# Intermediate Extras



Intermediate Extras is a mid-range extras cover, giving you cover for popular general Extras services required for day to day health management.

cover for popular general Extras services required for day to day health management.	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		calendar year	
K-ray (022)	\$28			
Removal of plaque (111)	\$41			
Removal of calculus (114,115)	\$68-\$70	\$230		
Fluoride application (121)	\$27			
Mouthguard (151,153)	\$130-\$150			
Fissure sealing (161)	\$34			
General dental (2 month waiting period)				
Fillings	\$81-\$150		calendar year	
Consultations and examinations	\$28-\$40	\$500		
K-rays	\$21-\$60	\$300		
extractions or surgical dental	\$50-\$255			
Najor dental (6 month waiting period)				
Periodontic (gum treatment)	\$24-\$260	¢400	calendar year	
indodontic (root canal treatment)	\$7.50-\$180	\$400		
1ajor dental (12 month waiting period)				
Orthodontia	70%	\$700 annual limit (\$1400 lifetime limit)	lifetime	
Crowns and bridges	\$10-\$700	\$700	any 5 years	
PRESCRIBED OPTICAL APPLIANCES* (6 MONTH WAITING PERIOD)				
rames			calendar year	
rames	\$90			
enses				
single vision (pair) (212)	\$70	\$250		
Bifocal (pair) (312)	\$60			
rifocal vision (pair) (412)	\$90			
Aultifocal (pair) (512)	\$100			
Contact lenses				
Contact lenses (852)	\$160			
HERAPIES* (2 MONTH WAITING PERIOD)				
Physiotherapy (initial/subsequent)	\$61/\$43	\$300		
Chiropractic (initial/subsequent)	\$61/\$40		calendar year	
Osteopathy (initial/subsequent)	\$61/\$35	\$250		
Dietitian (initial/subsequent)	\$75/\$42	\$100		
Podiatry (excl. artificial aids: e.g. orthotics, which are covered under artificial aids) standard consult)	\$35	\$250	\$250	
ALTERNATIVE THERAPIES				
Oriental therapies - acupressure, acupuncture, Chinese herbal medicine consultation, Chinese massage, traditional Chinese medicine consultation		\$300	calendar year	
Massage therapies - deep tissue massage, lymphatic drainage, myotherapy, remedial nassage, sports massage, Swedish massage, therapeutic massage	\$33			
GENERAL HEALTH* (2 MONTH WAITING PERIOD)				
lood glucose accessories	70%	\$100	calendar year	
	100% less the current prescribed PBS co-payment	\$300	calendar year	
Non-Pharmaceutical Benefits Scheme drugs requiring a prescription by law	for general patients up to \$75 per prescription	<b>4000</b>		
	for general patients up to \$75 per prescription	,	·	
Non-Pharmaceutical Benefits Scheme drugs requiring a prescription by law  HEALTH CARE AIDS* (12 MONTH WAITING PERIOD) – REFERRED TO BY A DOCTOR  Blood pressure monitor, nebuliser, glucometer	for general patients up to \$75 per prescription	\$300	any 3 years	

<sup>\*</sup> 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.

<sup>^</sup>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.

### **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)			
Bone density tests			
Skin cancer screening	\$200	calendar year	
Bowel/prostate cancer screening			
Eye screenings			
Health management*			
Quit smoking programs <sup>1</sup>			
Weight management programs <sup>1</sup>	\$100	calendar year	
Stress management courses <sup>1</sup>			
Gym membership/ personal training²	\$115 (\$100 sub limit on personal training)	calendar year	

<sup>^</sup>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.

- 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**

#### How do my Extras benefits work?

CBHS Intermediate 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.

Below is an example of how the Extras benefits work, depending on the service fee the dentist charges:

- Dentist fee = \$60
- 70% of service fee = \$42, which is more than the service limit (\$36)
- Benefit payable = \$36

#### 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.

#### Extras waiting periods

EXTRAS SERVICES	CALENDAR MONTHS
Orthodontia, crowns and bridges, health care aids	12 months
Prescribed optical appliances, periodontics and endodontics	6 months
All other services	2 months



#### **Dental Choice Network**

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 Network**

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 dependants covered

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

#### Want more cover?

Alternatively, if you think that this Intermediate Extras is not quite righ for you, we offer a range of Hospital, Extras and Ambulance Covers which can be taken out separately or combined to create your own package of health cover.

For more information visit our website at **cbhs.com.au** or contact Member Care on **1300 654 123.** 

<sup>\*</sup>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.