

Top Extras

Top Extras offers attractive overall limits, designed for those who are seeking security for an extensive range of services.

	70% OF THE COST UP TO THE PER SERVICE BENEFIT BELOW	OVERALL LIMITS	BENEFIT PERIOD		
DENTAL*					
Preventative Dental (2 month waiting period)					
Oral examinations (011,012,013)	\$36-\$45	Unlimited	calendar year		
X-ray (022)	\$28				
Removal of plaque (111)	\$41				
Removal of calculus (114,115)	\$68-\$70				
Fluoride application (121)	\$27				
Mouthguard (151,153)	\$130-\$150				
Fissure sealing (161)	\$34				
General Dental (2 month waiting period)					
Fillings	\$81-\$150	Unlimited	calendar year		
Consultations and examinations	\$28-\$40				
X-rays	\$21-\$60				
Extractions or surgical dental	\$50-\$255				
Major Dental (6 month waiting period)					
Periodontic (gum treatment)	\$24-\$260	\$630	calendar year		
Endodontic (root canal treatment)	\$7.50-\$180	\$660	calendar year		
Inlays/onlays/facings/veneers	\$260 - \$600	\$1,440	any 5 years		
Dentures and Implants	\$20-\$810	\$1,350	any 5 years		
Occlusal therapy	\$17-\$260	\$920	lifetime		
Major Dental (12 month waiting period)					
Orthodontia	70%	\$2,800	lifetime		
Crowns and bridges	\$10-\$750	\$3,000	any 5 years		
PRESCRIBED OPTICAL APPLIANCES* (6 MONTH WAITING PERIOD)					
Frames					
Frames	\$140	\$375	calendar year		
Lenses					
Single vision (pair) (212)	\$130				
Bifocal (pair) (312)	\$140				
Trifocal vision (pair) (412)	\$150				
Multifocal (pair) (512)	\$210				
Contact lenses					
Contact lenses (852)	\$220				
THERAPIES* (2 MONTH WAITING PERIOD)					
Physiotherapy (initial/subsequent)	\$61/\$43	\$720	calendar year		
Chiropractic (initial/subsequent)	\$61/\$40	\$720			
Osteopathy (initial/subsequent)	\$61/\$35	\$720			
Hypnotherapy	\$80	\$360			
Occupational therapy (initial/subsequent)	\$61/\$35	\$720			
Speech therapy (initial/subsequent)	\$95/\$46	\$1,850			
Clinical psychology (initial/subsequent)	\$140/\$80	\$450			
Ante natal/post natal physiotherapy	70%	\$105			
Podiatry (excl. artificial aids: e.g. orthotics, which are covered under artificial aids) (standard consult)	\$35	\$400			
Audiology	\$60	\$360			
Eye therapy	\$60	\$455			
Dietitian (initial/subsequent)	\$75/\$42	\$360			
Exercise physiology (initial/subsequent)	\$35/\$35	\$360			
Midwifery services (excl. home births)	70%	\$500			
ALTERNATIVE THERAPIES					
Oriental therapies - <i>Acupressure, Acupuncture, Chinese Herbal Medicine Consultation, Chinese Massage, Traditional Chinese Medicine Consultation</i>	\$33	\$450		calendar year	
Massage therapies - <i>Deep Tissue Massage, Lymphatic Drainage, Myotherapy, Remedial Massage, Sports Massage, Swedish Massage, Therapeutic Massage</i>		\$450			

* A Benefit is not payable 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.

	70% OF THE COST UP TO THE PER SERVICE BENEFIT BELOW	OVERALL LIMITS	BENEFIT PERIOD
GENERAL HEALTH* (2 MONTH WAITING PERIOD)			
Blood glucose accessories	70%	\$320	calendar year
Home visits by Registered Nurse	\$120 (>4 hrs), \$80 (<4 hrs)	\$2,800	
Non-Pharmaceutical Benefits Scheme drugs requiring a prescription by law	100% less the current prescribed PBS co-payment for general patients up to \$75 per prescription	\$1,000	
Travel and accommodation+	50% of the cost for accommodation (on single room rate), airfare, train, bus or 15c kilometre car	\$500	per membership per calendar year
HEALTH CARE AIDS* (12 MONTH WAITING PERIOD) – REFERRED TO BY A DOCTOR AND RECOGNISED BY CBHS			
Artificial aids	\$10-\$1,000	\$1,000	any 3 years
Hearing aids		\$1,600	
Blood pressure monitor, nebuliser, glucometer	70%	\$500	

+ Travel is only payable for a patient who requires essential medical and 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.

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

CBHS Wellness Benefits

CBHS Wellness Benefits cover you for a variety of health checks and programs designed to assist you in better managing your health and wellbeing.

WELLNESS BENEFITS (2 month waiting period)	BENEFITS ARE 90% OF THE COST UP TO MAXIMUM CATEGORY LIMIT	
	Overall Limit	Benefit Period
Health Checks**		
Breast examinations (e.g. mammograms/x-rays)	\$200	calendar year
Bone density tests		
Skin cancer screening		
Bowel/prostate cancer screening		
Eye Screenings		
Health Management*		
Quit smoking programs ¹	\$100	calendar year
Weight management programs ¹		
Stress management courses ¹		
Gym membership/ personal training ²	\$115 (\$100 sub limit on personal training)	calendar year

**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.

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

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 CBHS website. Please note that GP consultations are not covered by CBHS.

Understanding your Extras cover

CBHS Top Extras benefits are based on 70% of the cost the provider charges you, up to a set benefit per service, which is capped by an overall limit.

Benefit Period

Each group of services within Extras and Package covers have an overall limit on the amount you can claim. Most limits are based on per person per calendar year, unless otherwise stated in our Extras table.

Benefits which attract a three and five year period are entitled to have the benefit renewed on the same date which the service was performed respectively.

Benefits which attract a 'lifetime' period; lifetime means the period commencing on the date the member was first insured and ceases to be insured by CBHS (irrespective of any suspension of membership or other period without cover).

Extras Waiting Periods

EXTRAS WAITING PERIODS	CALENDAR MONTHS
Crowns and bridges, orthodontia, artificial aids, healthcare appliances, oxygen apparatus and hearing aids	12 months
Prescribed optical appliances, periodontics, endodontics, inlays/onlays, facings, veneers, occlusal therapy, dentures and implants	6 months
All other services	2 months



Dental Choice Networks

The dental Choice Network is a group of dental service providers who have committed to reducing or removing the gap for **selected preventative dental services** that you would usually pay between the dentist's charges and the CBHS benefit. By choosing to use a dentist in the network you will have no out-of-pocket expenses for these selected services.

Optical Choice Networks

By visiting an optical Choice Network provider, you receive benefits of 100% (instead of the usual 70%), of the cost for all optical **frames, lenses and contact lenses** from a selected range, up to the maximum per service and overall limits. These services may also be subject to known gaps, where you will know in advance what out-of-pocket expenses you may incur.

Keep your non-student dependant covered

This product provides an option to keep your non-student dependants under 31 years of age, on your cover, providing they meet the non-student dependant criteria. An additional contribution amount will apply. More information is available at cbhs.com.au.