shown.		
*These individual calendar year limits increase by \$10 per year over a continuous three year period of eligible cover to the maximum shown.		
Frames, lenses, tinting, repairs, contact lenses - items available by prescription only	100% up to limit	100% up to limit
Physiotherapy		
	Benefit (up to)	Benefit (up to)
Calendar year limit per person	\$600	\$440
Initial visits (Max. 3 per calendar year)	\$50	\$34
Subsequent visits	\$33	\$29
Ante-natal/post-natal classes	\$19	\$13
Extended home treatment	\$41	\$30
Home & hospital visits	\$32	\$28
Group therapy <i>e.g.: hydrotherapy</i>	\$9	\$8
Alternative therapies		
	Benefit (up to)	Benefit (up to)
Calendar year limit per person	\$400	\$250
Calendar year limit per family/ single parent membership	\$800	\$500
Benefits for multiple consultations are payable only where services are provided with at least a two hour time differential between each consultation.		
Chiropractic, osteopathic, acupuncture, homeopathic & naturopathic services		
Initial visits (Max. 3 per calendar year)	\$45	\$33
Subsequent visits	\$27	\$23
Other approved therapies (e.g. Bowen Therapy, remedial massage)	\$27	\$23

Extras / general products benefits

	Gold	Silver
Hearing aids		
	Benefit (up to)	Benefit (up to)
Hearing aid benefit payable per ear in a three year period.	\$800 [#] - \$1,300	\$500* - \$620
<p>[#]These individual calendar year limits increase by \$50 per year over a continuous ten year period of eligible cover to the maximum shown.</p> <p>*These individual calendar year limits increase by \$40 per year over a continuous three year period of eligible cover to the maximum shown.</p>		
Hearing aid repairs	70%	60%
Pharmaceutical		
	Benefit (up to)	Benefit (up to)
Calendar year limit per person	\$600	\$300
Cover for items prescribed or provided by a medical practitioner excluding:		
<ul style="list-style-type: none"> • Pharmaceutical Benefit Scheme (PBS) scripts • Items normally available without a doctor's prescription • Contraceptives unless prescribed specifically for the treatment of an illness 		
You pay an amount equivalent to the PBS contribution (e.g.: \$33.30 as at 1 January 2010) and we pay up to		
	\$50	\$25
Ambulance transport		
	100%	100%
For residents of all states, except Queensland and Tasmania, medically necessary emergency ambulance transport is included under all "Extras" covers. State Government ambulance transport schemes operate in Queensland and Tasmania.		



Extras / general products benefits

	Gold	Silver
Health Management Programs		
Calendar year limit	Benefit (up to)	Benefit (up to)
Single Cover	\$100	\$100
Family/Single Parent/Couple Cover	\$200	\$200
	80% up to limit	60% up to limit

You can claim for:

- * The following approved health management programs that are intended to prevent or improve a specific health condition:
 - stress management, quit smoking, weight control
 - health screening services
 - first aid courses and kits.

You cannot claim for:

- * Any sports club membership or sporting equipment, footwear and clothing.
- * Services where a Medicare benefit is payable.
- * Medical examinations for, but not limited to employment and insurance purposes.

A tax invoice that includes the service provider's Australian Business Number together with a report (not applicable to first aid courses or kits) from your health care professional who has recommended the program, must be submitted with any claim.



Extras / general products benefits

	Gold	Silver
Other services		
	Benefit (up to)	Benefit (up to)
Calendar year limit per person	\$500	\$250
<small># Initial visits are limited to a maximum of 3 per calendar year combined for all 'other services' types.</small>		
Podiatry		
Initial visits #	\$36	\$31
Subsequent visits	\$29	\$25
Foot surgery performed by Australian Government accredited podiatrists or nail resections performed by accredited podiatrists.	80% up to limit	60% up to limit
Orthoptic (eye) therapy		
Each visit	\$86	\$42
Clinical Psychology		
Initial visits #	\$85	\$67
Subsequent visits	\$62	\$53
Group classes	\$40	\$30
Occupational therapy		
Initial visits #	\$59	\$50
Subsequent visits	\$38	\$32
Speech therapy		
Initial visits #	\$80	\$68
Subsequent visits	\$38	\$33
Dietician		
Initial visits #	\$51	\$43
Subsequent visits	\$29	\$25
Exercise Physiology	\$45	\$40

Extras / general products benefits

	Gold	Silver
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Travel Expenses

Calendar year limit	Benefit (up to)	Benefit (up to)
Single Cover	\$100	no benefit
Family/Single Parent/Couple Cover	\$200	no benefit

Claimable when a hospital admission outside your usual place of residence is required and the return trip distance is greater than 400km. A tax invoice that includes the service provider's Australian Business Number must be submitted with any claim.

Health management aids & appliances

	Benefit (up to)	Benefit (up to)
Calendar year limit per person	\$600	\$400
Podiatry related aids, orthotics, non-surgically implanted prostheses and approved appliances (e.g. Nebuliser, blood glucose monitor, CPAP pump, blood pressure monitors, etc.)	80% up to limit	60% up to limit

Replacements for approved appliances not payable within three years of previous supply. A recognised 'sleep studies' programme must have been undertaken for a CPAP pump.

Mammograms

Benefits towards mammograms where not Medicare rebatable	\$80	\$45
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Premiums

CUA Health premiums are available:

- From any CUA branch.
- On the web at www.cuahealth.com.au.
- By calling 1300 499 260.

For more information:

Call **1300 499 260**.

Fax **1300 797 066**.

Email **cuahealth@cua.com.au**.

Visit **www.cuahealth.com.au**.

Drop into your local CUA branch.

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