

Health insurance

1 April 2016



Hospital Cover
Queensland



Be life rich



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CUA Health Insurance is provided by CUA Health Ltd ABN 98 098 685 459 (CHL) which is not an authorised deposit-taking institution. While CUA Health Insurance may be distributed by Credit Union Australia Ltd ABN 44 087 650 959 (CUA), CUA is not liable for this product and does not stand behind CHL.

Please note that benefits received under the products referred to in this brochure are paid in accordance with CUA Health fund rules. Not every aspect can be covered in this policy document. If you'd like additional information please contact CUA Health.

The information contained in this brochure includes details relevant to your cover. Please read the information carefully and retain the brochure for your reference.

CUA and other intermediaries receive a commission in respect of any new health insurance business entered into by the consumer through, or as a result of, the service of the intermediary.

Hi, and welcome to CUA Health

Thank you for trusting CUA Health to protect the ones you love. We've been helping Australians care for their family since 1976.

Here you'll find important information about your CUA Health Insurance – like what's included in your cover, and how to make a claim.

You'll also find more on how you can make the most of:

- budget-friendly hospital and extras cover
- more benefits for families
- the freedom to choose your healthcare provider

It's important you fully understand your policy, so if you have any questions please get in touch with us:

Call: 1300 499 260

Visit: cuahealth.com.au

Email: cuahealth@cua.com.au

Fax: 1300 797 066

Post: GPO Box 100, Brisbane QLD 4001

The CUA Health team

CUA Health is a registered private health insurer under the Private Health Insurance Act. We're committed to the Private Health Insurance Code of Conduct.

Our Hospital and Extras products are suitable to all residents of Australia who are eligible for Medicare benefits.



For more information please visit www.privatehealth.com.au/codeofconduct/

CUA Health Limited
ABN 98 098 685 459
Registered Office:
145 Ann Street, Brisbane QLD 4000

Hospital cover

Cover options

Our private hospital products give you the option to choose the level of cover to best suit your needs and your budget.

You can choose from our budget-friendly top hospital cover options, meaning you'll be covered for all clinically relevant treatment.

Or choose from our basic and public hospital cover options which cover a set number of included services while providing eligibility for Medicare Levy Surcharge exemption, the Australian Government Private Health Insurance Rebate and the Lifetime Health Cover loading requirements.

Options to save on your premium

You can save on your premium by choosing a policy with an excess or hospital co-payment.

We offer a range of excess and co-payment options which include annual caps – so you know the most you'll have to pay each year. If you've got kids, you'll pay no excess or co-payment for your kids' hospital admission.

An **excess** is a fixed amount you pay once in exchange for lower premium costs. For example, if you have 100% Private Hospital Cover with \$250 excess and you require hospital treatment then you'll pay \$250 per person, per calendar year. This does not apply to day surgery or dependants listed on the policy.

A hospital **co-payment** is a percentage contribution that you agree to pay towards your hospital treatment in exchange for lower premiums. Using another example, if you choose the 90% Private Hospital Cover, you would need to pay 10% of the hospital charge, capped at a fixed amount of \$500 per person, per calendar year.

Public Hospital Cover

If you choose Public Hospital Cover, you can be treated as a private patient in a public hospital. You also have the option to select your own doctor or specialist. However, public hospital waiting lists still apply. This product is not designed for use in a private hospital as large out-of-pocket expenses may apply.

Products, Coverage and Contributions

(Waiting periods may apply)

Key features

Private Hospital 100% (nil or \$250 excess)

Key features	Private Hospital 100% (nil or \$250 excess)
Accommodation for overnight and same day stays	You pay nil, or \$250 excess*
Operating theatre, intensive care and ward charges	
Choice of your own doctor and/or specialist	✓
Approved prosthesis per the Government listing, such as, artificial hips and knees	✓
Is this cover designed for use in a Private Hospital	✓
In-hospital services examples	
Accident cover	✓
Removal of appendix	✓
Removal of tonsils and adenoids	✓
Cancer treatment	✓
Sterilization	✓
Rehabilitation	✓
Palliative care	✓
Cardiac and related services	✓
Cataract and eye lens procedures	✓
Pregnancy & birth related services	✓
Assisted reproductive services	✓
Dialysis for chronic renal failure	✓
Hip and knee replacements	Benefit limitation period applies^^
All other joint replacements	✓
Gastric banding and all obesity related services	Benefit limitation period applies^^
Psychiatric services	Benefit limitation period applies^^
All other in-hospital services receiving a Medicare benefit	✓

Private Hospital 90%

Private Hospital 75%

Private Hospital 65%

Public Hospital

Private Hospital 90%	Private Hospital 75%	Private Hospital 65%	Public Hospital
You pay 10% capped at maximum of \$500 per person per calendar year^	You pay 25% capped at maximum of \$1,000 per person per calendar year^	You pay 35% capped at maximum of \$1,000 per person per hospital admission^	Benefit restricted to public hospital rates
✓	✓	✓	✗
✓	✓	✓	✓
✓	✓	✓	✗
In-hospital services examples			
✓	✓	✓	Benefit restricted to public hospital rates set by the Federal Government
✓	✓	✓	
✓	✓	✓	
✓	✓	✓	
✓	✓	✓	
✓	✓	✓	
✓	✓	Benefit restricted to public hospital rates	
✓	✓	✗	
✓	✓	✗	
✓	✓	✗	
Benefit limitation period applies^^	Benefit limitation period applies^^	✗	
✓	✓	✗	
Benefit limitation period applies^^	Benefit limitation period applies^^	✗	
Benefit limitation period applies^^	Benefit limitation period applies^^	Benefit restricted to public hospital rates	
✓	✓	✓	

* The excess applies once per person per calendar year, and does not apply to day surgery or dependants.

^ Not payable for dependant children up to 23 years old or 25 if full-time student.

^^ For first 24 months from joining, benefit is limited to public hospital rates. Benefits are not payable in the first 12 months if deemed a pre-existing condition.

Accommodation, operating theatre, intensive care and ward benefits are for Private or Public hospital treatment.

Coverage of doctor / specialist services while in hospital is for the difference between the Medicare benefit and the Medicare schedule fee or the Access Gap Cover agreed fee.

We're here to help - please contact us prior to any treatment so you fully understand what you're covered for.

More on your hospital benefits

Agreement hospitals

CUA Health has agreements with the majority of private hospitals and day surgeries in Australia. If your hospital or day surgery doesn't have an agreement with CUA Health, you may be subject to large out-of-pocket expenses, in addition to any excess or co-payment. Please check with your hospital prior to admission.

Access to a complete list of agreement hospitals is available at cuahealth.com.au.

65% Private Hospital Cover

Patients with 65% Private Hospital Cover who are admitted to hospital and need to be transferred to a rehabilitation facility (with no leave days in between), won't be required to pay an additional 35%, capped at \$1000 per person, per hospital admission, as this is classed as the same hospital admission. For more information about this, please contact our team.

Obstetrics-related conditions

For CUA Health, this specifically includes hospital admission for pregnancy and birth related services. Any non-admitted check-ups and treatment are not covered.

IVF and assisted reproductive services

IVF and other assisted reproductive services have several steps and only the component which involves an admission to hospital can be covered under private health insurance.

Gastric banding and obesity-related treatment

A 12-month waiting period will apply to all gastric banding and obesity-related treatments if your condition is pre-existing in the opinion of a medical practitioner appointed by CUA Health (having regard for the information provided by your treating medical practitioner). A Benefit Limitation Period may also apply.

Benefit limitation periods

CUA Health has a 24 month benefit limitation period for the following hospital treatments:

- Psychiatric treatment
- Gastric banding and obesity related treatment
- Hip & knee joint replacements and revisions (excluding accident)

During the first 24 months from joining and after waiting periods have been served, benefits paid for these treatments will be limited to the same amount you would receive in a public hospital for the same treatment. After 24 months from joining you will be eligible for the full benefits under your policy.

Hospital waiting periods

When you get health insurance for the first time, switch insurers and haven't fully served your waiting periods, or increase your level of cover, there can be a period of waiting time before you can claim with CUA Health for certain services. The table below shows the waiting periods that apply to services.

Accident cover

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, which occurred after joining the fund. It does not include any condition that can be attributed to medical causes.

No waiting

All other hospital treatments, rehabilitation, palliative care and psychiatric care

2 months

Obstetrics-related conditions

12 months

Pre-existing condition

One where signs or symptoms of your ailment, illness or condition - in the opinion of a medical practitioner appointed by us - 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.

12 months

Private health insurers can apply a special waiting period to new customers with hospital cover who have pre-existing conditions. This waiting period also applies to existing policy holders who have recently upgraded their 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 consider any information regarding signs and symptoms provided by your treating medical practitioner(s).

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

- new customers with pre-existing conditions must wait 12 months for any hospital benefits. For psychiatric care, rehabilitation or palliative care, the maximum waiting period is two months (even if the condition is pre-existing).
- Policy holders transferring or upgrading to a higher hospital cover must wait 12 months to get the higher hospital benefits.

If you have upgraded your cover, you'll be covered under your previous level of cover until you have served waiting periods for the new level.

Access Gap Cover Scheme

Getting better is the only thing you should have to worry about when you go into hospital. CUA Health offers you access to a scheme that helps to simplify your claims for medical expenses.

The Access Gap Cover Scheme will reduce or in some instances eliminate your out-of-pocket expenses for specialist care you receive while in hospital.

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.

Access to a list of doctors and specialists participating in the Access Gap Cover Scheme is available at cuahealth.com.au. If your doctor or specialist chooses to use the Scheme, you will either:

- have no out-of-pocket expenses, or
- be provided with an estimate of out-of-pocket expenses before your treatment.

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 the Access Gap Cover Scheme will not change the relationship you have with him or her, or affect the treatment you receive.

At your first consultation with your doctor or specialist you should ask if he or she will be providing your treatment in hospital with no gap for you to pay. If there is a gap for you to pay, then ask what the gap amount will be.

Remember, you're entitled to know how much you will have to pay. 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 always consult another specialist.

What's not covered

- Hospital treatment for which Medicare pays no benefit, like cosmetic surgery
- Any difference between your doctor's and/or specialists' (surgeon, anaesthetist etc) fees and the Medicare schedule/Access Gap Cover agreed fee
- Benefits for products, services or treatments purchased from, or provided by, practitioners overseas, whether you buy them in person, by mail or online
- Gap payments may be applicable to certain prostheses (e.g. hip and knee joint replacements, artificial heart valves, pacemaker devices and intra-ocular lenses for cataract surgery)
- Any items of a personal nature, including TV rental or phone calls that are not part of the agreed hospital charges
- The patient's portion that is applied to any 'nursing home-type' patient admission into a public or private hospital. This amount is determined by the federal government.
- Experimental and some high cost or exceptional drugs
- Services not invoiced by the hospital
- Treatment provided at an Emergency Department
- Any treatment considered an outpatient service e.g. Radium
- Services able to be claimed by way of compensation or damage. CUA Health reserves the right to a full and immediate reimbursement of any claims covered by way of compensation or damages from another party.
- Benefits in relation to sport, recreation or entertainment unless they are part of an approved chronic disease management or a health management program
- Benefits for treatment, goods or services if false or misleading information is provided
- Extras services for which a Medicare benefit is payable, except as allowable as hospital substitute treatment
- Treatment, goods or services provided during a waiting period

Extras cover

Regardless of how great your health is, the need for dental, optical, pharmaceutical or physiotherapy services could arise. CUA Health Extras cover provides benefits for a range of services.

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

With CUA Health Extras Cover, you'll be treated by your preferred healthcare professional. You're not restricted by a network of preferred providers so you can choose when and where you're treated, and the healthcare provider you see.

However, it's important to know that we only pay a benefit for services performed by private practitioners in a private practice, provided their associations and services are recognised by us. If you're 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 or login to CUA Health Online Services to obtain a benefit quote.

Calendar year limits cover the period 1 January to 31 December each year.

Products and benefits

(Waiting periods apply as detailed on the following pages)

	GOLD Benefit (up to)	SILVER Benefit (up to)
Dental		
Calendar year limit per person		
General dental	No annual limit	\$1000 Combined
Endodontic (e.g. root canal services)	\$500	
Major dental (e.g. crowns, bridges, dentures, veneers, periodontics) & orthodontics	Combined \$2000	
Orthodontics The Orthodontic limit is a lifetime limit per person and forms part of the overall annual limit. An Orthodontic Treatment Plan is required and benefits are not payable in excess of the annual limit and accumulates to the lifetime limit.	Sub-limit \$1250	\$520
Lifetime limit per person for Orthodontics	\$2500	\$1500
Examples of benefits		
Comprehensive oral examination - item 011	\$38	\$29
X-rays - items 022 - 037	\$25 - \$84	\$21 - \$72
Scaling/cleaning - item 114	\$70	\$52
Fluoride application - item 121	\$22	\$18
Simple extraction - item 311	\$100	\$83
Filling/s (1-5 surfaces) - items 511 to 535	\$84 - \$177	\$59 - \$131
Root canal (one canal) - items 415 & 417	\$184 - \$187	\$139 - \$140
Approved, fitted mouth guard - item 151	\$94	\$78
Crown - item 615	\$974	\$760
Bridge work (per unit) - item 643	\$755	\$593
Single denture - item 711	\$667	\$571
Full dentures - item 719	\$1166	\$999

Extra general dental benefits for kids

With CUA Health, kids receive additional general dental benefits to help reduce or eliminate the cost of dental care. For routine dental services (periodic oral examination - item 012, scaling/cleaning - item 114, and fluoride - item 121) there will be no gap payable up to a total value of \$250 per visit, for two visits per year. This benefit is within the general dental annual limits and available to dependant children up to age 23.

Products and benefits

(Waiting periods apply as detailed on the following pages)

	GOLD Benefit (up to)	SILVER Benefit (up to)
Optical		
Calendar year limit per person	\$300	\$230
Frames, lenses, tinting, repairs, contact lenses - items available by prescription only	100% up to limit	100% up to limit

All CUA health policy holders get additional discounts from the following optical retail stores:

Luxottica (OPSM, Laubman & Pank)

Lenses and Lens add-ons

Off the normal retail price for all lenses purchased at retail stores. 20% discount

Non-prescription sunglasses

Off the normal retail price for all non-prescription sunglasses purchased at retail stores. 15% discount

Contact lenses

Off the normal retail price for all contact lenses purchased at retail stores. 10% discount

OPSM Direct

Additional 5.0% off the on-line price, plus free delivery within Australia, for contact lenses purchased from OPSM On-Line (<http://www.opsm.com.au/>)

Specsavors

Frames and lenses

Only available from the \$149 and above range purchased at retail stores. No discount on two pair deals or complete glasses with less than \$149 value. 25% discount

Optional lens extra

Includes Suntint & UV filter, polaroid lenses, transition lenses, driving tints, Drivewear lenses, Thin & Light lenses. 20% discount

Contact lens assessment, fitting and trial. Free

Eye test

Bulk billed to Medicare plus free Digital Retinal Photography. Free

Eyebenefit

Lenses

Spectacle lenses only. 15% discount

Frames and lenses

For one pair of complete spectacles. 20% discount

Contact lenses

10% discount

VSP Global

Lenses and lens add-ons

All in store contact lenses. 15% discount

All lens add-ons. 20% discount

Choice of frames and lens packages available at discounted prices in store

Products and benefits

(Waiting periods apply as detailed on the following pages)

	GOLD Benefit (up to)	SILVER Benefit (up to)
Physiotherapy		
Calendar year limit per person		
First year	\$600	\$440
Second year	\$650	\$490
After second year	\$700	\$540
Initial visits (max. 3 per calendar year)	\$50	\$34
Subsequent visits	\$33	\$29
Extended home treatment	\$41	\$30
Home & hospital visits	\$32	\$28
Group therapy (<i>Hydrotherapy or Pilates Group sessions conducted by a Physiotherapist</i>)	\$9	\$8
Chiropractic & Osteopathic		
Calendar year limit per person		
First year	\$400	\$250
Second year	\$450	\$300
After second year	\$500	\$350
Calendar year limit per family/ Couple/ single parent policies		
First year	\$800	\$500
Second year	\$850	\$550
After second year	\$900	\$600
Initial visits (max. 3 per calendar year)	\$45	\$33
Subsequent visits	\$27	\$23
Chiropractic X-ray	\$70	\$58
Alternative therapies		
Calendar year limit per person	\$400	\$250
Calendar year limit per family/ couple/ single parent policies	\$800	\$500
Benefits for multiple consultations are payable only where services are provided with at least a two hour time differential between each consultation.		
Acupuncture, Homeopathic, Naturopathic services		
Initial visits (<i>Initial visits are limited to a maximum of 3 per calendar year combined for all 'Alternative therapies' types.</i>)	\$45	\$33
Subsequent visits	\$27	\$23
Bowen Therapy, Remedial Therapy, Kinesiology, Reflexology, Aromatherapy	\$27	\$23

Products and benefits

(Waiting periods apply as detailed on the following pages)

	GOLD Benefit (up to)	SILVER Benefit (up to)
Hearing aids		
Hearing aid benefit payable per person in a 5 year period.	\$1600	\$800
Hearing aid repairs	70%	60%
Pharmaceutical		
Calendar year limit per person	\$600	\$300

Cover for items prescribed or provided by a medical practitioner excluding:

- Pharmaceutical Benefit Scheme (PBS) scripts
- items normally available without a doctor's prescription
- contraceptives unless prescribed specifically for the treatment of an illness (a letter of referral required each calendar year)
- an official pharmaceutical receipt is required

You pay an amount equivalent to the PBS contribution (e.g. \$38.30 as at 1 January 2016) and we pay up to

	\$50	\$25
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Ambulance transport

100% 100%

For residents of all states, except Queensland and Tasmania, benefits are payable for emergency ambulance transport costs occurring anywhere within Australia (including aerial ambulance) or where the use of an ambulance is directed by a hospital or medical practitioner due to the seriousness of a policy holder's medical condition. State government ambulance transport schemes operate in Queensland and Tasmania.

Products and benefits

(Waiting periods apply as detailed on the following pages)

	GOLD Benefit (up to)	SILVER Benefit (up to)
Health management programs		
Calendar year limit		
Single cover		
First year	\$100	\$100
Second year	\$150	\$150
After second year	\$200	\$200
Family/Single parent/Couple cover		
First year	\$200	\$200
Second year	\$250	\$250
After second year	\$300	\$300
	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.

Benefits are payable for the above services where they're part of a health management program or are provided on the advice of a health professional approved by us, and where the treatment is intended to improve a specific health condition or conditions. A health management program benefit approval form renewal is required every year.

Goods or services that are primarily for the purpose of sport, recreation or entertainment are not eligible for benefits. For example, you can't claim for:

- any sports club membership, gym 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.

Claims for health management program benefits must include:

- a health management program benefit approval form. Available online at cuahealth.com.au or call 1300 499 260
- a tax invoice from the program provider

Podiatry and orthotics

Calendar year limit per person	\$600	\$400
Initial visits	\$36	\$31
Subsequent visits	\$29	\$25
Foot surgery performed by Australian Government accredited podiatrists	80% up to limit	60% up to limit
Podiatry-related aids ¹ (including custom-made orthotics)	80% up to limit	60% up to limit

¹ No benefit is payable on pre-made and/or customised items

Products and benefits

(Waiting periods apply as detailed on the following pages)

	GOLD Benefit (up to)	SILVER Benefit (up to)
Health management aids and appliances		
Calendar year limit per person	\$600	\$400
Aids		
Non-surgically implanted prostheses, Custom-made braces, Compression stockings, mastectomy bras, wigs	80% up to limit	60% up to limit
Appliances		
Nebuliser, Blood glucose monitor, CPAP pump, CPAP mask, TENS machine, Peak flow meter, Blood pressure monitors, Circulation booster	80% up to limit	60% up to limit

Note:

- benefits for replacements of approved appliances can only be paid three years from the date of previous supply
- benefits are payable for custom-made braces. No benefit is payable on pre-made and/or customised items
- benefits for compression stockings or circulation boosters are payable for chemotherapy or lymphedema, venous stasis or major surgery
- a letter from a medical provider may be required for payment of wigs, compression stockings or circulation boosters
- benefits for wigs are payable from approved providers for chemotherapy or alopecia only
- a recognised 'sleep studies' programme must have been undertaken for a CPAP pump. Replacements for full CPAP masks are payable every 12 months from the date of previous supply. Benefits are not payable towards any hire or CPAP masks and CPAP pump components.
- benefits are only paid on purchases from companies with registered Australian Business Numbers (ABNs)
- purchases from a Pharmacy will require an Official Pharmaceutical Receipt or Invoice with the policy holder's name.

Products and benefits

(Waiting periods apply as detailed on the following pages)

	GOLD Benefit (up to)	SILVER Benefit (up to)
Other services		
Calendar year limit per person	\$500	\$250
# Initial visits are limited to a maximum of 3 per calendar year combined for all 'other services' types		
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
Dietitian and Nutritionist Nutritionists providers must be registered with the Nutritionist Society of Australia to be eligible to receive this benefit.		
Initial visits#	\$51	\$43
Subsequent visits	\$29	\$25
Exercise physiology	\$45	\$40
Group classes	\$9	\$8

Products and benefits

(Waiting periods apply as detailed on the following pages)

	GOLD Benefit (up to)	SILVER Benefit (up to)
Travel expenses		
Calendar year limit		
Single cover	\$100	No benefit
Family/Single parent/Couple cover	\$200	No benefit
<p>Claimable when a hospital admission for a policy holder or dependant covered by the policy 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.</p>		
Mammograms		
Calendar year limit per person		
Benefits towards mammograms when not covered by the Medicare rebate	\$100	\$65

Waiting periods

When you take out health insurance for the first time, switch insurers and haven't fully served your waiting periods, or increase your level of cover, CUA Health asks that you wait a period of time before you can claim for certain services. To find out what waiting periods apply, take a look at the table below.

No waiting

Ambulance

2 months

General dental
 Physiotherapy
 Chiropractic & Osteopathic
 Alternative therapies
 Pharmaceutical
 Podiatry
 Orthoptic (eye) therapy
 Clinical psychology
 Occupational therapy
 Speech therapy
 Dietitian and Nutritionist
 Exercise physiology
 Travel expenses
 Mammograms

6 months

Optical
 Health management programs

12 months

Major dental (e.g. veneers, crowns and bridges, dentures, wisdom teeth, periodontics, orthodontics, endodontics)
 Health management aids and appliances
 Podiatry-related aids
 Orthotics

24 months

Hearing aids

Other things you should know

- You can pay your premiums up to 12 months in advance
- Claims must be lodged within two years from the date the service was provided
- You may not contribute to similar products with more than one private health insurer
- Family policies provide cover for the policy holder, 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
- We'll waive the waiting periods for a baby, provided they're added to a Single Parent or Family policy from their date of birth
- CUA Health reserves the right to a full and immediate reimbursement of any claims covered by way of compensation or damages from another party
- Your health cover does not pay benefits for products, services or treatments purchased from or provided by practitioners overseas, whether you buy them in person, by mail order or online
- Benefits are not payable for services provided by a family member

Upgrading your cover

If you've upgraded your cover with us or transferred to a higher level of cover 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.

Suspending your cover

- Policy holders may apply to suspend their policy for periods of 2 months to 36 months while overseas
- Documents such as, but not limited to, your boarding pass or overseas itinerary may need to be sighted by us before cover is reinstated

CUA Health does not pay benefits for any services received while overseas. Remember, if suspending your cover while overseas, you might be liable for the Medicare Levy surcharge if your income exceeds the relevant threshold.

Payment in arrears

If you get too far behind in your payments (two months or more) your policy will automatically be cancelled. If this happens, full waiting periods will apply if you decide to re-join. Benefits won't be paid while premiums are in arrears.

How to claim

Before you claim, please remember:

- Relevant waiting periods must be served as outlined in this brochure
- Premium payments must be up to date
- The service must have already been provided and paid for (you cannot claim for a service prior to it being provided)
- Claims must be lodged within two years from the date the service was provided
- The healthcare provider must be recognised by CUA Health

Hospital

Claims for treatment you receive in hospital after being admitted will be sent to CUA Health for assessment. Please read the claim form carefully and sign the form. If your policy requires you to pay a co-payment or excess then you'll need to pay this directly to the hospital.

Medical

The federal government has a schedule of fees for medical services (i.e. Doctor's and specialist's 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 in addition to any contributions that are applicable to the cover you have selected. For example, Julie's doctor has charged \$1500 for an item the MBS allows \$1000. Julie's gap payment is \$500.

If your doctor participates in the Access Gap Cover Scheme your account will be automatically forwarded to us for processing. Any medical account you receive should be submitted to Medicare on a 'Two-Way' claim form.

Extras

On the Spot Claiming

After visiting your healthcare provider, simply swipe your CUA Health policy holder card for on-the-spot claiming. All you pay is the difference between your account and the benefit allowed.

Online Services portal

You can use our Online Services portal to:

- submit most Extras claims
- check your Extras benefits balance
- check specific details about your cover
- manage your policy and personal details.

Log in to <https://onlineservices.cuahealth.com.au> to access these services.

Submit most Extras claims

You can claim benefits online for the following services:

- General dental
- Optical
- Physiotherapy
- Chiropractic & Osteopathic
- Occupational therapy
- Dietitian
- Podiatry
- Speech therapy
- Exercise physiology.

Extras claims of up to \$300 are assessed online immediately, so you'll know straight away how much you'll get back from your claim.

Check your Extras benefits balance

You can check how much you've claimed, how much you have left on your annual benefit limit, and then plan additional treatments before your claim limits are refreshed each year (1 January).

Check specific details about your cover

Find out about any waiting periods or exclusions that might apply to services.

Manage your policy and personal details

You can manage your policy information anytime:

- change your contact details
- add or remove dependants on your policy
- download your annual tax statement
- view your payment history
- set up or update direct debit or direct credit payment details.

Mobile claiming

With the CUA Health Mobile Claiming app, you can use your smartphone to claim on Extras.

To claim, all you need to do is take a photo of your invoice and then submit it with just the click of a button. You don't need to fill out any paperwork.

Our app is free to download and works on iPhones, Android phones and most tablets. To download the app, just head to the App store or Google Play and search for 'CUA Health'.

Claim by mail or in-branch

Claim forms are available by visiting our website cuahealth.com.au, through your CUA branch or by contacting CUA Health on 1300 499 260.

Once you've completed a paper claim form, attach the account and invoice and post it to us, fax it or drop it off at your local CUA branch.

Benefits payable will be credited to your nominated bank account, or a cheque will be posted to you.

Joining is easy

To join CUA Health visit cuahealth.com.au and apply online, or visit your local branch or call us on **1300 499 260**.

If you join CUA Health, confirmation of your cover and policy information will be sent to you.

If you're switching from another health provider

If you're transferring from another health insurer, you won't lose your continuity of cover as long as you join us within two months of the date that you were paid up to with your previous health insurer. If you're without cover for more than 2 months then full waiting periods will apply.

We'll record your official date of joining CUA Health as at the day immediately after the date you were 'paid to' with your previous insurer, so there is no period of time for which you were not covered. Your premiums will also be deducted from that date.

When you switch to CUA Health, we'll pick up where your other insurer left off. If you're switching to a higher level of cover or you haven't fully served your waiting periods, you'll be asked to serve these before you can start making claims.

Where limits apply, any benefits already paid by your previous health fund will be treated as if CUA Health had paid them.

To keep it simple, CUA Health will contact your previous health insurer to get a clearance certificate on your behalf.

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'll need to cancel this arrangement yourself.

Cooling-off period

If you change your mind, CUA Health provides a cooling off period of 30 days from the start date of your policy. If you wish to cancel, you must advise us in writing during the first 30 days after joining and any premiums paid will be refunded in full, providing you haven't made a claim.

Email: cuahealth@cua.com.au

Fax: 1300 797 066

Post: GPO Box 100, Brisbane QLD 4001.

Additional information

Australian Government Rebate

To encourage people to look after their health the Australian Government provides a rebate on private health insurance. The rebate changes depending on how much you earn every year. You can claim the rebate as a reduction to your regular premiums or as a tax rebate when you do your yearly tax return. For more information visit www.ato.gov.au.

Medicare Levy Surcharge

The Medicare Levy Surcharge (MLS) is an additional tax payable by all Australians who don't have private hospital cover. The MLS is in addition to the Medicare Levy and is income tested, which means the more you earn the higher MLS you'll pay. All CUA Health hospital policies exempt you from the Medicare Levy Surcharge.

For more information visit:

www.ato.gov.au

www.health.gov.au

www.privatehealth.gov.au

Lifetime Health Cover

The Lifetime Health Cover (LHC) is a government initiative designed to encourage people to take out private hospital insurance earlier in life and to maintain their cover. People who delay taking out private hospital cover will pay a 2% loading on top of their premium for every year they're aged over 30 when they first take out private hospital cover.

For more information visit:

www.health.gov.au

www.privatehealth.gov.au

Privacy notice

How we collect your personal information

CUA Health Ltd ('CUA Health', 'we', 'us', 'our') wherever possible, will collect information directly from you. This information will generally come from what you provide when you apply for CUA Health membership or a new product through the CUA Group (comprising Credit Union Australia Limited, CUA Health Ltd and Credicorp Insurance Pty Ltd).

However, in some circumstances, we may also collect information about you from third parties. These third parties include:

- joint policy holders;
 - referees nominated by you;
 - your employer(s);
 - your agents, representatives and other people authorised by you such as your lawyers and accountants;
 - insurance brokers and our third party distributors; and
 - another health insurance provider, hospitals and other health service providers and organisations which manage the transfer of information between health service providers and us.
- We may also collect your personal information from other CUA Group companies.

If you provide us with personal information about another person (for example a referee or a joint policy holder), you must ensure that you are authorised to do so. You must also inform that person of who CUA Health is, that CUA Health will use and disclose their personal information in accordance with this policy, and that they can gain access to that information in accordance with this policy.

Why we collect your information

We only collect information that is necessary for us to provide you with the products and services you request, and to maintain our relationship with you. If you do not provide us with the information that we request, there may be times when we are unable to provide you with membership or a product or service.

At the time we collect information from you, we will tell you why we are collecting that information. These generally include:

- assessing and processing your application for the

products and services we offer

- establishing and providing our systems and processes to provide our products and services to you
- executing your instructions
- charging premiums
- processing claims
- uses required or authorised by law
- maintaining and developing our business systems and infrastructure
- research and development, or
- managing our rights and obligations regarding external payment systems.

We may also use your information so that we can provide you with information about other products and services which is offered by the CUA Group including products which we distribute on behalf of other organisations (refer to paragraph below – Marketing). You can tell us at any time if you do not wish to receive information about other products and services.

If you start an online application form but do not submit it or you submit an application (whether electronically or otherwise) but do not proceed with the application, we may use your information to contact you regarding your application. We may also use it for research purposes but only after the information has been de-identified.

Marketing

We may use your information, including your contact details, to provide you with information about products and services, including those of third parties, which we consider may be of interest to you.

You may opt out at any time if you no longer wish to receive marketing information or do not wish to receive marketing information through a particular channel, like email. In order to do so, you will need to request that we no longer send marketing materials to you. You can make this request by calling us on 1300 499 260 visiting your local branch, or by 'unsubscribe' from our email marketing messages, which always include an unsubscribe option.

Disclosure

We may disclose your information to other organisations, for example:

- external organisations that are our assignees, agents or contractors

- our external and related service providers (including Credit Union Australia Limited), such as organisations which we use to verify your identity, payment systems operators, mailing houses, printing service providers, information technology service providers (including core administration systems support), debit card suppliers and research consultants
- our professional advisors, such as accountants, lawyers and auditors
- your representative, for example, lawyer, mortgage broker, financial advisor or attorney, as authorised by you,
- your health service providers including your doctor or hospital,
- other companies within the CUA Group
- courts and external dispute resolution schemes, or
- government and regulatory authorities including taxation authorities, Medicare, Centrelink, the police, or AUSTRAC where required or authorised by law.

We take all reasonable steps to ensure that our suppliers are reputable organisations and, where appropriate, are bound by written agreements to abide by the confidentiality and non-disclosure requirements of CUA Health.

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 (“AHSA”) manages the transfer of this information. You should visit the AHSA website at www.ahsa.com.au for complete details about how they comply with the Privacy Act.

Some of our service providers to whom we disclose your personal information are located overseas. Please refer to CUA Group privacy policy for a list of the countries where they are located.

Privacy at CUA

The CUA Group respects the privacy of our members' personal information. Our CUA Group APP & Credit Information Policy (“privacy policy”), available at www.cua.com.au, sets out important information including:

- how we handle your personal information, including your credit-related information;
- how you can request access to and correction of your personal information; and
- what you can do if you think that we have breached your privacy

The CUA Group is comprised of Credit Union Australia Limited, CUA Health Ltd and Credicorp Insurance Pty Ltd.

If you have any queries regarding our Privacy Policy, please contact us at:

Privacy Dispute Officer

Email: privacydisputes@cua.com.au

Telephone: 07 3552 4744

GPO Box 100, Brisbane QLD 4001

Complaints

If you have any complaints or concerns, please call 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'll 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.

If you're 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 10 working days of your request. If you're not satisfied with the outcome of any complaint, you may contact the Private Health Insurance Ombudsman.

The Ombudsman is available to accept complaints from customers of private health insurers via the following contact details:

Private Health Insurance Ombudsman
Commonwealth Ombudsman
GPO Box 442
Canberra ACT 2601
Phone: 133 362 072
Email: phio.info@ombudsman.gov.au
Web: www.ombudsman.gov.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' customers.

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We're here to help

If you have any questions about CUA Health, we'd be happy to help. Here's how you can get in touch with us.

Call **1300 499 260**

Visit **cuahealth.com.au**

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

Fax **1300 797 066**

Post **GPO Box 100, Brisbane QLD 4001**

Or drop into your local CUA branch