

preventative dental

Schedule 1 Effective 1 January 2014

100% up to per service limit below which is capped by each products overall limit	
	Overall Limit
CBHS Prestige, LiveLife, StepUp, KickStart, Top Extras, & Overseas Visitors Cover	Unlimited
Intermediate Extras	\$200
Essential Extras	\$180

ADA Item No.	Description of Service	Dental Fee	CBHS Per service Benefit	Patient Gap
011	Comprehensive oral examination	\$50.00	\$50.00	\$0.00
012	Periodic oral examination	\$50.00	\$50.00	\$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	\$30.00	\$30.00	\$0.00
141	Oral hygiene instruction	\$18.00	\$18.00	\$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	\$27.00	\$7.00

