YOUR HEALTH COVER

April 2023

CBHS

THE HEALTH FUND FOR
THE COMMBANK FAMILY

Contents

Contact us

CBHS Health Fund Limited ABN 87 087 648 717
A Registered Private Health Insurer

Phone CBHS Member Care
1300 654 123 Monday to Friday, 8.00am – 7.00pm (AET)

Visit **cbhs.com.au**

Email **help@cbhs.com.au**

Fax 02 9843 7676

Post CBHS Health Fund Limited
Locked Bag 5014, Parramatta NSW 2124

Level 16, 6 Hassall Street, Parramatta, NSW, 2150

Like us at **facebook.com/cbhshealthfund**

Why private health insurance is right for you

Avoid Lifetime Health Cover (LHC) loading

LHC is an Australian Government initiative designed to encourage people to take out and maintain Hospital cover earlier in life.

If you have not taken out and maintained private Hospital cover from the year you turn 31, you will pay a 2% LHC loading on top of your premium for every year you are aged over 30 if you decide to take out Hospital cover later in life. This loading does not apply to Extras or Ambulance covers. Once you have paid LHC loading for 10 continuous years, the loading is removed.

If you take out Hospital cover by 1 July following your 31st birthday you will avoid paying LHC.

Further details on the Lifetime Health Cover loading can be found at: **privatehealth.gov.au**

Recover at home

With our in-home hospital care, rehabilitation and wound management services, you can recover from the comfort of your own home and from your own bed.

Claim on most Extras

Depending on your cover, you can claim on Extras – such as dental, optical, physio, chiro, and more – that are important to your health and wellbeing.

Save at tax time

The Medicare Levy Surcharge (MLS) was introduced to encourage Australians in higher income brackets (singles who earn over $90,000 and families that earn over $180,000) who are eligible for Medicare but do not have an appropriate level of Hospital cover, to take out Hospital cover.

You can avoid having to pay the MLS by simply choosing any Hospital cover product with CBHS.

For more information on the Medicare Levy Surcharge, visit the Australian Taxation Office website at: **ato.gov.au.**

Choose your doctor

You can choose your doctor and where you're treated with private Hospital cover.

Private hospital room

Your Hospital cover could give you access to a private room to help you recover. This is subject to hospital availability.

The Australian Government Rebate on private health insurance

The Australian Government Rebate on private health insurance (Rebate) is the amount that the Australian Government contributes each year to your private health insurance premiums. The majority of our members claim the Rebate as a reduction in the amount of premiums they pay.

Your eligibility for the Rebate depends on your family status and income.

Your Rebate percentage is calculated based on your income level and your age. Please visit the Government website to see the latest Rebate details: **privatehealth.gov.au**

Discounts for young Australians

From 1 April 2019, insurers are able to offer premium discounts on Hospital cover of 2% for each year that a person is aged under 30 when they first purchase Hospital cover, to a maximum of 10% for 18 to 25-year olds.

Further details on the age-based discount can be found at: **privatehealth.gov.au**

Who is CBHS?

THE HEALTH FUND FOR THE
CommBank family

Hi, we're CBHS and for 70 years, we've guided thousands of Commonwealth Bank families towards healthier, safer and stronger lives, through good times and bad. We take pride in delivering high-quality private health insurance that offers peace of mind at every life stage.

As a not-for-profit health fund set up by the Commonwealth Bank in 1951, our purpose has remained the same since day one; to place people over profits. That's part of the reason our members choose to stay with us. Every dollar we earn goes back into making the experience and policies we offer to you even better.

Now more than ever, health is an asset and with CBHS, you can feel confident that you truly do Belong to More. More value, more care, more flexibility, and more support. These are our commitments to you. Welcome to the CBHS family. We can't wait to get to know you.

Who can join?

CBHS is exclusively for current and former employees, contractors and franchisees of the Commonwealth Bank Group (CBA Group) and their eligible family members. To help you identify whether you or someone you know is eligible, here's a list:

CBA Group employees

A current or former employee of:

- the CBA Group (including current and former subsidiaries)
- a CBA Group franchisee
- a CBA Group contractor

CBHS officers, employees and contractors

Family members

Eligible family members of an eligible member include:

- Current/former spouse/partner
- Dependant children
- Adult children (and their spouse/partner and dependant children)
- Parents
- Siblings (and their spouse/partner and dependant children)
- Grandchildren (and their spouse/partner and dependant children)

Why choose CBHS?

Member-owned

For more than 70 years, we've been the exclusive health insurance provider for CBA Group employees. We don't exist for profit – we exist for you and your family through every stage of life.

We give more back

In 2022, we paid out almost 88 cents in claims for every premium dollar received*. We are purposefully as generous as we can be when it comes to taking care of our members.

**Standard industry basis including payment to government Risk Equalisation Trust Fund.*

Less out-of-pocket

Through the Access Gap Cover scheme, out-of-pocket expenses can be reduced and in some cases, eliminated entirely. Doctors are free to choose whether they participate in Access Gap Cover on a patient-by-patient basis.

Exceptional member care and benefits

We invest significantly in our internal support services like our dedicated Australian based Member Care team. Initiatives like our Better Living programs and Hospital in the Home services are just some of the ways we are giving back to our members.

Member discounts

CBHS members gain access to a wide range of exclusive discounts through our brand partner network. You can see the full list of providers at

cbhs.com.au/member-discounts

More back with Choice Network providers

The CBHS Choice Network is a group of over 9,000 dental and optical providers who are committed to providing exceptional treatment to CBHS members and reducing or removing the gap for Extras like selected optical frames, lenses, contact lenses and preventative dental treatments.

Recommended cover by life stage

Gold

Silver

Bronze

Basic

	What type of cover is important to you?	Suggested Hospital & Extras
Young singles & couples Not planning a family.		Limited Hospital (Bronze Plus) + Intermediate Extras
		KickStart (Basic Plus) or FlexiSaver (Basic Plus)
Planning for children A single or couple starting or growing a family.		Prestige (Gold) or Comprehensive Hospital (Gold) + Top Extras
		StepUp (Bronze Plus)
Family with children		Prestige (Gold) or Comprehensive Hospital (Gold) + Top Extras
		Active Hospital (Silver Plus) + Top Extras
		Limited Hospital (Bronze Plus) + Intermediate Extras
		Basic Plus Hospital + Essential Extras
Mature singles and couples No kids, not planning a family, or kids have left home.		Prestige (Gold) or Comprehensive Hospital (Gold) + Top Extras
		Active Hospital (Silver Plus) + Top Extras

Someone from CBHS called one day, just to see how my son was doing, and I so appreciated that call. When people sound like they genuinely care it makes such a difference.

- Carol

NB Photo does not feature the member who provided the testimonial

Packaged cover
at a glance

We've made choosing your health insurance easier by packaging your Hospital and Extras cover.

When you select a CBHS cover package, you receive both Hospital and Extras cover along with unique benefits specific to your package.

All covers include:

- Emergency ambulance
- Access Gap Cover (with participating doctors)
- Wellness benefits for health management (except on FlexiSaver (Basic Plus))

Comprehensive cover

Basic cover

Prestige
(Gold)

CBHS' premium level of cover, offering an extensive range of Hospital and medical services, and generous Extras benefits plus more.

Hospital
Extras

- No co-payment or excess
- Highest Extras benefits including unlimited preventative and general dental
- $200 Gap Assist which will help you with additional out-of-pocket medical expenses
- Access to Teladoc Health and other wellness benefits
- The option to keep a non-student dependant under 31 years of age on your cover

StepUp
(Bronze Plus)

A mid-level cover which includes pregnancy services and Extras to suit a young or growing family.

Hospital
Extras

- $70 daily co-payment (does not apply to dependants on the policy)
- Pregnancy & birth services
- Cover for dental, optical, physio, chiro and other therapies
- $100 Gap Assist which will help you with additional out-of-pocket medical expenses

KickStart
(Basic Plus)

An affordable packaged cover for the fit and healthy, because accidents do happen! Get covered for the things you may need like dental and optical, without the things you don't, like pregnancy.

Hospital
Extras

- $70 daily co-payment
- A great range of Extras benefits
- Wellness benefits for health management

FlexiSaver
(Basic Plus)

An entry-level package covering only selected Hospital and Extras services, and excluding things you may not need at this stage of life.

Hospital
Extras

- $500 excess on hospital admission helps keep premiums low
- Flexibility in using Extras overall limit
- Gives 55% of the provider charges back in benefits

Or mix'n'match

We offer a flexible solution allowing you to pick a Hospital (page 21-22) and Extras (page 33-34) cover to match your life stage.

Waiting periods, restrictions and exclusions may apply.

Packaged comparisons (Hospital)

	Prestige (Gold)	StepUp (Bronze Plus)	KickStart (Basic Plus)	FlexiSaver (Basic Plus)	Waiting period
Emergency ambulance transport (See page 27 for details)	✓	✓	✓	✓	1 day
Accident related treatment^ after joining	✓	✓	✓	✓	1 day
Example hospital procedures at participating public and private hospitals					
Tonsils, adenoids and grommets	✓	✓	✓	✓	
Joint reconstructions	✓	✓	✓	✓	
Hernia and appendix	✓	✓	✓	✓	
Dental surgery	✓	✓	✓	✓	
Bone, joint and muscle	✓	✓	✓	✓	
Brain and nervous system	✓	✓	R	✗	
Ear, nose and throat	✓	✓	R	✗	
Kidney and bladder	✓	✓	R	✗	
Digestive system	✓	✓	R	✗	
Gastrointestinal endoscopy	✓	✓	R	✗	
Chemotherapy, radiotherapy and immunotherapy for cancer	✓	✓	R	✗	
Skin	✓	✓	R	✗	
Breast surgery (medically necessary)	✓	✓	R	✗	
Diabetes management (excluding insulin pumps)	✓	✓	R	✗	
Miscarriage and termination of pregnancy	✓	✓	R	✗	2 months (12 months for pre-existing)
Gynaecology	✓	✓	R	✗	
Male reproductive system	✓	✓	R	✗	
Eye (not cataracts)	✓	✓	R	✗	
Blood	✓	✓	R	✗	
Back, neck and spine	✓	✓	R	✗	
Implantation of hearing devices	✓	✓	R	✗	
Dialysis for chronic kidney failure	✓	✓	R	✗	
Insulin pumps	✓	✓	R	✗	
Pain management	✓	✓	R	✗	
Pain management with device	✓	✓	R	✗	
Sleep studies	✓	✓	R	✗	
Cataracts	✓	✗	R	✗	
Heart and vascular system	✓	✗	R	✗	
Lung and chest	✓	✗	R	✗	
Plastic and reconstructive surgery (medically necessary)+	✓	✗	R	✗	
Rehabilitation	✓	R	R	R	2 months
Hospital psychiatric services	✓	R	R	R	2 months
Palliative care	✓	R	R	R	2 months
Pregnancy and birth	✓	✓	R	✗	12 months
Assisted reproductive services	✓	✓	R	✗	
Joint replacements	✓	✗	R	✗	
Weight loss surgery	✓	✗	R	✗	2 months (12 months for pre-existing)
Podiatric surgery (provided by a registered podiatric surgeon)	O	✗	✗	✗	
Cosmetic services	✗	✗	✗	✗	
Services for which a Medicare benefit is NOT payable	R	✗	✗	✗	

✓ Covered in private agreement hospitals and public hospitals.

R Restricted benefits.

Additional services covered above the minimum requirements for each product tier.

✗ Exclusion (not covered).

O Indicates benefits for accommodation at Minimum Benefits in relevant PHI (Benefit Requirements) Rules and prostheses benefits based on items listed by the Minister of Health. No benefit for medical or theatre costs.

A benefit is not payable in respect of a service that was rendered to a Member if the service can be claimable from any other source.

^Accident related treatment means treatment provided in relation to an Accident that occurs after a Member joins the Fund and the Member provides documented evidence of seeking treatment from a Health Care Provider within 7 days of the Accident occurring. If Hospital Treatment is required, the Member must be admitted to a Hospital within 180 days of the Accident occurring. Any additional Hospital Treatment (after the initial 180 days) will be paid as per the level of Benefits payable on the Member's chosen level of cover (if applicable).

Please note: 'Plastic and reconstructive surgery (medically necessary)' is excluded on Bronze products. However, plastic surgery that is medically necessary relating to the treatment of a skin-related condition is covered under the category 'Skin'. For example: melanoma, minor wound repair, and abscesses.

Packaged comparisons (Extras)

Overall limits and benefit period: Each service (or group of services) has an overall limit on the amount that you claim per person within each benefit period. The benefit period is the period in which the overall limit may be used. Most benefit periods are per calendar year unless stated below.

	Prestige (Gold)	StepUp (Bronze Plus)	KickStart (Basic Plus)	FlexiSaver (Basic Plus)	Benefit period	Waiting period
Dental*						
Preventative dental	Unlimited	Unlimited	Unlimited	$700 combined limit	calendar year	2 months
General dental	Unlimited	$350	$675		calendar year	2 months
Major dental						
Periodontic (gum treatment)	$700	$900	-	-	calendar year	6 months
Endodontic (root canal treatment)	$700		-	-		
Inlays/onlays/facings/veneers	$1,440		-	-	any 5 years	
Dentures and implants	$1,500		-	-		
Occlusal therapy	$920		-	-	lifetime	
Crowns and bridges	$3,500		-	-	any 5 years	12 months
Orthodontia	$3,200	$1,400	-	-	lifetime	
Optical						
Prescribed optical appliances	$450	$250	$230	Sublimit of $150 combined with dental	calendar year	6 months
Therapies						
Physiotherapy	$900	$600 ($300 sublimit per therapy)	$250	Combined with dental	calendar year	2 months
Chiropractic	$1,000			-		
Osteopathy				-		
Occupational therapy	$800		-	-		
Speech therapy	$1,850		-	-		
Clinical psychology	$500		$250	-		
Ante natal/post natal physiotherapy	$105	Combined with Physiotherapy	-	-		
Hypnotherapy	$360	-	-	-		
Podiatry (excl. artificial aids: e.g. orthotics, which are covered under artificial aids)	$400	$150	-	-		
Audiology	$360	-	-	-		
Eye therapy	$455	-	-	-		
Dietitian	$360	$100	$100	-		
Exercise physiology	$360	-	-	-		
Alternative therapies						
Oriental therapies - *acupressure, acupuncture, Chinese herbal medicine consultation, Chinese massage, traditional Chinese medicine consultation*	$1,000	$400	$200	-	calendar year	2 months
Massage therapies - *Deep tissue massage, lymphatic drainage, myotherapy, remedial massage, sports massage, Swedish massage, therapeutic massage*						
General health						
Blood glucose accessories	$320	$100	$100	-	calendar year	2 months
Non-Pharmaceutical Benefits Scheme (PBS) drugs requiring a prescription by law. (100% less the current prescribed PBS co-payment for general patients up to the maximum claimable benefit)	$1,000	$300	$200	-		
Health care aids *(referred by a doctor and recognised by CBHS)*						
Artificial aids	$1,500	$150	-	-	any 3 years^	12 months
Hearing aids	$2,200	-	-	-		
Blood pressure monitor, nebuliser, glucometer	$500	-	-	-		

CBHS will not pay a benefit in respect of a service that was rendered to a member if the services can be claimable from any other source.

**Benefits are not payable for Do-It-Yourself (DIY) dentistry including whitening kits, aligners and occlusal splints. Please contact us to confirm whether a benefit is payable.* *^Calendar year for StepUp (Bronze Plus)*

Maximum claimable amounts
Packaged Extras covers

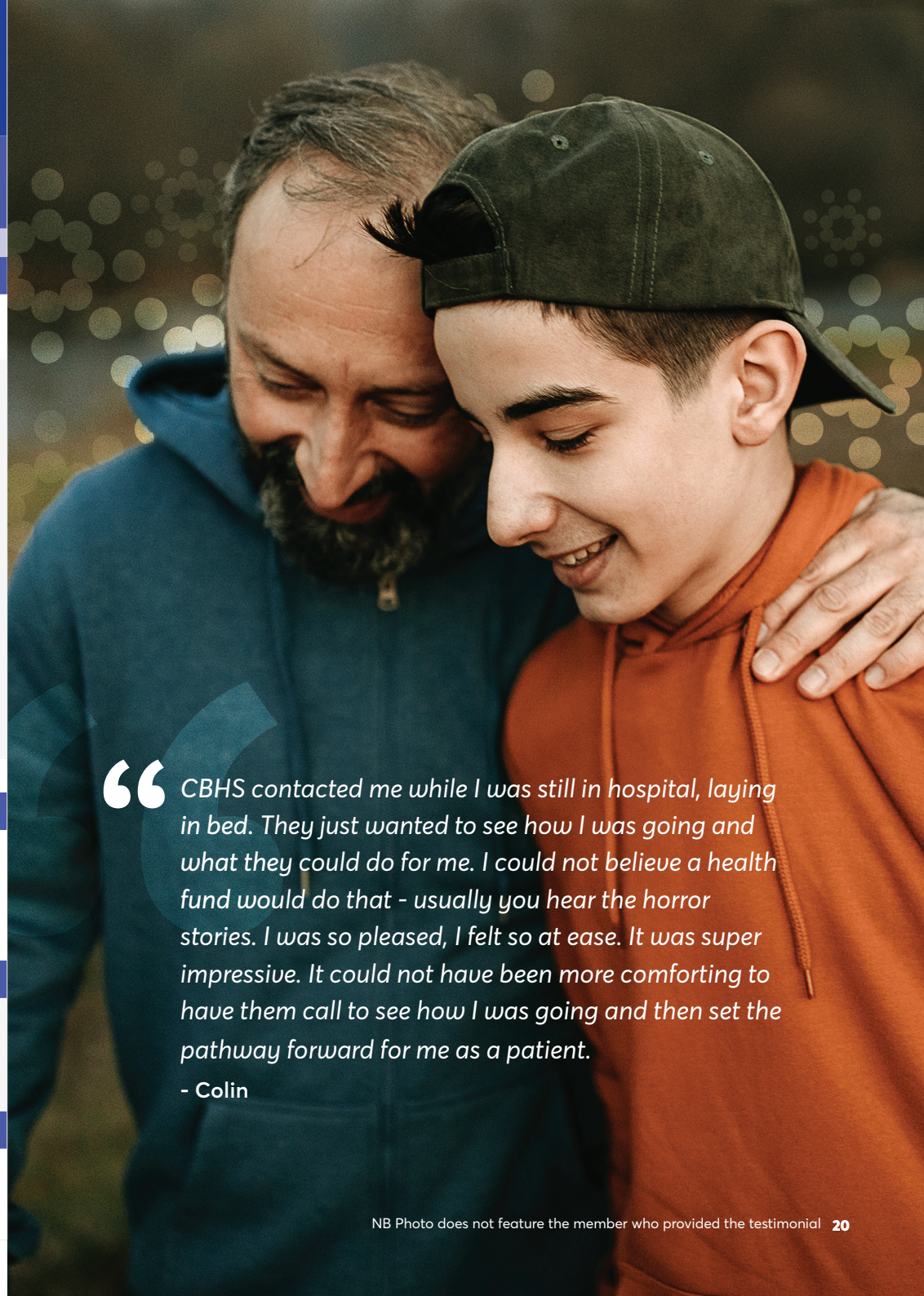
#	Item description	Prestige (Gold)	StepUp (Bronze Plus)	KickStart (Basic Plus)	FlexiSaver (Basic Plus)
Benefit percentage	CBHS pays this percent of the total cost up to the maximum claimable amount per service and up to the overall limit in each benefit period.	**100%**	**70%**	**100%**	**55%** of cost up to the annual combined limit
Dental					
Preventative dental					
011	Examination	$45	$45	$40	55% of cost up to the annual combined limit
022	X-ray	$28	$28	$23	
114	Removal of calculus - first visit	$68	$68	$58	
121	Fluoride	$27	$27	$22	
General dental					
322	Surgical removal of a tooth	$182	$182	$172	55% of cost up to the annual combined limit
323	Surgical removal of a tooth (including bone)	$195	$195	$185	
324	Surgical removal of a tooth (including bone and tooth division)	$250	$250	$200	
531	Adhesive restoration (filling), 1 surface posterior tooth	$90	$90	$75	
532	Adhesive restoration (filling) 2 surfaces posterior tooth	$110	$110	$100	
533	Adhesive restoration (filling) 3 surfaces posterior tooth	$135	$135	$110	
Major dental					
222	Root planing - per tooth	$30	$30	$24	-
415	Complete chemo mechanical preparation of root canal – one canal	$136	$136	$110	-
416	Complete chemo mechanical preparation of root canal – each additional canal	$85	$85	$55	-
417	Root canal obturation - one canal	$157	$157	$117	-
418	Root canal obturation - each additional canal	$65	$65	$50	-
582	Veneer - direct	$260	$260	-	-
583	Veneer - indirect	$600	$600	-	-
615	Full crown - non metallic - indirect	$750	$750	-	-
642	Bridge - direct - per pontic	$380	$380	-	-
643	Bridge - indirect - per pontic	$680	$680	-	-
711	Complete maxillary denture	$480	$480	-	-
712	Complete mandibular denture	$500	$500	-	-
719	Complete maxillary and mandibular denture	$750	$750	-	-
811	Passive removable appliance - per arch	$3,200	$1,400	-	-
843	Maxillary expansion appliance	$3,200	$1,400	-	-
881	Complete course of orthodontic treatment	$3,200	$1,400	-	-
965	Occlusal splint	$260	$260	-	-
Optical					
110	Frames	$140	$90	100% of cost for one complete optical appliance up to the annual limit	55% of cost up to the annual sub limit
212	Single vision lens pair	$130	$70		
312	Bifocal lens pair	$140	$60		
412	Trifocal lens pair	$150	$90		
512	Multifocal lens pair	$210	$100		
852	Contact lenses	$220	$160		

For a full comparison of hospital covers, please see page 13-14. For explanations, please see pages 29-30.
Waiting periods, restrictions and exclusions may apply.

Maximum claimable amounts
Packaged Extras covers

	Prestige (Gold)	StepUp (Bronze Plus)	KickStart (Basic Plus)	FlexiSaver (Basic Plus)
Benefit percentage CBHS pays this percent of the total cost up to the maximum claimable amount per service and up to the overall limit in each benefit period.	**100%**	**70%**	**100%**	**55% of cost** up to the annual combined limit
Item description				
Therapies				
Physiotherapy (initial/subsequent)	$61 / $43	$61 / $43	$40 / $30	55% of cost up to the annual combined limit
Chiropractic (initial/subsequent)	$61 / $40	$61 / $40	$40 / $40	-
Osteopathy (initial/subsequent)	$61 / $35	$61 / $35	$40 / $30	
Occupational therapy (initial/subsequent)	$61 / $35	$61 / $35	-	
Speech therapy (initial/subsequent)	$95 / $46	$95 / $46	-	
Clinical psychology (initial/subsequent)	$140 / $80	$140 / $80	$50	
Ante natal/post natal physiotherapy	100%	70%	-	
Hypnotherapy	$80	-		
Podiatry (standard consult) (excl. artificial aids: e.g. orthotics, which are covered under artificial aids)	$35	$35		
Audiology	$60	-		
Eye therapy	$60			
Dietitian (initial/subsequent)	$75 / $42	$75 / $42	$75 / $42	
Exercise physiology (initial/subsequent)	$35 / $35	-	-	-
Alternative therapies				
Oriental therapies - *acupressure, acupuncture, Chinese herbal medicine consultation, Chinese massage, traditional Chinese medicine consultation*	$33	$33	$26	-
Massage therapies - *Deep tissue massage, lymphatic drainage, myotherapy, remedial massage, sports massage, Swedish massage, therapeutic massage*	$33	$33	$26	
General health				
Blood glucose accessories	100%	70%	100%	-
Non-Pharmaceutical Benefits Scheme (PBS) drugs requiring a prescription by law. (100% less the current prescribed PBS co-payment for general patients up to the maximum claimable benefit)	$150	$75	$75	
Health care aids (referred by a doctor and recognised by CBHS)				
Artificial aids	$10 - $1,500	$10 - $150	-	-
Hearing aids	100%	-		
Blood pressure monitor, nebuliser, glucometer	100%			

For a full comparison of Hospital covers, please see page 13-14. For explanations, please see pages 29-30. Waiting periods, restrictions and exclusions may apply.



CBHS contacted me while I was still in hospital, laying in bed. They just wanted to see how I was going and what they could do for me. I could not believe a health fund would do that - usually you hear the horror stories. I was so pleased, I felt so at ease. It was super impressive. It could not have been more comforting to have them call to see how I was going and then set the pathway forward for me as a patient.

- Colin

NB Photo does not feature the member who provided the testimonial

Your Hospital cover

Your lifestyle and situation are unique, and our cover options are built with that in mind. Choose the right Hospital and Extras cover combination for your needs.

All covers include:

- Emergency ambulance transport
- Access Gap Cover (with participating doctors)
- Better Living programs

Important note:
Members should be aware that it is possible you will be placed on a public hospital waiting list even if you are admitted as a private patient in a public hospital.

Comprehensive cover

Basic cover

Comprehensive Hospital
(Gold)

Our highest level of Hospital cover to provide you with peace of mind in case the unexpected arises.

Hospital

- Cover as an admitted patient for all treatments covered by Medicare
- Co-payment or excess options for reduced premiums (co-payment or excess does not apply to dependants on the policy)
- Access to private hospitals (for non-restricted services)
- The option to keep a non-student dependant under 31 years of age on your cover

Active Hospital
(Silver Plus)

A high-level of cover with exclusions for a small number of procedures to match your life stage.

Hospital

- Covers a wide range of private hospital treatments
- Includes cover for heart and vascular system
- $100 co-payment which does not apply to dependants on the policy

Limited Hospital
(Bronze Plus)

Designed to cover most eventualities with some exclusions on services and treatments for things you are less likely to need.

Hospital

- Daily co-payment option for reduced premiums (co-payment does not apply to dependants on the policy)
- Covers a wide range of private hospital treatments
- The option to keep a non-student dependant under 31 years of age on your cover

Basic Plus Hospital

A basic level of Hospital cover to give you the choice of your own doctor or specialist when receiving treatment as a private patient in a shared room of a public hospital.

Hospital

- Excess options for reduced premiums
- Choice of doctor or specialist

For more information on coverage, see pages 23-24 for full comparisons.

Comparison of Hospital covers

	Comprehensive Hospital (Gold)	Active Hospital (Silver Plus)	Limited Hospital (Bronze Plus)	Basic Plus Hospital	Waiting period
Emergency ambulance transport (See page 27 for details)	✓	✓	✓	✓	1 day
Accident related treatment^ after joining	✓	✓	✓	R	1 day
Example hospital procedures at participating public and private hospitals					
Tonsils, adenoids and grommets	✓	✓	✓	R	
Joint reconstructions	✓	✓	✓	R	
Hernia and appendix	✓	✓	✓	R	
Dental surgery	✓	✓	✓	R	
Bone, joint and muscle	✓	✓	✓	R	
Brain and nervous system	✓	✓	✓	R	
Ear, nose and throat	✓	✓	✓	R	
Kidney and bladder	✓	✓	✓	R	
Digestive system	✓	✓	✓	R	
Gastrointestinal endoscopy	✓	✓	✓	R	
Chemotherapy, radiotherapy and immunotherapy for cancer	✓	✓	✓	R	
Skin	✓	✓	✓	R	
Breast surgery (medically necessary)	✓	✓	✓	R	
Diabetes management (excluding insulin pumps)	✓	✓	✓	R	
Miscarriage and termination of pregnancy	✓	✓	✓	R	2 months (12 months for pre-existing)
Gynaecology	✓	✓	✓	R	
Male reproductive system	✓	✓	✓	R	
Eye (not cataracts)	✓	✓	✓	R	
Blood	✓	✓	✓	R	
Back, neck and spine	✓	✓	✓	R	
Implantation of hearing devices	✓	✓	✓	R	
Dialysis for chronic kidney failure	✓	✓	✓	R	
Insulin pumps	✓	✓	✓	R	
Pain management	✓	✓	✓	R	
Pain management with device	✓	✓	✓	R	
Sleep studies	✓	✓	✓	R	
Cataracts	✓	✓	×	R	
Heart and vascular system	✓	✓	×	R	
Lung and chest	✓	✓	×	R	
Plastic and reconstructive surgery (medically necessary)+	✓	✓	×	R	
Rehabilitation	✓	✓	R	R	2 months
Hospital psychiatric services	✓	R	R	R	2 months
Palliative care	✓	R	R	R	2 months
Pregnancy and birth	✓	×	×	R	12 months
Assisted reproductive services	✓	×	×	R	
Joint replacements	✓	×	×	R	
Weight loss surgery	✓	×	×	R	2 months (12 months for pre-existing)
Podiatric surgery (provided by a registered podiatric surgeon)	O	O	×	×	
Cosmetic services	×	×	×	×	
Services for which a Medicare benefit is NOT payable	R	×	×	×	

✓ Covered in private agreement hospitals and public hospitals.

R Restricted benefits.

Additional services covered above the minimum requirements for each product tier.

× Exclusion (not covered).

O Indicates benefits for accommodation at Minimum Benefits in relevant PHI (Benefit Requirements) Rules and prostheses benefits based on items listed by the Minister of Health. No benefit for medical or theatre costs.

A benefit is not payable in respect of a service that was rendered to a Member if the service can be claimable from any other source.

^Accident related treatment means treatment provided in relation to an Accident that occurs after a Member joins the Fund and the Member provides documented evidence of seeking treatment from a Health Care Provider within 7 days of the Accident occurring. If Hospital Treatment is required, the Member must be admitted to a Hospital within 180 days of the Accident occurring. Any additional Hospital Treatment (after the initial 180 days) will be paid as per the level of Benefits payable on the Member's chosen level of cover (if applicable).

Please note: 'Plastic and reconstructive surgery (medically necessary)' is excluded on Bronze products. However, plastic surgery that is medically necessary relating to the treatment of a skin-related condition is covered under the category 'Skin'. For example: melanoma, minor wound repair, and abscesses.

With CBHS, nothing is too much trouble, and the relationship is meaningful enough to solve problems or concerns with a minimum of fuss. We have always felt valued.

- Ian

NB Photo does not feature the member who provided the testimonial

Ambulance cover

Ambulance costs are expensive and are not covered by Medicare. CBHS Ambulance cover protects you from emergency ambulance costs. You are covered for emergency ambulance transport (air, land and sea within Australia) if you have any level of Hospital cover with CBHS.

Ambulance cover pays the cost of emergency ambulance services if you are transported directly to a hospital or treated at the scene, due to a medical emergency. Transport must be provided by a State Government ambulance service or a private ambulance service recognised by CBHS (e.g. Royal Flying Doctors Service).

This includes transportation from the scene of an accident or the scene of a medical event such as a heart attack or stroke, but does not include transportation to hospital for the routine management of ongoing medical conditions or transfers between hospitals.

If you require cover for non-emergency services please contact your state ambulance scheme for further information. Residents of WA holding a Hospital or packaged product are also eligible to claim a benefit for non-emergency ambulance transport services up to a maximum of $5,000 per person per calendar year.

You can take our Ambulance cover as a standalone option.

Please note: Residents of QLD are covered Australia - wide by their state - based ambulance schemes. Residents of TAS are covered by state - based ambulance schemes except in QLD and SA. You may be able to claim for services not covered by your state scheme under your CBHS Hospital cover.

Benefits of Hospital cover

CBHS Better Living

As a CBHS member you have access to programs that will support you in managing a range of health factors and conditions including mental health matters, blood pressure, heart problems, sleep apnoea, diabetes and weight management. The Better Living programs help you take control of your health by providing tailored guidance, advice and practical solutions from health care professionals. For more information visit our website **cbhs.com.au/better-living** or email **wellness@cbhs.com.au**

Hospital Substitute Treatment

This program is aimed at reducing the time you spend in hospital. Care is delivered in the comfort of your own home by health care professionals. Programs cater for a range of conditions including rehabilitation, cancer therapy support, mental health support, intravenous antibiotics and complex wound management.

For more information visit our website **cbhs.com.au/member-health/hospital-in-the-home** or email **wellness@cbhs.com.au**

Access Gap Cover (AGC)

Many people admitted to hospital as private patients can find themselves faced with out-of-pocket expenses or 'gaps'. CBHS has arrangements with some doctors that are designed to minimise or eliminate out-of-pocket expenses altogether. Members have access to these arrangements on all Hospital levels of cover. Go to **cbhs.com.au/find-a-provider** for more information on AGC or to search for AGC participating doctors.

Co-payments and excesses

You can reduce the cost of your Hospital cover by choosing to pay a daily co-payment or excess (if available).

If you choose a cover with a daily co-payment it means that when you go into hospital (same-day or overnight) you will pay the relevant daily co-payment each day that you are hospitalised up to a maximum of six days per person or 12 days per family per calendar year. Depending on level of cover, co-payment may not apply to dependants on the policy. See table below.

You can also choose a cover with an excess. An excess is the amount you pay towards the cost of your hospital admission before any benefit is payable. If you choose an excess, it means that when you go into hospital (same-day or overnight) you will pay the chosen excess amount directly to the hospital. The excess is only payable once per person up to a maximum of twice per couple/family membership per calendar year. Depending on level of cover, excess may not apply to dependants on the policy. See table below.

Cover	Co-payment options	Excess options	Co-payment or excess waived for dependants on policy
Comprehensive Hospital (Gold)	Nil, $70 or $100	$750	✓
Active Hospital (Silver Plus)	$100	-	✓
Limited Hospital (Bronze Plus)	Nil, $70 or $100	-	✓
Basic Plus Hospital	-	Nil, $500 or $750	✗
Prestige (Gold)	Nil	Nil	✓
StepUp (Bronze Plus)	$70	-	✓
KickStart (Basic Plus)	$70	-	✗
FlexiSaver (Basic Plus)	-	$500	✗

Exclusive benefits for packaged covers

Teladoc HEALTH

Exclusive to Prestige (Gold) members, the international program Teladoc Health provides access to leading medical minds from around the world.

The Teladoc Health network has more than 50,000 experts in over 450 specialties and subspecialties and is designed to complement the care you receive from your own doctor.

Gap Assist

To further help you reduce your out-of-pocket expenses from hospitalisation, Prestige (Gold) and StepUp (Bronze Plus) include a Gap Assist benefit of $200 for Prestige (Gold) and $100 for StepUp (Bronze Plus) per person per calendar year.

Cover	Gap Assist amount
Prestige (Gold)	$200
StepUp (Bronze Plus)	$100

Understanding Hospital cover

Agreement private hospitals

CBHS holds agreements with an extensive range of Australian private hospitals and day surgeries. These agreements ensure hospital fees including bed fees, theatre and labour ward fees, intensive and coronary care fees are covered when admitted as a patient to hospital (subject to your level of cover).

For charges incurred in a non-agreement hospital members may only receive benefits similar to a public hospital shared room rate.

To check if your hospital holds an agreement, visit our website **cbhs.com.au/find-a-provider** and we strongly recommend you contact us on **1300 654 123** to confirm your benefit entitlement prior to receiving hospital treatment.

Members who choose a non-agreement hospital may incur out-of-pocket expenses for hospital related services irrespective of their level of cover.

Public hospitals

All CBHS Hospital covers provide benefits for certain treatments with your choice of doctor in a public hospital. No benefits are payable if the service or treatment is an exclusion.

Important note:
Members should be aware that it is possible you will be placed on a public hospital waiting list even if you are admitted as a private patient in a public hospital.

Admitted hospital medical services*

CBHS will pay up to 25% of the Medicare Benefit Schedule (MBS) fee, while Medicare pays the other 75%. If charges are more than the MBS fee, then a gap payment arises.

Services that do not attract a benefit from Medicare will be subject to restricted hospital benefits only or excluded (depending on level of cover) resulting in significant out-of-pocket expenses for both hospital and medical services.

** A member will incur substantial out-of-pocket expenses if they are not entitled to Medicare Benefits (i.e. non-Australian Residents).*

Inclusions, exclusions and restrictions

In the Hospital cover comparison tables (pages 13-14 and 23-24), there are various markings showing whether each category is included, excluded or restricted:

✓ Covered in private agreement hospitals and public hospitals.

✕ Exclusion (not covered). Shows a service or procedure category which is not covered by this policy. There is no benefit payable and you will incur significant out-of-pocket expense for these services. Please review the exclusions and check with us to see if you are covered before receiving treatment.

R Restricted. A restricted benefit is one which CBHS pays a benefit for services which are performed in a public hospital with the doctor of the member's choice. If the member chooses to go to a private hospital to receive these services, CBHS will pay only the Minimum Default Rate for accommodation specified by the law and they will be faced with significant out-of-pocket expenses. In a private hospital, the member will be liable to pay the full cost of theatre or labour ward fees.

Additional services covered above the minimum requirements.

O Indicates benefits for accommodation at Minimum Benefits in relevant PHI (Benefit Requirements) Rules and prostheses benefits based on items listed by the Minister of Health. No benefit for medical or theatre costs.

Hospital waiting periods

Waiting periods apply to those who are new to private health insurance or choose to upgrade to a higher level of cover. If you choose to transfer your policy to CBHS any waiting periods already served at your previous fund can be honoured. Upgrading your level of cover will cause additional waiting periods to apply.

Description	Period
Pre-existing conditions* (except for hospital psychiatric services, rehabilitation and palliative care)	12 months
Pregnancy and birth	12 months
Hospital psychiatric services,** rehabilitation and palliative care	2 months
Accidents,*** emergency ambulance transport	1 day
All other treatments	2 months

** If a member has a pre-existing condition, a waiting period of 12 months will apply before we will pay hospital or medical benefits towards any treatment for that condition.*

*** Note that upon serving the two months waiting period, members can choose to upgrade their cover (once in a lifetime) and access the higher benefits for hospital psychiatric treatment associated with that cover, without serving an additional waiting period.*

**** Accident means an unexpected or unforeseen event caused by an external force or object resulting in an injury to the body which requires treatment by a medical practitioner, Hospital or dentist (as the context requires) but excludes pregnancy.*

What's covered?

Depending on the level of cover:

- ✓ Accommodation for overnight, same day and intensive care for private or shared room in agreement private and public hospitals
- ✓ Theatre and labour ward fees covered in agreement private hospitals (excluding restricted services)
- ✓ Medical expenses related to providers for services while admitted in hospital e.g. fees from doctors, surgeons, anaesthetists, pathology, imaging etc. Covered for services eligible for benefits from Medicare up to Medicare Benefits Schedule (MBS) fee. Members have their choice of doctor/ surgeon in a public and private hospital. CBHS will cover the difference between the Medicare benefit and the MBS fee for services provided as an admitted patient to a hospital
- ✓ Access Gap Cover is where a provider chooses to participate under an arrangement with the fund. CBHS covers up to 100% of an agreed amount in excess of the MBS fee which reduces or eliminates your out-of-pocket medical expenses (i.e. surgeons, anaesthetists, pathology, imaging fees etc.)
- ✓ Surgically implanted prostheses to at least the minimum benefit specified in the prosthesis list issued under Private Health Insurance legislation
- ✓ Pharmacy covers most drugs related to the reason for your admission in agreement private hospitals
- ✓ Boarder accommodation covers 100%, up to $160 per admission, if not included in hospital agreement. This applies to a member assisting with the care of another member on the same membership
- ✓ Emergency ambulance transport for an accident or Medical Emergency* by approved ambulance providers
- ✓ Hospital services where a Medicare benefit is payable (excluding restricted services)
- ✓ Better Living programs information available under the membership/services and benefits tab at **cbhs.com.au/betterliving**
- ✓ Hospital Substitute Treatment information available at **cbhs.com.au/member-health/hospital-in-the-home**

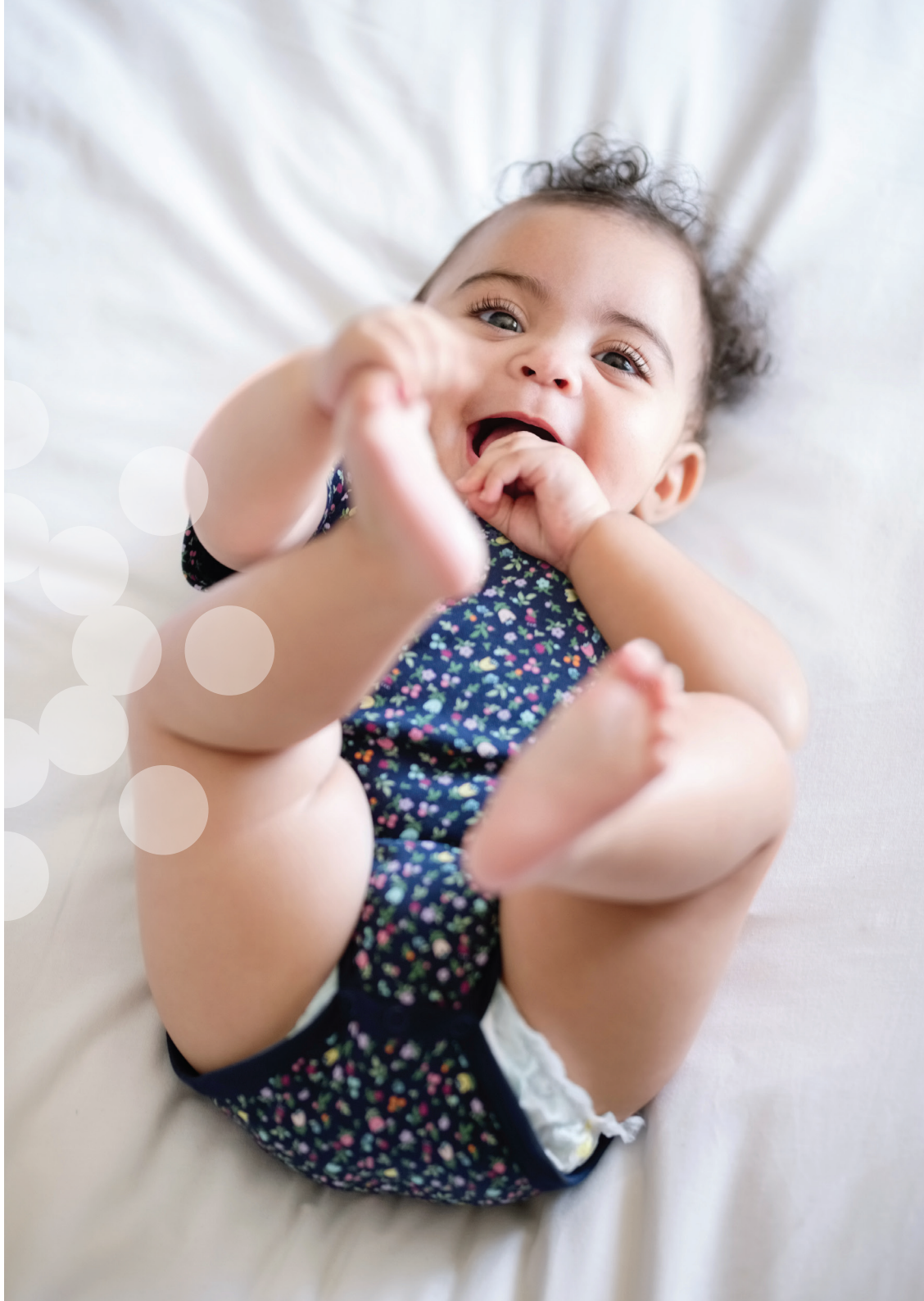
What's not covered?

Depending on the level of cover:

- ✗ No benefits are payable for hospital or medical treatment and associated costs for excluded services
- ✗ If member is admitted into a private hospital for restricted services or into a non-agreement hospital, benefits are payable only at the minimum rate specified by law. These benefits may only provide a benefit similar to a public hospital shared room rate. These benefits may not be sufficient to cover admissions in a private hospital or a non-agreement hospital.
- ✗ Hospital services received within policy waiting periods
- ✗ Nursing home type patient contribution, respite care or nursing home fees
- ✗ Take home/discharge drugs (non-PBS drugs may be eligible for benefits from Extras cover)
- ✗ Aids not covered in hospital agreement (may be eligible for benefits from Extras cover)
- ✗ Services claimed over 24 months after the service date
- ✗ Services provided in countries outside of Australia
- ✗ Prostheses used for cosmetic procedures, where no Medicare benefit is payable or for excluded services
- ✗ Ambulance transfers between hospitals (for residents in VIC, SA and NT)
- ✗ Fees raised by public hospitals that exceed Minimum Default Benefits set by the Department of Health for shared room accommodation

CBHS benefits vary depending on the level of cover and services covered. Please refer to the individual product sheet or call us and check before getting treatment or going to hospital.

**"Medical Emergency" means an acute injury or illness which poses an immediate or imminent risk to the Member's life for which a Member is admitted to Hospital via an Accident and Emergency Department.*



Your Extras cover

With Extras cover you get benefits towards services not usually covered by Medicare like dental, optical, physio, chiro, and alternative therapies.

Comprehensive cover

Basic cover

Top Extras

If you want to be covered for an extensive range of Extras services.

Extras

- Generous per service benefits on a wide range of services
- Unlimited preventative and general dental
- High overall limits on major dental, optical, physio, chiro and other therapies
- Cover for hearing aids and other health care aids and appliances
- The option to keep a non-student dependant under 31 years of age on your cover

Intermediate Extras

Allows you to be covered for a wide range of popular Extras required for day-to-day health management.

Extras

- Benefits for preventative and general dental
- Cover for orthodontia and some major dental
- Benefits towards optical, physio, chiro and some therapies
- The option to keep a non-student dependant under 31 years of age on your cover

Essential Extras

Helps you maintain a healthy lifestyle at an affordable level of cover.

Extras

- Benefits for preventative dental
- Basic benefits towards general dental, optical, physio and chiro

Other covers

Ambulance Only

Provides cover for ambulance costs including treatments at the scene arising from medical emergencies.

See page 27 for details.

Comparison of Extras covers

Overall limits and benefit period: Each service (or group of services) has an overall limit on the amount that you claim per person within each benefit period. The benefit period is the period in which the overall limit may be used. Most benefit periods are per calendar year unless stated below.

	Top Extras	Intermediate Extras	Essential Extras	Benefit period	Waiting periods
Dental*					
Preventative dental	Unlimited	$230	$210	calendar year	2 months
General dental	Unlimited	$500	$170	calendar year	2 months
Major dental					
Periodontic (gum treatment)	$630	$400	-	calendar year	6 months
Endodontic (root canal treatment)	$660		-		
Inlays/onlays/facings/veneers	$1,440	-	-	any 5 years	
Dentures and implants	$1,350	-	-		
Occlusal therapy	$920	-	-	lifetime	
Crowns and bridges	$3,000	$700	-	any 5 years	12 months
Orthodontia	$2,800	$700 annual limit ($1,400 lifetime limit)	-	lifetime	
Optical					
Prescribed optical appliances	$375	$250	$200	calendar year	6 months
Therapies					
Physiotherapy	$720	$300	$200	calendar year	2 months
Chiropractic	$720	$250			
Osteopathy	$720				
Occupational therapy	$720	-	-		
Speech therapy	$1,850	-	-		
Clinical psychology	$450	-	-		
Ante natal/post natal physiotherapy	$105	-	-		
Hypnotherapy	$360	-	-		
Podiatry (excl. artificial aids: e.g. orthotics, which are covered under artificial aids)	$400	$250	-		
Audiology	$360	-	-		
Eye therapy	$455	-	-		
Dietitian	$360	$100	$100		
Exercise physiology	$360	-	-		
Alternative therapies					
Oriental therapies - *acupressure, acupuncture, Chinese herbal medicine consultation, Chinese massage, traditional Chinese medicine consultation*	$450	$300	$200	calendar year	2 months
Massage therapies - *Deep tissue massage, lymphatic drainage, myotherapy, remedial massage, sports massage, Swedish massage, therapeutic massage*	$450				
General health					
Blood glucose accessories	$320	$100	$100	calendar year	2 months
Non-Pharmaceutical Benefits Scheme drugs requiring a prescription by law. (100% less the current prescribed PBS co-payment for general patients up to the maximum claimable benefit)	$1,000	$300	$200		
Health care aids (referred by a doctor and recognised by CBHS)					
Artificial aids	$1,000	$350	-	any 3 years	12 months
Hearing aids	$1,600	-	-		
Blood pressure monitor, nebuliser, glucometer	$500	$300	-		

CBHS will not pay a benefit in respect of a service that was rendered to a member if the services can be claimable from any other source.

**Benefits are not payable for Do-It-Yourself (DIY) dentistry including whitening kits, aligners and occlusal splints. Please contact us to confirm whether a benefit is payable.*

Maximum claimable amounts
Extras covers

#	Item description	Top Extras	Intermediate Extras	Essential Extras
	Benefit percentage CBHS pays this percent of the total cost up to the maximum claimable amount per service and up to the overall limit in each benefit period.	**70%**	**70%**	**70%**
Dental				
Preventative dental				
011	Examination	$45	$45	$45
022	X-ray	$28	$28	$28
114	Removal of calculus - first visit	$68	$68	$68
121	Fluoride	$27	$27	$27
General dental				
322	Surgical removal of a tooth	$182	$182	$170
323	Surgical removal of a tooth (including bone)	$195	$195	$160
324	Surgical removal of a tooth (including bone and tooth division)	$250	$250	$170
531	Adhesive restoration (filling), 1 surface posterior tooth	$90	$90	$90
532	Adhesive restoration (filling) 2 surfaces posterior tooth	$110	$110	$110
533	Adhesive restoration (filling) 3 surfaces posterior tooth	$135	$135	$135
Major dental				
222	Root planing - per tooth	$30	$30	-
415	Complete chemo mechanical preparation of root canal – one canal	$136	$136	-
416	Complete chemo mechanical preparation of root canal – each additional canal	$85	$85	-
417	Root canal obturation - one canal	$157	$157	-
418	Root canal obturation - each additional canal	$65	$65	-
582	Veneer - direct	$260	-	-
583	Veneer - indirect	$600	-	-
615	Full crown - non metallic - indirect	$750	$700	-
642	Bridge - direct - per pontic	$380	$380	-
643	Bridge - indirect - per pontic	$680	$680	-
711	Complete maxillary denture	$480	-	-
712	Complete mandibular denture	$500	-	-
719	Complete maxillary and mandibular denture	$750	-	-
811	Passive removable appliance - per arch	$2,800	$700	-
843	Maxillary expansion appliance	$2,800	$700	-
881	Complete course of orthodontic treatment	$2,800	$700	-
965	Occlusal splint	$260	-	-
Optical				
110	Frames	$140	$90	$70
212	Single vision lens pair	$130	$70	$70
312	Bifocal lens pair	$140	$60	$60
412	Trifocal lens pair	$150	$90	$60
512	Multifocal lens pair	$210	$100	$70
852	Contact lenses	$220	$160	$140

Maximum claimable amounts
Extras covers

Item description	Top Extras	Intermediate Extras	Essential Extras
Benefit percentage CBHS pays this percent of the total cost up to the maximum claimable amount per service and up to the overall limit in each benefit period.	70%	70%	70%
Therapies			
Physiotherapy (initial/subsequent)	$61 / $43	$61 / $43	$61 / $43
Chiropractic (initial/subsequent)	$61 / $40	$61 / $40	$61 / $40
Osteopathy (initial/subsequent)	$61 / $35	$61 / $35	$61 / $35
Occupational therapy (initial/subsequent)	$61 / $35	-	-
Speech therapy (initial/subsequent)	$95 / $46	-	-
Clinical psychology (initial/subsequent)	$140 / $80	-	-
Ante natal/post natal physiotherapy	70%	-	-
Hypnotherapy	$80	-	-
Podiatry (standard consult) (excl. artificial aids: e.g. orthotics, which are covered under artificial aids)	$35	$35	-
Audiology	$60	-	-
Eye therapy	$60	-	-
Dietitian (initial/subsequent)	$75 / $42	$75 / $42	$75 / $42
Exercise physiology (initial/subsequent)	$35 / $35	-	-
Alternative therapies			
Oriental therapies - acupressure, acupuncture, Chinese herbal medicine consultation, Chinese massage, traditional Chinese medicine consultation	$33	$33	$33
Massage therapies - deep tissue massage, lymphatic drainage, myotherapy, remedial massage, sports massage, Swedish massage, therapeutic massage	$33	$33	$33
General health			
Blood glucose accessories	70%	70%	70%
Non-Pharmaceutical Benefits Scheme drugs requiring a prescription by law. (100% less the current government prescribed co-payment up to the maximum claimable benefit)	$75	$75	$75
Health care aids (referred by a doctor and recognised by CBHS)			
Artificial aids	$10 - $1,000	$10 - $350	-
Hearing aids	70%	-	-
Blood pressure monitor, nebuliser, glucometer	70%	70%	-

Benefits of Extras cover

CBHS Wellness Benefit is a program to assist you in managing your health and wellbeing. These unique benefits are available to all members holding Extras cover and on each of our packaged covers excluding FlexiSaver (Basic Plus). CBHS Wellness Benefit covers you for a variety of health checks and programs designed to assist you in better managing your health and wellbeing.

Health checks^

CBHS provides eligible members with 90% (100% for Prestige (Gold)) of the cost of a variety of health checks (when the service is not eligible for a Medicare benefit) up to the annual limit depending on the level of cover (see below for limits). Health checks included are:

- Breast examinations
- Bone density test
- Skin cancer screening
- Bowel/prostate cancer screening
- Eye screenings

Health management

A series of programs are available for eligible members who can receive a benefit of up to 90% (100% for Prestige (Gold)) of the cost up to the annual limit on these programs:

- Quit smoking programs[1]
- Weight management programs[1]
- Stress management courses[1]
- Gym membership[2]
- Personal training[2]

Wellness benefits	**Prestige** (Gold)	**KickStart** (Basic Plus)	**All other Extras and packaged covers** (excluding FlexiSaver (Basic Plus))
Health checks	$300	$100	$200
Health management	$200	$100	$100
Gym membership or personal training	$230 (sublimit $200 for personal training)	$115 (sublimit $100 for personal training)	$115 (sublimit $100 for personal training)

[1] *Must be approved by CBHS.*

[2] *CBHS can only pay a benefit for gym membership/personal trainer where the gym/personal trainer service is provided as part of a health management program, certified by your GP or a recognised provider confirming that the gym/personal trainer program is a health management program. Approval form is available from the CBHS website. Please note that GP consultations are not covered by CBHS.*

^CBHS is only able to pay a benefit towards selected scans, screenings and tests when they are NOT covered by Medicare. Your GP or provider will be able to advise you if your scan, screen or test meets Medicare criteria for benefits.

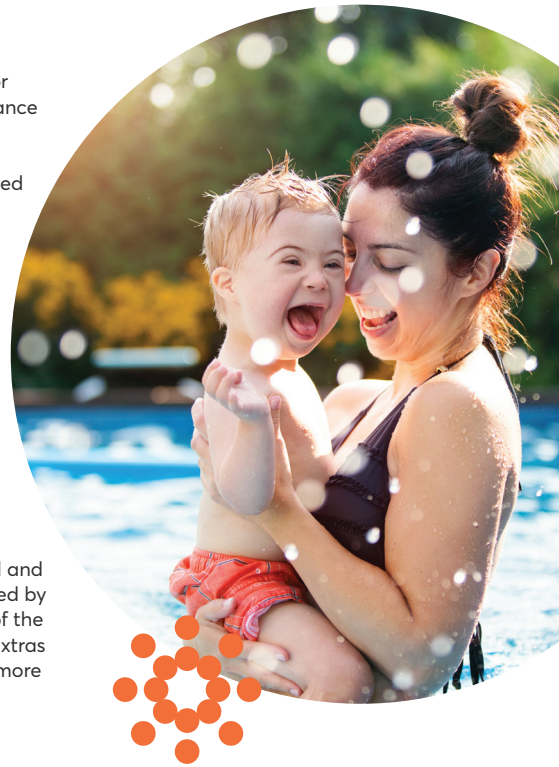
The Choice Network

The CBHS Choice Network is a group of dental and optical providers who are committed to providing exceptional treatment to our members while reducing or removing the gap for Extras services on selected preventative dental treatments, optical frames, lenses and contact lenses. For more information about the CBHS Choice Network and to find a provider, visit **cbhs.com.au/find-a-provider**

Recognised providers

In addition to our Choice Network, we pay benefits for services provided by 'recognised providers' in accordance with the CBHS Health Benefit Fund Rules and the applicable Government regulations. Various types of providers are deemed to be recognised providers based on the services which they offer.

For more information about this criteria, please visit **cbhs.com.au/find-a-provider/recognised-providers**



Exclusive benefits for Prestige (Gold) Packaged and Top Extras

Home visits by registered nurse

A benefit exclusively for our Prestige (Gold) packaged and Top Extras members, where an in-home visit is required by a registered nurse, CBHS will pay a benefit of 100% of the cost for Prestige (Gold) and 70% of the cost for Top Extras up to $80 for less than four hours and up to $120 for more than four hours.

An annual benefit limit applies of $2,800 per person.

Travel and accommodation

Another exclusive benefit for our Prestige (Gold) and Top Extras members to help offset the cost of travelling long distances to medical appointments. Eligible members can receive a benefit of 100% of the cost for Prestige (Gold) and 50% of the cost for Top Extras for accommodation (single room rate), airfare, train, bus or 15c per kilometre for car travel up to the annual limit of $500.+

+ Travel is only payable for a patient who requires essential medical or dental treatment, where it is not available at a facility within a 160km round trip of the member's home. In order to claim travel a patient must be visiting a specialist and will require a referral letter. Excludes Ronald McDonald House.

Understanding Extras cover

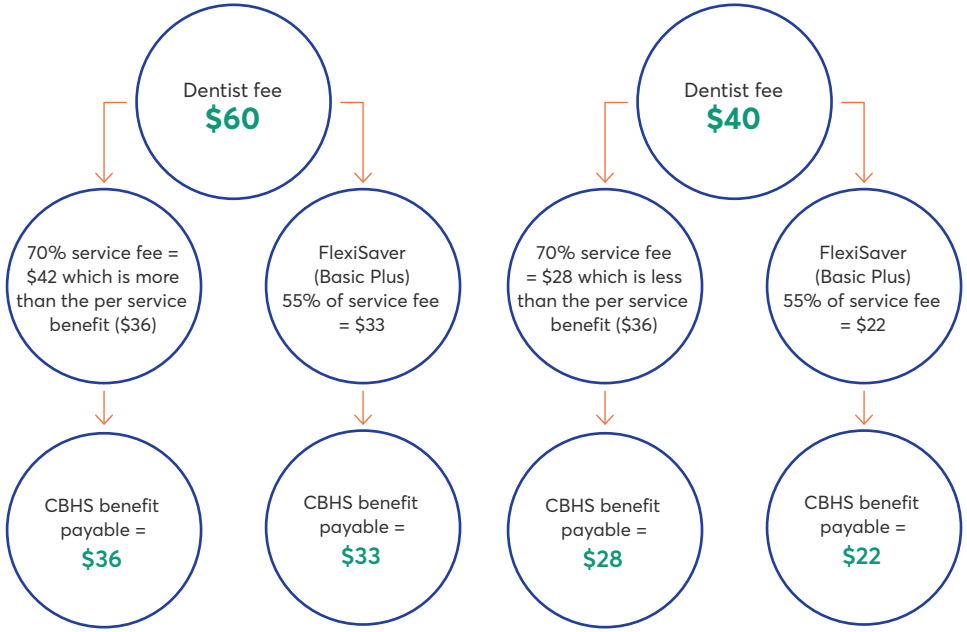
CBHS Extras benefits are based on a percentage benefit of the provider's fee up to a CBHS limit per service capped by a sub-limit or overall limit.

Extras cover	**Benefit percent**
Prestige (Gold)	100% of the cost up to the maximum claimable amount per service
StepUp (Bronze Plus); Top, Intermediate and Essential	70% of the cost up to the maximum claimable amount per service
KickStart (Basic Plus)	100% of the cost up to the maximum claimable amount per service
FlexiSaver (Basic Plus)	55% of the cost up to the annual combined limit

Working out Extras benefits

When you make a claim on Extras cover, you receive a percentage (refer to the table on pages 15-19 and 33-38 for the benefit percent for each product) of the total cost of each particular item you claim up to the maximum claimable amount per service (see pages 15-19 and 33-38 for details of maximum claimable amounts).

To make a claim, the item must also be included in your cover and you must not have exceeded your overall limit in the benefit period.



Benefit period

Each item (or group of items) where a benefit is payable by CBHS on Extras and packaged covers has an overall limit and a benefit period in which that limit can be used. In most cases, the limits are per person, per calendar year, however some services renew each three or five years or once in the lifetime of the cover. Benefits which attract a three or five year benefit period are renewed on the same date the respective service was performed.

Extras waiting periods	Calendar months
Crowns, bridges, orthodontia, artificial aids, healthcare appliances, oxygen apparatus and hearing aids	12 months
Prescribed optical appliances, periodontics, endodontics, inlays, onlays, facing, veneers, occlusal therapy, implants and dentures	6 months
All other services	2 months

Additional information

Pre-existing conditions

If you have a pre-existing condition, a waiting period of 12 months will apply before we will pay hospital or medical benefits towards any treatment for that condition.

A pre-existing condition is defined as an ailment, illness, or condition where the signs or symptoms existed at any time in the period of six months ending on the day on which the person became insured by a policy. It is the opinion of the CBHS appointed doctor that determines whether the signs or symptoms were in existence – that doctor, however, will have regard to any information provided by the member's doctor.

Members must also wait for 12 months to be covered for pre-existing conditions where they upgrade their cover.

Complaints Handling and Dispute Resolution Policy

CBHS respects your right to make a complaint and recognises the value of complaints as an important tool in monitoring and responding to customer expectations. To obtain a copy of the CBHS Complaints and Dispute Resolution Policy visit our website or contact our Member Care team on **1300 654 123**.

Private Health Insurance Ombudsman

You may also contact the Private Health Insurance Ombudsman.

- To make a complaint, contact the Commonwealth Ombudsman at **www.ombudsman.gov.au**

PHIS and other information

- To access our Private Health Information Statements, see **privatehealth.gov.au/dynamic/Insurer/Details/CBH**
- For general information about private health insurance, see **www.privatehealth.gov.au**

Privacy statement

CBHS respects your privacy. Protecting personal information is important to CBHS and is required by law. CBHS handles personal information in accordance with the provisions of the Commonwealth Privacy Act 1988 and the Australian Privacy Principles under that Act. To obtain a copy of the CBHS Privacy Policy visit our website **cbhs.com.au/privacy-policy** or contact Member Care on **1300 654 123**.

Private Health Insurance Code of Conduct

The Private Health Insurance Code of Conduct is a self-regulatory code to promote informed relationships between private health insurers and consumers. As a signatory to the Code of Conduct, CBHS has made a commitment to ensuring:

- Consumers receive the correct information on private health insurance from appropriately trained staff
- Consumer awareness of the internal and external dispute resolution process
- Clear and complete policy documentation
- Ensuring that all information between the consumer and CBHS is protected in accordance with privacy principles.

Detailed information on the Private Health Insurance Code of Conduct can be obtained at **privatehealthcareaustralia.org.au/codeofconduct**, by visiting our website or by contacting Member Care on **1300 654 123**.

Cooling off period

If you are not satisfied with your health insurance for any reason, you have 60 days from the receipt of your CBHS policy to cancel your membership and receive a refund provided you have not made a claim or have no pending claims.

Health Benefit Fund Rules

There are rules and conditions surrounding membership of CBHS. Many are regulated by Commonwealth law.

For information regarding the Health Benefit Fund Rules visit **cbhs.com.au**

Contact us

CBHS Health Fund Limited ABN 87 087 648 717
A Registered Private Health Insurer

Phone CBHS Member Care
1300 654 123
Monday to Friday, 8.00am – 7.00pm (AET)

Visit **cbhs.com.au**

Email **help@cbhs.com.au**

Fax 02 9843 7676

Post CBHS Health Fund Limited
Locked Bag 5014
Parramatta NSW 2124

Level 16, 6 Hassall Street,
Parramatta, NSW, 2150

Like us at **facebook.com/cbhshealthfund**

This brochure offers an overview of complex information. Reading it will help you identify any areas of particular concern and will enable you to seek further clarification before making your decision to join CBHS. This brochure should be read carefully in conjunction with the CBHS Health Benefit Fund Rules before joining. A copy of the Health Benefit Fund Rules can be downloaded from cbhs.com.au. This information should be read carefully and retained. The information contained in this brochure is true and correct at the time of printing - April 2023.

CBHS HEALTH FUND | PRODUCT BROCHURE

V.29_2023

cbhs.com.au

Private Health Insurance Code of Conduct