



# Preventative Dental

**Schedule 1**  
Effective 1<sup>st</sup> January 2017

100% up to per service limit below which is capped by each products overall limit	
	<b>Overall Limit</b>
<b>CBHS Prestige, LiveLife, StepUp, KickStart, Top Extras, &amp; Overseas Visitors Cover</b>	<b>Unlimited</b>
<b>Intermediate Extras</b>	<b>\$230</b>
<b>Essential Extras</b>	<b>\$210</b>

ADA Item No.	Description of Service	Dental Fee	CBHS Per service Benefit	Patient Gap
011	Comprehensive oral examination	\$53.00	\$53.00	\$0.00
012	Periodic oral examination	\$53.00	\$53.00	\$0.00
013	Oral examination – limited	\$45.00	\$45.00	\$0.00
022	Intraoral periapical or bitewing radiograph – per exposure	\$33.00	\$33.00	\$0.00
111	Removal of plaque and/or stain	\$50.00	\$50.00	\$0.00
114	Removal of calculus – first visit	\$96.00	\$96.00	\$0.00
115	Removal of calculus – subsequent visit	\$96.00	\$96.00	\$0.00
121	Topical application of remineralizing agent, one treatment	\$25.00	\$25.00	\$0.00
151	Provision of a mouthguard-indirect	\$146.00	\$146.00	\$0.00
153	Bi-maxillary mouthguard	\$150.00	\$150.00	\$0.00
161	Fissure sealing – per tooth	\$34.00	\$34.00	\$0.00