

Your Health Cover

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Contact Us

CBHS Corporate Health Pty Ltd ABN 85 609 980 896
A Registered Private Health Insurer

Phone 1300 586 462 Monday to Friday 8.00am - 7.00pm (AET)

Visit cbhscorporatehealth.com.au

Email help@cbhscorp.com.au

Post Post to **CBHS Corporate**
Locked Bag 5098, Parramatta NSW 2124

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



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 loading.

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

Save at tax time

The Medicare Levy Surcharge (MLS) was introduced to encourage Australians in higher

income brackets (singles who earn \$93,000 or over and families that earn \$186,000 or over) 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 Corporate.

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

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. Many 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 can 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

Choose your doctor

With private Hospital cover, you can choose your doctor and where you're treated.

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.

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.

Visit cbhscorporatehealth.com.au/hst for more information.

Private hospital room

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



Why CBHS Corporate?

More than 70 years of future-focused health care experience

Even though we're new, our experience isn't. Our knowledge comes from our parent company CBHS being the committed health cover provider for the Commonwealth Bank of Australia since 1951.

Now, as CBHS Corporate, we are extending our offering to all Australian businesses and individuals, focusing on improving health and wellbeing in the workplace and providing comprehensive health cover for security and peace of mind at home.

Your health is covered, at work and at home:

- Regular check-ups from our national network of optical and dental service providers
- Access to expert doctors, surgeons and specialists
- Options to reduce out-of-pocket expenses
- Specialist care to recover and rehabilitate in your own home when needed
- Pregnancy and birth programs
- Quality and affordable health cover

Access Gap Cover

Some hospital doctors charge an amount above the Medicare Benefits Schedule Fee. These costs are referred to as 'out-of-pocket expenses'. Now through the Access Gap Cover payment and billing scheme, out-of-pocket expenses can be reduced and, in some cases, eliminated entirely. Doctors are free to choose whether they will participate in Access Gap Cover on a patient by patient basis. This decision remains solely with the doctor.

Exceptional member care and innovative member benefits

Nothing matters more than your health – so to make sure you're looked after, we invest heavily in our internal support services, like our dedicated Member Services team, and push for innovative, effective initiatives like our Better Living Programs and Hospital in the Home services.

Get more back at Choice Network providers

The CBHS Corporate Choice Network is a group of dental and optical providers who are committed to reducing or removing the gap for Extras services selected on optical frames, lenses, contact lenses and preventative dental treatments. Benefits are subject to overall and available limits at time of service.

Our cover options

As every member's lifestyle and situation is different, our selection of Hospital and Extras cover allows you to select a combination to suit your individual needs.

Our Hospital cover

Hospital policies help you to cover the cost of in-hospital treatment by your doctor and hospital costs such as accommodation and theatre fees. For more details on Hospital cover, go to pages 19-30.

 <p>Silver Plus Hospital</p>	 <p>Bronze Plus Hospital</p>	 <p>Entry Hospital (Basic Plus)</p>
<p>A high level of cover for more than the basics to match your active lifestyle</p>	<p>For a sense of security but without things you are less likely to need</p>	<p>For those who want the basics or looking to avoid Lifetime Health Cover loading</p>
<p>BENEFITS Access to private or shared room accommodation to help you recover in comfort and with privacy</p>	<p>BENEFITS Includes private or public hospital accommodation for accidents and emergencies</p>	<p>BENEFITS Accommodation for overnight, same day and intensive care for a shared room in a public hospital</p>

Our Extras cover (only available with a Hospital cover) and Ambulance cover

Extras policies provide benefits for ancillary or general treatments - for example, physiotherapy, dental and optical.

Employer Extras cover options are only available with a Hospital cover to employees/ members of organisations which have an arrangement with CBHS Corporate.

 <p>Advanced Extras</p>	 <p>Classic Extras</p>	 <p>Basic Extras</p>	<p>Ambulance Cover</p>
<p>Attractive limits designed to provide security</p>	<p>Cover for popular general Extras to maintain a daily healthy lifestyle</p>	<p>Extras for the basics, to help maintain an active and healthy lifestyle</p>	<p>Cover for ambulance costs including emergency transport or treatments at the scene arising from medical emergencies</p>
<p>BENEFITS Unlimited preventative and general dental</p>	<p>BENEFITS Access to preventative, general and major dental</p>	<p>BENEFITS 'Basic' benefits for preventative and general dental, optical, physio and chiro</p>	
<p>High limits on major dental, optical, physio, chiro and therapies. Includes benefits for health aids and appliances</p>	<p>Generous benefits for other important services such as optical, physio, chiro and some therapies</p>	<p>Some benefits for remedial massage, dietitian and non-PBS pharmaceuticals.</p>	
<p>Wellness benefits for prevention</p>			

Direct Extras cover options are only available with a Hospital cover to employees/members of organisations which have an arrangement with CBHS Corporate OR for individuals that are not an employee/member of an organisation that has an arrangement with CBHS Corporate.

 <p>Ultimate Extras 75</p>	 <p>Select Extras 65</p>	 <p>Standard Extras 60</p>	 <p>Budget Extras 55</p>
<p>Covers a wide range of services with higher overall limits and giving 75% back of the cost of the service up to the overall limit</p>	<p>A mid to high level cover with a range of services included and giving 65% back of the cost of the service up to the overall limit</p>	<p>A mid-level cover with benefits on most of the commonly used services while giving 60% back of the cost of the service up to the overall limit</p>	<p>Entry level cover giving 55% back of the cost of the service up to the overall limit</p>
<p>BENEFIT Generous limits for preventative and general dental, major dental and orthodontia</p>	<p>BENEFITS Benefits for preventative and general dental, major dental and orthodontia</p>	<p>BENEFITS Access to preventative, general and major dental</p>	<p>'Basic' benefits for preventative and general dental, physio and chiro</p>
<p>High limits on optical, physio, chiro and therapies. Includes benefits for health aids and appliances</p>	<p>Covers optical, physio, chiro, remedial massage and other therapies. Some benefits for aids and appliances</p>	<p>Benefits for optical, physio, chiro and some other therapies</p>	
<p>Wellness benefits for prevention</p>			





Packaged cover at a glance

CBHS Corporate has made choosing your health cover even easier, by packaging our Hospital and Extras covers.

By choosing a packaged cover, you receive both Hospital and Extras cover along with an array of benefits which are only available as part of our packaged covers.

All covers include:

- Emergency ambulance
- Access Gap Cover (with participating doctors)
- Wellness benefits for health management



Premium Package (Gold)

Premium Package (Gold) is CBHS Corporate's premium level of cover, offering an extensive range of Hospital services and generous Extras benefits to help you get the most out of life.

- No 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 a second opinion provider and other wellness benefits
- The option to keep a non-student dependant under 31 years of age on your cover



HealthStarter (Basic Plus)

An affordable package 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.

- Choose from one of these excess options available - \$250, \$500 or \$750
- A great range of Extras benefits
- Wellness benefits for health management
- The option to keep a non-student dependant under 31 years of age on your cover

Package comparisons (Hospital)

	Premium Package (Gold)	HealthStarter (Basic Plus)	Waiting period
Excess options	Nil	\$250, \$500 or \$750	
Emergency ambulance transport	✓	✓	1 day
Accident related treatment* after joining	✓	✓	1 day
These policies include cover for:			
Tonsils, adenoids and grommets	✓	✓	2 months (12 months for pre-existing)
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	
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	2 months
Hospital psychiatric services	✓	R	
Palliative care	✓	R	12 months
Pregnancy and birth	✓	R	
Assisted reproductive services	✓	R	2 months (12 months for pre-existing)
Joint replacements	✓	R	
Weight loss surgery	✓	R	
Podiatric surgery (provided by a registered podiatric surgeon)	○	✗	
Cosmetic services	✗	✗	
Services for which a Medicare benefit is NOT payable	✗	✗	

✓ Covered in private agreement hospitals and public hospitals R Restricted benefit ✗ Exclusion (Not covered)

○ 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.

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

-For dental surgery performed by a dentist rather than a medical practitioner we only pay benefits towards hospital charges. If the surgery is performed by a medical practitioner and Medicare benefits are payable, we will pay benefits towards the hospital and medical charges. Benefits towards a dentist may be payable from your Extras coverage.

Please see pages 19-30 for further information about Hospital cover and waiting periods.

*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.

Package 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.

	Benefit period	Premium Package (Gold)	HealthStarter (Basic Plus)	Waiting period
DENTAL^{^^}				
Preventative dental	calendar year	Unlimited	Unlimited	2 months
General dental	calendar year	Unlimited	\$300	2 months
Major dental				
Periodontic (gum treatment)	calendar year	\$700	\$375	12 months
Endodontic (root canal treatment)		\$700		
Inlays/onlays/facings/veneers	any 5 years	\$1,440	-	
Dentures and implants		\$1,500	-	
Occlusal therapy	lifetime	\$920	-	
Crowns and bridges	any 5 years	\$3,500	-	
Orthodontia	lifetime	\$3,200	-	
OPTICAL*				
Prescribed optical appliances	calendar year	\$450	\$230	6 months
THERAPIES*				
Physiotherapy	calendar year	\$900	\$250	2 months
Chiropractic		\$1,000		
Osteopathy				
Occupational therapy		\$800	-	
Speech therapy		\$1,850	-	
Clinical psychology		\$500	\$250	
Ante natal/post natal physiotherapy		\$105	-	
Hypnotherapy		\$360	-	
Podiatry (excl. artificial aids: e.g. orthotics)		\$400	-	
Audiology		\$360	-	
Eye therapy		\$455	-	
Dietitian		\$360	\$100	
Exercise physiology		\$360	-	
ALTERNATIVE THERAPIES*				
Oriental therapies - Acupressure, acupuncture, Chinese herbal medicine consultation, Chinese massage, traditional Chinese medicine consultation	calendar year	\$1,000	\$200	2 months
Massage therapies - Deep tissue massage, lymphatic drainage, myotherapy, remedial massage, sports massage				
GENERAL HEALTH*				
Blood glucose accessories	calendar year	\$320	\$100	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	\$200	
HEALTH CARE AIDS (referred by a doctor and recognised by CBHS Corporate)*				
Artificial aids	any 3 years	\$1,500	-	12 months
Hearing aids		\$2,200	-	
Blood pressure monitor, nebuliser, glucometer		\$500	-	

*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 Corporate 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.



Maximum claimable amounts

Packaged Extras covers

Premium Package
(Gold)

HealthStarter
(Basic)

Examples of services and maximum claimable amount

CBHS Corporate Health pays the total cost up to the maximum claimable amount per service and up to the overall limit in each benefit period.

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

Maximum claimable amounts

Packaged Extras covers

Premium Package
(Gold)

HealthStarter
(Basic)

Examples of services and maximum claimable amount

CBHS Corporate Health pays the total cost up to the maximum claimable amount per service and up to the overall limit in each benefit period.

Item description

Therapies

Physiotherapy (initial/subsequent)	\$61 / \$43	\$40 / \$30
Chiropractic (initial/subsequent)	\$61 / \$40	\$40 / \$40
Osteopathy (initial/subsequent)	\$61 / \$35	\$40 / \$30
Occupational therapy (initial/subsequent)	\$61 / \$35	-
Speech therapy (initial/subsequent)	\$95 / \$46	-
Clinical psychology (initial/subsequent)	\$140 / \$80	\$50 / \$50
Ante natal/post natal physiotherapy	100%	-
Hypnotherapy	\$80	-
Podiatry (excl. artificial aids: e.g. orthotics, which are covered under artificial aids) (standard consult)	\$35	-
Audiology	\$60	-
Eye therapy	\$60	-
Dietitian (initial/subsequent)	\$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	\$26
Massage therapies - Deep tissue massage, lymphatic drainage, myotherapy, remedial massage, sports massage	\$33	\$26

General health

Blood glucose accessories	100%	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

Health care aids (referred by a doctor and recognised by CBHS Corporate)

Artificial aids	\$12 - \$1,500	-
Hearing aids	100%	-
Blood pressure monitor, nebuliser, glucometer	100%	-



Hospital cover at a glance

As every member's lifestyle and situation is different, our selection of Hospital and Extras cover allows you to select a combination to suit your individual needs.

All covers include:

- Emergency ambulance transport
- Access Gap Cover (with participating doctors)
- Wellness benefits for health management

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.



Silver Plus Hospital

Designed for young professionals and empty nesters, a high level product that covers more than the basics while excluding some services you are less likely to need.

- Covers a wide range of private hospital treatments
- Includes cover for heart and vascular system
- Excess options for reduced premiums (excess does not apply to dependants on the policy)
- The option to keep a non-student dependant under 31 years of age on your cover



Bronze Plus Hospital

For those seeking a sense of security, with exclusions on services and procedures you are less likely to need.

- Excess options for reduced premiums (excess 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



Entry Hospital (Basic Plus)

A basic level of Hospital cover designed for those who just want the basics.

- Excess options for reduced premiums
- Choice of doctor or specialist
- The option to keep a non-student dependant under 31 years of age on your cover

Compare Hospital cover

	Silver Plus Hospital	Bronze Plus Hospital	Entry Hospital (Basic Plus)	Waiting period
Excess options	\$250, \$500 or \$750	\$250, \$500 or \$750	\$500 or \$750	
Emergency ambulance transport	✓	✓	✓	1 day
Accident related treatment [^] after joining	✓	✓	R	1 day
These policies include cover for:				
Tonsils, adenoids and grommets	✓	✓	R	2 months (12 months for pre-existing)
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	
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	
Hospital psychiatric services	R	R	R	2 months
Palliative care	R	R	R	
Pregnancy and birth	✗	✗	R	12 months
Assisted reproductive services	✗	✗	R	2 months (12 months for pre-existing)
Joint replacements	✗	✗	R	
Weight loss surgery	✗	✗	R	
Podiatric surgery (provided by a registered podiatric surgeon)	●	✗	✗	
Cosmetic services	✗	✗	✗	
Services for which a Medicare benefit is NOT payable	✗	✗	✗	

[^]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.

-For dental surgery performed by a dentist rather than a medical practitioner we only pay benefits towards hospital charges. If the surgery is performed by a medical practitioner and Medicare benefits are payable, we will pay benefits towards the hospital and medical charges.

✓ Covered in private agreement hospitals and public hospitals **R** Restricted benefit **✗** Exclusion (Not covered)
 ● 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.
 ■ Additional services covered above the minimum requirements for each product tier.



Benefits of Hospital cover

Health and Wellbeing programs

As a CBHS Corporate member you have access to programs that will support you in managing a range of health needs, including support for mental health, cancer, weight management, and a range of chronic diseases. The Health and Wellbeing 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 cbhscorporatehealth.com.au/member-health or email wellness@cbhscorp.com.au

Hospital Substitute Treatment

This program is aimed at reducing the time you spend in hospital. Care is delivered in the comfort of our 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 or email wellness@cbhscorp.com.au

Access Gap Cover

Avoid being taken by surprise by gaps or out-of-pocket expenses with Access Gap Cover. CBHS Corporate has arrangements with some doctors that are designed to minimise or eliminate out-of-pocket expenses altogether.

All members with Hospital cover have access to these arrangements.

Excesses

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. Excesses do not apply to any dependants insured on a Silver Plus Hospital or Bronze Plus Hospital policy. See table below.

Cover	Excess	Excess waived for dependants on policy
Silver Plus Hospital	\$250, \$500 or \$750	✓
Bronze Plus Hospital	\$250, \$500 or \$750	✓
Entry Hospital (Basic Plus)	\$500 or \$750	✗
Premium Package (Gold)	Nil	✓
HealthStarter (Basic Plus)	\$250, \$500 or \$750	✗

Exclusive benefits for Premium Package (Gold)

Access to a telehealth second opinion provider service from some of the best medical minds in Australia and further afield. Covers most illnesses, injuries or diseases and offers alternative treatment options your own doctor might not have considered. A second opinion can also provide peace of mind the original recommendations are the best for you.

Gap Assist

To further help you reduce your out-of-pocket expenses from hospitalisation, Premium Package (Gold) includes a Gap Assist benefit of \$200 per person per calendar year.



Understanding Hospital cover

Agreement private hospitals

CBHS Corporate holds agreements with an extensive range of Australian private hospitals and day surgeries. These agreements ensure hospital fees including bed, theatre, labour ward and 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, you may only receive benefits similar to a public hospital shared room rate.

To check if your hospital holds an agreement with CBHS Corporate:

- visit our website cbhscorporatehealth.com.au and select Find a service or hospital under Members health tab.
- we also strongly recommend you contact us on **1300 586 462** to confirm your benefit entitlement prior to receiving hospital treatment.

If you choose a non-agreement hospital you may incur out-of-pocket expenses for hospital related services, regardless of your level of cover.

Public hospitals

All CBHS Corporate 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 costs and services¹

CBHS Corporate will pay 25% of the Medicare Benefits Schedule (MBS) fee, while Medicare pays the other 75%. The MBS fee is the amount set by the Australian Government for each service covered by Medicare. If charges are more than the MBS fee, then a gap payment arises for which you are responsible for covering.

Services that do not attract a benefit from Medicare will be excluded, resulting in significant out-of-pocket expenses for both hospital and medical services.

You must be eligible for Medicare in order to be covered up to the MBS fee.

Inclusions, exclusions and restrictions

In the Hospital cover comparison tables (pages 21-22), there are various types of markings showing whether each category is included, excluded or restricted:

✓	Covered in private agreement hospitals and public hospitals.
■	Additional services covered above the minimum requirements.
R	Restricted benefits
✗	Exclusion (not covered)
○	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.

¹A member will incur substantial out-of-pocket expenses if they are not entitled to Medicare Benefits (i.e. Non-Australian residents).

Accident-related treatment

If you require hospital treatment as a result of an accident, our Accident-related treatment will supersede any Exclusions or Restricted benefits you have on your cover and you'll receive benefits as if the hospital treatment was a covered service.

Please note that specific criteria apply - refer to our Fund Rules.

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 Corporate any waiting periods already served on an equivalent policy 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 where a Medicare benefit is payable (excluding restricted services)
- ✓ Medical expenses incurred for medical services received while 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 Corporate 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 Corporate 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 medical devices and human tissue products to at least the minimum benefit specified in the Prescribed List of Medical Devices and Human Tissue Products 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 Emergency¹ by approved ambulance providers. Residents of WA 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
- ✓ Hospital services where a Medicare benefit is payable (for included services only). It's essential to check the MBS item number prior to your procedure, to confirm if the treatment falls under a category which included in your policy.

¹ 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.

What's not covered?

Depending on the level of cover:

- ✗ No benefits are payable for hospital or medical treatment and associated costs for exclusions
- ✗ 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
- ✗ Medical devices and human tissue products used for cosmetic procedures, where a Medicare benefit is not payable
- ✗ Ambulance transfers between hospitals (for residents in VIC, SA and NT)

CBHS Corporate 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. For more information visit cbhscorporatehealth.com.au/product-sheets

Extras cover at a glance

Extras cover provides benefits towards services like dental, optical, physio, chiro and alternative therapies not usually covered by Medicare. Extras cover is only available with a Hospital Cover.

Employer Extras cover options are only available with a Hospital cover to employees/members of organisations which have an arrangement with CBHS Corporate.

Direct Extras cover options are only available with a Hospital cover to employees/members of organisations which have an arrangement with CBHS Corporate OR for individuals that are not an employee/member of an organisation that has an arrangement with CBHS Corporate.



Employers	
Advanced Extras	<p>Attractive limits designed to provide security.</p> <ul style="list-style-type: none"> 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
Classic Extras	<p>Cover for popular general Extras to maintain a daily healthy lifestyle.</p> <ul style="list-style-type: none"> Benefits for preventative and general dental Cover for orthodontia and some major dental Benefits towards optical, physio, chiro and some therapies
Basic Extras	<p>Extras for the basics, to help maintain an active and healthy lifestyle.</p> <ul style="list-style-type: none"> Benefits for preventative dental Basic benefits towards general dental, optical, physio and chiro
Direct	
Ultimate Extras 75	<p>Ultimate Extras 75 covers a wide range of services with higher overall limits and giving 75% back of the cost of the service up to the overall limit.</p> <ul style="list-style-type: none"> Generous limits for preventative and general dental, major dental and orthodontia High limits on optical, physio, chiro and therapies. Cover for health care aids and appliances Wellness benefits for prevention
Select Extras 65	<p>A mid-to-high level cover with a range of services included and giving 65% back of the cost of the service up to the overall limit.</p> <ul style="list-style-type: none"> Benefits for preventative and general dental, major dental and orthodontia Covers optical, physio, chiro, remedial massage and other therapies Wellness benefits for prevention
Standard Extras 60	<p>A mid-level cover with benefits on most of the commonly used services while giving 60% back of the cost of the service up to the overall limit.</p> <ul style="list-style-type: none"> Access to preventative, general and major dental Benefits for optical, physio, chiro and some other therapies Wellness benefits for prevention
Budget Extras 55	<p>Entry level cover giving 55% back of the cost of the service up to the overall limit.</p> <ul style="list-style-type: none"> Entry level cover 'Basic' benefits for preventative and general dental, physio and chiro
Other	
Ambulance cover	<p>Provides cover for ambulance costs including treatments at the scene arising from medical emergencies.</p>

Compare Employer Extras cover (only available with a Hospital cover)

	Examples of maximum claimable amount per service	Advanced Extras		Classic Extras		Basic Extras		Benefit period	Waiting period							
DENTAL**																
Preventative dental																
Oral examinations (011, 012, 013)	\$36-\$45	Unlimited		\$230		\$210	calendar year	2 months								
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																
Fillings	\$81-\$150			\$500		\$170	calendar year									
Consultations & examinations	\$35-\$40															
X-rays	\$42.80-\$60															
Extractions or surgical dental	\$50-\$255															
Major dental																
Periodontic (gum treatment)	\$30-\$260	\$630	\$400				calendar year	12 months								
Endodontic (root canal treatment)	\$7.50-\$180	\$660														
Inlays/onlays/facings/veneers	\$260-\$600	\$1,440	-		-		any 5 years									
Dentures & implants	\$20-\$810	\$1,350														
Occlusal therapy	\$17.50-\$260	\$920														
Orthodontia	100%	\$2,800	\$700 annual limit (\$1,400 lifetime limit)				lifetime									
Crowns & bridges	\$60-\$750	\$3,000	\$700				any 5 years									
PRESCRIBED OPTICAL APPLIANCES*																
Frames																
Frames		\$140	\$375	\$90	\$250	\$70	\$200	calendar year	6 months							
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		\$160		\$140										

* 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.

Compare Employer Extras cover (only available with a Hospital cover)

	Examples of maximum claimable amount per service	Advanced Extras	Classic Extras	Basic Extras	Benefit period	Waiting period
THERAPIES*						
Physiotherapy (initial/subsequent)	\$61/\$43	\$720	\$300	\$200	calendar year	2 months
Chiropractic (initial/subsequent)	\$61/\$40	\$720	\$250			
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	\$465	-			
Ante natal/Post-natal physiotherapy	100%	\$105	-	-		
Podiatry (excl. artificial aids: e.g. orthotics, which are covered under artificial aids) (standard consult)	\$35	\$400	\$250			
Audiology	\$60	\$360	-			
Eye therapy	\$60	\$455	-			
Dietitian (initial/subsequent)	\$75/\$42	\$375	\$115	\$115		
Exercise physiology (initial/subsequent)	\$35/\$35	\$360	-	-		
Midwifery services (excl. home births)	100%	\$500	-	-		
ALTERNATIVE THERAPIES*						
Oriental therapies - Acupressure, acupuncture, Chinese herbal medicine consultation, Chinese massage, traditional Chinese medicine consultation	\$33	\$450	\$300	\$200	calendar year	2 months
Massage therapies - Deep tissue massage, lymphatic drainage, myotherapy, remedial massage, sports massage	\$33	\$450				
GENERAL HEALTH*						
Blood glucose accessories	100%	\$320	\$100	\$100	calendar year	2 months
Home visits by registered nurse	\$120 (>4 hrs) \$80 (<4 hrs)	\$2,800	-	-		
Non-Pharmaceutical Benefits Scheme (PBS) drugs requiring a prescription by law	(100% less the current prescribed PBS co-payment for general patients, up to \$75 per prescription)	\$1,000	\$300	\$200		
Travel and accommodation*	100% 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* - referred to by a doctor and recognised by CBHS Corporate						
Artificial aids	\$12-\$1,000	\$1,000	\$360	-	any 3 years	12 months
Hearing aids	100%	\$1,600	-			
Blood pressure monitor, nebuliser, glucometer		\$500	\$300			

+ Travel is only payable for a member 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 member 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.

Compare Direct Extras cover (only available with a Hospital cover)

	Ultimate Extras 75		Select Extras 65		Standard Extras 60		Budget Extras 55		Benefit period	Waiting period
	75% of the cost up to the overall limits shown below		65% of the cost up to the overall limits shown below		60% of the cost up to the overall limits shown below		55% of the cost up to the overall limits shown below			
DENTAL**										
Preventative & general dental (e.g. oral examination, scale & clean, fluoride treatment, x-ray, mouthguard, simple filling, simple and surgical extraction)	\$2,000		\$750		\$500		\$350		calendar year	2 months
Major dental (e.g. periodontics, endodontics, inlays/onlays/facings/veneers, occlusal therapy, dentures, crowns, bridges & implants)	\$1,200		\$900		\$400		-			12 months
Orthodontia (e.g. braces to straighten teeth)	\$900 annual limit (\$2,700 lifetime limit)		\$500 annual limit (\$1,000 lifetime limit)		-		-		lifetime	12 months
OPTICAL*										
Prescribed optical appliances (e.g. frames, glasses, contact lenses)	\$250		\$200		\$150		-		calendar year	6 months
THERAPIES*										
Physiotherapy (includes antenatal/postnatal)	\$600		\$450		\$300		\$250		calendar year	2 months
Chiropractic & osteopathy										
Podiatry (excl. artificial aids: e.g. orthotics, which are covered under artificial aids)	\$250		\$150		-					
Clinical psychology	\$400		\$300		\$250					
Exercise physiology										
Occupational therapy	\$500		\$350		-					
Speech therapy										
Audiology										
Dietitian	\$250		\$150		\$100					
Eye therapy	\$250		\$150		-					
ALTERNATIVE THERAPIES*										
Oriental therapies (Acupressure, acupuncture, Chinese herbal medicine consultation, Chinese massage, traditional Chinese medicine consultation)	\$250		\$150		\$100		-		calendar year	2 months
Massage therapies (Deep tissue massage, lymphatic drainage, myotherapy, remedial massage, sports massage)										
GENERAL HEALTH*										
Non-Pharmaceutical Benefits Scheme (PBS) drugs requiring a prescription by law (less the current prescribed PBS co-payment for general patients)	75% of the cost up to \$75 per prescription		\$450	65% of the cost up to \$75 per prescription		\$300			calendar year	2 months
Home nursing (visits by registered nurse)	75% of the cost up to \$120 (>4 hrs) or \$80 (<4 hrs)			65% of the cost up to \$120 (>4 hrs) or \$80 (<4 hrs)						
Travel & accommodations*	75% of the cost for accommodation (on single room rate), airfare, train, bus or 15c per km for car		\$250		-					
AIDS & APPLIANCES* (referred by a doctor and recognised by CBHS Corporate)										
Artificial aids	\$350 (per service limit of \$150)		\$500 (per service limit of \$100)		-		-		any 3 years	12 months
Health care appliances	\$350 (per service limit of \$150)									
Hearing aids	\$900		-							

* 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.

* 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.

Benefits of taking out Extras with CBHS Corporate

Choice Network

The CBHS Corporate Choice Network is a group of dental and optical providers who are committed to removing or reducing the gap on selected treatments for our members. For more information about the CBHS Corporate Choice Network and to find a provider, visit cbhscorporatehealth.com.au

Recognised providers

CBHS Corporate pays benefits for services provided by 'recognised providers' in accordance with the Health Benefit Fund Rules of CBHS Corporate 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, please visit cbhscorporatehealth.com.au/recognisedproviders

Ambulance cover

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

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 Corporate (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 package 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 Ambulance cover as a stand-alone 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 Corporate Hospital cover.





Understanding Extras cover

(Extras cover is only available with a Hospital cover)

Per service benefit for Employer Extras

CBHS Corporate Health benefits for employer Extras are based on the cost the provider charges you, up to a maximum claimable amount (the set benefit per service). This is capped by an overall limit.

Per service benefit for Direct Extras

CBHS Corporate Direct Extras benefits are subject to a per service benefit. Depending on your level of cover, the maximum benefit for an individual Extras service is 55%, 60%, 65% or 75% of the cost of the service up to the overall limit.

Benefit period

Each group of services within Extras cover 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.

3 and 5 year periods: These benefits are renewed on the same date which the service was performed respectively.

Lifetime benefit: The maximum benefit payable for a particular service for your membership lifetime. If you use up your lifetime limit and transfer to CBHS Corporate, we may deduct the benefits you have already claimed from your new policy's lifetime limit – check with us for details.

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.

Extras waiting periods

Extras waiting periods	Calendar months
Periodontics, endodontics, inlays, onlays, facings, veneers, occlusal therapy, dentures, implants, crowns, bridges, orthodontia, artificial aids, healthcare appliances and hearing aids	12 months
Prescribed optical appliances	6 months
All other services	2 months



CBHS Corporate wellness benefits

CBHS Corporate wellness benefits cover you for a variety of health checks and programs designed to help you better manage your health and wellbeing. These unique benefits are available to members holding Extras cover and each of our packaged covers.

Health checks[^]

CBHS Corporate provides eligible members with 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 (refer to the table for limits). Health checks included are:

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

Health management

Eligible members can take advantage of a series of programs, with benefits up to your overall health management limit.

- Quit smoking programs¹
- Weight management programs¹
- Stress management courses¹
- Gym membership²
- Personal training²

	Health checks [^]	Health management	Gym membership/ personal training ²
Packaged covers - Benefits are 100% of the cost up to the overall limit			
Premium Package (Gold)	\$300	\$200	\$230 (sublimit \$200 for personal training)
HealthStarter (Basic Plus)	\$100	\$100	\$115 (sublimit \$100 for personal training)
Employer Extras - Benefits are 100% of the cost up to the overall limit			
Advanced Extras			
Classic Extras	\$200	\$100	\$115 (\$100 sub limit on personal training)
Basic Extras			
Direct Extras			
Ultimate Extras 75 Benefits are 75% of the cost up to overall limit	\$250		\$150
Select Extras 65 Benefits are 65% of the cost up to overall limit	\$150		\$100
Standard Extras 60 Benefits are 60% of the cost up to overall limit	\$150		\$100

[^] CBHS Corporate 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 Corporate.

² CBHS Corporate 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 Corporate website. Please note that GP consultations are not covered by CBHS Corporate.

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 you became insured by a policy. It is the opinion of the CBHS Corporate appointed doctor that determines whether the signs or symptoms were in existence – that doctor, however, will have regard to any information provided by your doctor.

You must also wait for 12 months to be covered for pre-existing conditions where you upgrade your cover.

Complaints Handling and Dispute Resolution Policy

CBHS Corporate 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 Corporate Complaints and Dispute Resolution Policy visit cbhscorporatehealth.com.au/disputes-complaints or contact our Member Services team on **1300 586 462**.

Private Health Insurance Ombudsman

To make a complaint if you are not happy with our decision, 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/CBC
- For general information about private health insurance, see privatehealth.gov.au

Privacy statement

Your privacy and the protection of your personal information is important to CBHS Corporate. As an Australian business, CBHS Corporate is required to comply with the Privacy Act 1988 (cth) (Privacy Act) and the Australian Privacy Principles under that Act. The CBHS Privacy Policy explains how we manage your personal information – for a copy of the policy visit cbhscorporatehealth.com.au/privacy or contact member services on **1300 586 462**. Additionally, we may use privacy collection notices, which provides more information on how we handle your personal information during your interactions with us.

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 Corporate 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 personal information provided by a consumer to CBHS Corporate 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 Services on **1300 586 462**.

Cooling-off period

If you are not satisfied with your health insurance for any reason, you have 60 days of joining CBHS Corporate 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 Corporate. Many are regulated by Commonwealth law. For more information regarding the Health Benefit Fund Rules, please visit cbhscorporatehealth.com.au/fundrules

Find out more about CBHS Corporate cover at cbhscorporatehealth.com.au/product-sheets



Contact us

CBHS Corporate Health Pty Ltd ABN 85 609 980 896
A Registered Private Health Insurer

Phone **1300 586 462** Monday to Friday
8.00am - 7.00pm (AET)

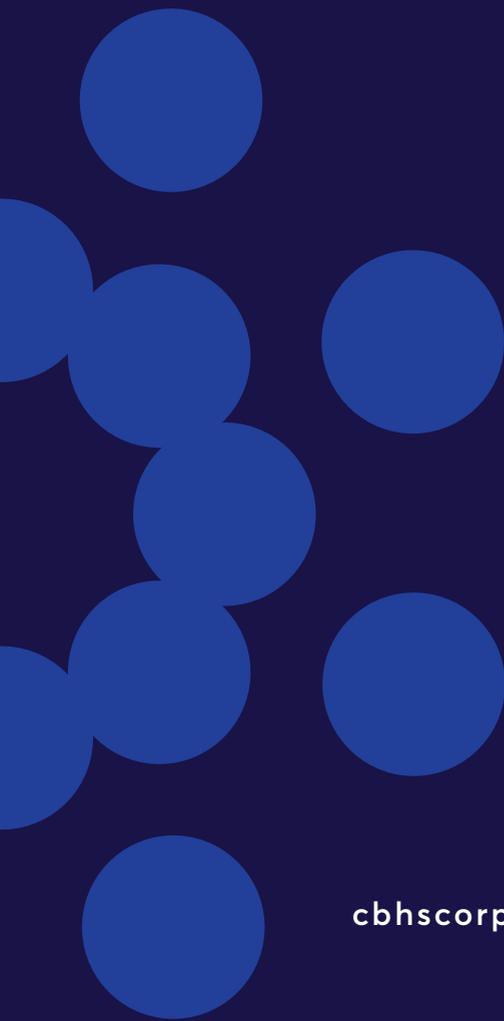
Visit cbhscorporatehealth.com.au

Email help@cbhscorp.com.au

Post Post to **CBHS Corporate**
Locked Bag 5098
Parramatta NSW 2124

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

This product brochure is current as at 1 June 2025 and provides general information only and is intended as a summary only. This information should be read in conjunction with the CBHS Corporate Health Benefit Fund Rules and is subject to change from time to time.



cbhscorporatehealth.com.au

