



# Product Brochure

APRIL 2019



# Contents

- 1 Why CBHS Corporate Health?
- 2 Why private health insurance is right for you
- 4 Our cover options
- 6 Compare Hospital cover
- 9 Benefits of Hospital cover
- 10 Understanding Hospital cover
- 16 Understanding Extras cover
- 18 Compare Extras cover
- 24 Benefits of taking out Extras with CBHS Corporate Health  
Ambulance cover
- 26 Additional information



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ABN 85 609 980 896  
A Registered Private Health Insurer

# Why CBHS Corporate Health?

## Future-focused healthcare with over 65 years' experience

Even though we're new, our experience isn't. Our knowledge comes from over 65 years in partnership with the Commonwealth Bank of Australia as their committed health care provider.

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 over 5,000 optical and dental service providers
- + Access to expert doctors, surgeons and specialists
- + Minimal out-of-pocket expenses
- + Specialist care to recover and rehabilitate in your own home when needed
- + Pregnancy and birth programs
- + Quality and affordable care

## Access Gap Cover

Some 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, wiped out 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.

## Award-winning 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 award-winning Member Care team, and push for innovative, effective initiatives like our Better Living Programs and In-Home Hospital Care, Rehabilitation and Wound Management services.

## Get more back at Choice Network providers

The CBHS Corporate Choice Network is a group of over 5,000 dental and optical providers who are committed to providing exceptional treatment to you while reducing or removing the gap for Extras services on optical frames, lenses, contact lenses and preventative dental treatments. Benefits are subject to overall and available limits at time of service.

# Why private health insurance is right for you

## Choose your doctor

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

## Private hospital room

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

## 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](http://cbhscorporatehealth.com.au/hst) for more information.

## 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.

## Avoid Lifetime Health Cover Loading (LHC)

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 after your 31st birthday you may avoid paying LHC. Further details on the Lifetime Health Cover Loading can be found at: [privatehealth.gov.au](http://privatehealth.gov.au)

## Save at tax time

The Medicare Levy Surcharge (MLS) was introduced to encourage Australians in higher income brackets (singles who earn over \$90,000 and families that earn over \$180,000) 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, contact the Australian Taxation Office on **13 28 61**.

## 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. The majority of our members claim the Rebate as a reduction in the amount of premiums they pay.

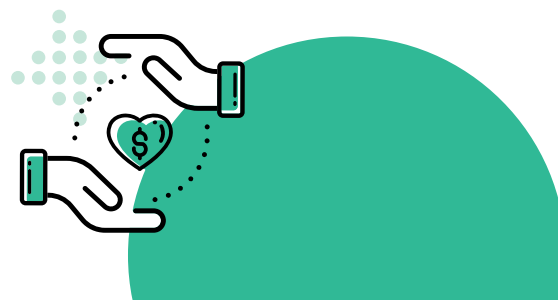
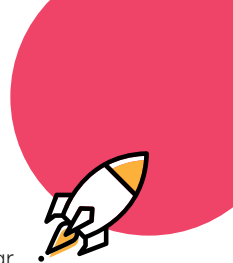
Your eligibility for the Rebate depends on your family status and income.

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](http://privatehealth.gov.au)

## Discounts for young Australians

From 1 April 2019, insurers are able to 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 aged based discount can be found at: [privatehealth.gov.au](http://privatehealth.gov.au)



# 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 6 - 15.

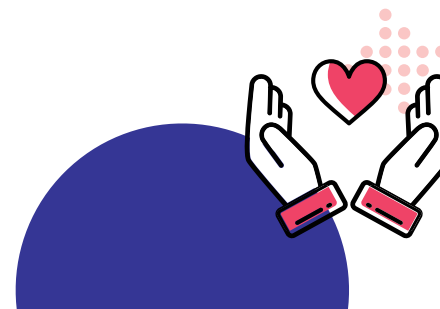
Gold Hospital	Silver Plus Hospital	Bronze Plus Hospital	Entry Hospital (Basic Plus)
Our most comprehensive cover for complete peace of mind for you and your family	A high level of cover for more than the basics to match your active lifestyle, excluding those services that are not relevant	For a sense of security but without things you are less likely to need	For those who want the basics or looking to avoid Lifetime Health Cover Loading
<b>BENEFITS</b> Access to private or shared room accommodation to help you recover in comfort and with privacy	<b>BENEFITS</b> Access to private or shared room accommodation to help you recover in comfort and with privacy	<b>BENEFITS</b> Include private or public hospital accommodation for accidents and emergencies	<b>BENEFITS</b> Accommodation for overnight, same day and intensive care for a shared room in a public hospital
Medical expenses incurred for medical services received while in hospital	Medical expenses incurred for medical services received while in hospital	Medical expenses incurred for medical services received while in hospital	Medical expenses incurred for medical services received while in hospital
Emergency ambulance transport for accident or medical emergencies	Emergency ambulance transport for accident or medical emergencies	Emergency ambulance transport for accident or medical emergencies	Emergency ambulance transport for accident or medical emergencies
Hospital Substitute Treatment to help you recover in the comfort of your own home	Hospital Substitute Treatment to help you recover in the comfort of your own home	Hospital Substitute Treatment to help you recover in the comfort of your own home	Hospital Substitute Treatment to help you recover in the comfort of your own home



## Our Extras cover

Extras policies provide benefits for ancillary or general treatments - for example, physiotherapy, dental and optical. For more details on Extras cover go to pages 16 - 23.

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



# Compare Hospital cover

As at 1 April 2019

Example hospital procedures at participating private and public hospitals - accommodation, operating theatre, intensive care.

	Gold Hospital	Silver Plus Hospital	Bronze Plus Hospital	Entry Hospital (Basic Plus)	Waiting periods
Excess options	Nil, \$250, \$500 or \$750	Nil, \$250, \$500 or \$750	\$250, \$500 or \$750	\$500 or \$750	
Emergency ambulance transport	✓	✓	✓	✓	1 day
Accident related treatment after joining	✓	✓	✓	R	1 day
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	2 months
Hospital psychiatric services	✓	R	R	R	2 months
Palliative care	✓	R	R	R	2 months
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)	○	○	✗	✗	2 months (12 months for pre-existing)
Cosmetic services	✗	✗	✗	✗	
Services for which a Medicare benefit is NOT payable	✗	✗	✗	✗	2 months (12 months for pre-existing)

✓ 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.

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

Please see page 9-15 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).



# Benefits of Hospital cover

## Hospital Substitute Treatment

Health starts in the home – with the Hospital Substitute Treatment program, you can recover in the comfort of your own home, in your own time.

- + No additional out-of-pocket expenses
- + Reduced length of stay in hospital
- + Where required, the program may include personal care, home support and/or meals

## 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 dependant child insured on a Gold Hospital, Silver Plus Hospital or Bronze Plus Hospital policy. See table below.

Cover	Excess
Gold Hospital	Nil, \$250, \$500 or \$750
Silver Plus Hospital	Nil, \$250, \$500 or \$750
Bronze Plus Hospital	\$250, \$500 or \$750
Entry Hospital (Basic Plus)	\$500 or \$750



# 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, you can:

- + visit our website [cbhscorporatehealth.com.au](http://cbhscorporatehealth.com.au) and select Hospital contracts under the Members tab
- + call us on **1300 586 462**. 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 services<sup>1</sup>

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.

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

## Inclusions, exclusions and restrictions

In the Hospital cover comparison tables (pages 6-7), there are various types of markings showing whether each category is included, excluded or restricted:

✓	Covered in private agreement hospitals and public hospitals.
✗	Exclusion (not covered). Shows a service or procedure category which is not covered by this policy. There is no benefit payable and you will incur a significant out-of-pocket expense for these services. Please review the exclusions and check with us to see if you are covered before receiving treatment.
R	Restricted. A restricted benefit is one which CBHS Corporate pays a benefit for services which are performed in a public hospital with the doctor of the member's choice. If the member chooses to go to a private hospital to receive these services, CBHS Corporate will pay only the Minimum Default Rate for accommodation specified by the law and you will be faced with significant out-of-pocket expenses. In a private hospital, the member will be liable to pay the full cost of theatre or labour ward fees.
■	Additional services covered above the minimum requirements.
○	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.





## 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 prostheses to at least the minimum benefit specified in the prosthesis list 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
- ✓ Emergency ambulance transport for an accident or Medical Emergency<sup>1</sup> 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 Substitute Treatment information available under the members tab at [cbhscorporatehealth.com.au](http://cbhscorporatehealth.com.au)

<sup>1</sup> "Medical Emergency" means an injury or illness that is acute and poses an immediate risk to the Member's life or long term health.

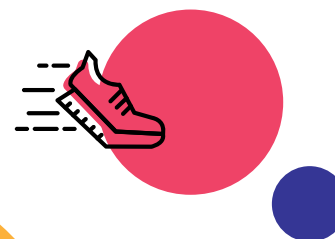


## What's not covered?

Depending on the level of cover:

- ✗ No benefits are payable for hospital or medical treatment and associated costs for excluded services
- ✗ 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
- ✗ Prostheses used for cosmetic procedures, where no Medicare benefit is payable or for excluded services
- ✗ Ambulance transfers between hospitals (for residents in VIC, SA and NT)
- ✗ Fees raised by public hospitals that exceed Minimum Default Benefits set by the Department of Health for shared room accommodation

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](http://cbhscorporatehealth.com.au/product-sheets)



# Understanding Extras cover

## 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.

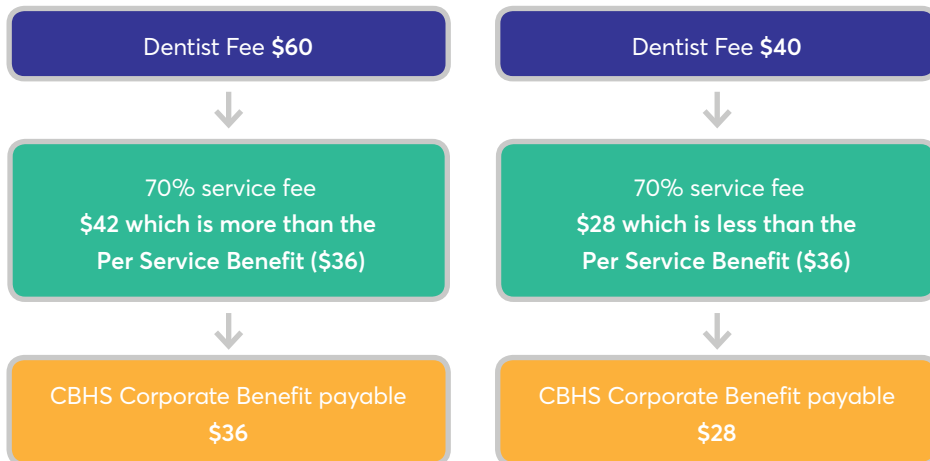
**Lifetime benefit:** The maximum benefit payable for a particular service for your membership lifetime. If you use up your lifetime limit and transfer to CBHS Corporate, we may deduct the benefits you have already claimed from your new policy's lifetime limit – check with your insurer for details.

## Per Service Benefit

Most CBHS Corporate Extras benefits are subject to a Per Service Benefit. Generally, the maximum benefit for an individual Extras service is 70% of the service fee up to a Per Service Benefit within the overall category limit.

**Example:** The maximum payment for the service 'extraction of a full tooth' is 70% of the cost up to the Per Service Benefit of \$70.

Here's an example of how benefits are paid on Extras:



## 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



# Compare Extras cover

As at 1 April 2019

	Waiting Periods	70% of the cost up to the per service benefit below	Premier Extras	Value Extras	Starter Extras	Benefit Period			
<b>Preventative Dental</b>									
Oral examinations (011, 012, 013)	2 months	\$35-\$45	Unlimited	\$230	\$210	Calendar year			
X-ray (022)		\$28							
Removal of plaque (111)		\$41							
Removal of calculus (114,115)		\$65-\$70							
Fluoride application (121)		\$25							
Mouthguard (151,153)		\$130-\$150							
Fissure sealing (161)		\$34							
<b>General Dental</b>									
Fillings	2 months	\$81-\$150	Unlimited	\$500	\$170	Calendar year			
Consultations & examinations		\$28-\$40							
X-rays		\$21-\$60							
Extractions or surgical dental		\$50-\$255							
<b>Major Dental</b>									
Periodontic (gum treatment)	6 months	\$24-\$260	\$630	\$400	-	Calendar year			
Endodontic (root canal treatment)		\$7.50-\$180	\$660						
Inlays / Onlays / Facings / Veneers		\$260-\$600	\$1440						
Dentures & implants		\$20-\$810	\$1350			Any 5 years			
Occlusal therapy	6 months	\$17-\$260	\$920			Lifetime benefit			
Orthodontia	12 months	70%	\$2800	\$700 annual limit (\$1400 Lifetime limit)		Lifetime benefit			
Crowns & bridges		\$10-\$720	\$3000	\$700		Any 5 years			
<b>Optical</b>									
			Per Service	Per Period	Per Service	Per Period			
Frames (110)	6 months		\$140	\$375	\$90	\$250	\$70	\$200	Calendar year
Single vision (pair) (212)		\$130	\$70		\$70				
Bifocal (pair) (312)		\$140	\$60		\$60				
Trifocal (pair) (412)		\$150	\$90		\$60				
Multifocal (pair) (512)		\$210	\$100		\$70				
Contact lenses (852)		\$220	\$160		\$140				

# Compare Extras cover

As at 1 April 2019

	Waiting Periods	70% of the cost up to the per service benefit below	Premier Extras	Value Extras	Starter Extras	Benefit Period
<b>Therapies</b>						
Physiotherapy (Initial/Subsequent)	2 months	\$61/\$43	\$720	\$300	\$200	Calendar year
Chiropractic (Initial/Subsequent)		\$61/\$40	\$720	\$250		
Osteopathy (Initial/Subsequent)		\$61/\$35	\$720	-		
Occupational therapy (Initial/Subsequent)		\$61/\$35	\$720	-	-	
Speech therapy (Initial/Subsequent)		\$95/\$46	\$1850	-		
Clinical psychology (Initial/Subsequent)		\$140/\$80	\$450	-		
Ante natal / Post-natal physiotherapy		70%	\$105	-		
Podiatry (excl. artificial aids: e.g. orthotics)		\$30-\$50	\$400	\$250		
Audiology		\$60	\$360	-		
Eye therapy		\$60	\$455	-		
Dietitian (Initial/Subsequent)		\$75/\$42	\$360	\$100	\$100	
<b>Alternative Therapies</b>						
<b>Oriental therapies:</b> Acupressure, acupuncture, chinese herbal medicine consultation, chinese massage, traditional chinese medicine consultation	2 months	\$33	\$450	\$300	\$200	Calendar year
<b>Massage therapies:</b> Deep tissue massage, lymphatic drainage, myotherapy, remedial massage, sports massage, swedish massage, therapeutic massage			\$450			
<b>General Health</b>						
Blood glucose accessories	2 months	70%	\$320	\$100	\$100	Calendar year
Home visits by registered nurse		\$120 (>4 hrs) \$80 (<4 hrs)	\$2800	-	-	
Non-Pharmaceutical Benefits Scheme drugs requiring a prescription by law (100% less the current prescribed PBS co-payment for general patients up to the maximum claimable benefit)		\$75	\$1000	\$300	\$200	
Travel and Accommodation <sup>1</sup> (50% of the cost of accommodation (on single rate) airfare, train, bus or 15c per kilometre for car)			\$500	-	-	
<b>Health Care Aids</b>						
Artificial aids	12 months	\$10-\$1000	\$1000	\$350	-	Over 3 years
Hearing aids		70%	\$1600	-		
Blood pressure monitor, nebuliser, glucometer	12 months	70%	\$500	\$300		

<sup>1</sup> Travel is only payable for a patient who requires essential medical and dental treatment, where it is not available at specialist and will require a referral letter. Excludes Ronald McDonald house.

a facility within a 160 km round trip of the member's home. In order to claim travel a patient must be visiting a



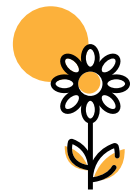
## CBHS Corporate Health Wellness Benefits

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

Premier Extras, Value Extras, Starter Extras		
	90% of the cost up to the per service benefit below	Benefit Period
<b>Wellness Checks*</b>		
Breast examinations (e.g. mammograms/x-rays)	\$200	Calendar year
Bone density tests		
Skin cancer screening		
Bowel/prostate cancer screening		
Eye screenings		
<b>Health Management</b>		
Quit smoking programs <sup>1</sup>	\$100	Calendar year
Weight management programs <sup>1</sup>		
Stress management courses <sup>1</sup>		
Gym membership/Personal training <sup>2</sup>	\$115 ((\$100 sub limit on personal training))	

\* 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 (i.e. Medicare).

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



# 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 providing exceptional treatment to our members. For more information about the CBHS Corporate Choice Network and to find a provider, visit [cbhscorporatehealth.com.au/choicenetwrok](http://cbhscorporatehealth.com.au/choicenetwrok)

## 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](http://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.

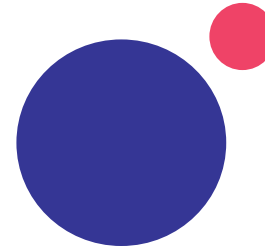
Ambulance cover pays the cost of emergency ambulance services if you are transported directly to a hospital or treated at the scene, due to a medical emergency. Transport must be provided by a State Government ambulance service or a private ambulance service recognised by CBHS Corporate (e.g. Royal Flying 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 and TAS are covered by state based Ambulance schemes.



# 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 6 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 our website [cbhscorporatehealth.com.au/disputes-complaints](http://cbhscorporatehealth.com.au/disputes-complaints) or contact our Member Care team on **1300 586 462**.

## Private Health Insurance Ombudsman

You may also contact the Private Health Insurance Ombudsman:

- Complaints Hotline** 1300 362 072 (option 4)  
(free call anywhere in Australia, mobile charges may apply)
- Email** [info@phio.gov.au](mailto:info@phio.gov.au)
- Post** Private Health Insurance Ombudsman  
Office of the Commonwealth Ombudsman  
GPO Box 442  
Canberra ACT 2601



## Privacy statement

CBHS Corporate respects your privacy. Protecting personal information is important to CBHS Corporate and is required by law. CBHS Corporate handles personal information in accordance with the provisions of the Commonwealth Privacy Act 1988 and the Australian Privacy Principles under that Act. To obtain a copy of the CBHS Corporate Privacy Policy visit our website [cbhscorporatehealth.com.au/privacy](http://cbhscorporatehealth.com.au/privacy) or contact Member Care on **1300 586 462**.

## 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 [privatehealth.com.au/codeofconduct](http://privatehealth.com.au/codeofconduct), by visiting our website or by contacting Member Care on **1300 586 462**.

## Cooling off period

If you are not satisfied with your health insurance for any reason, you have 30 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.

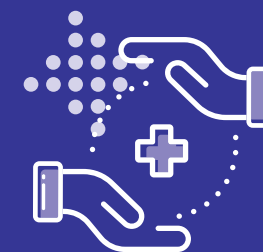
## Health Benefit Fund rules

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](http://cbhscorporatehealth.com.au/fundrules)

Find out more about CBHS Corporate cover at [cbhscorporatehealth.com.au/product-sheets](http://cbhscorporatehealth.com.au/product-sheets)

## Contact Us

- + **1300 586 462**  
Monday to Friday 7.00am - 7.00pm (AEST)
- + [cbhscorporatehealth.com.au](http://cbhscorporatehealth.com.au)
- + [help@cbhscorp.com.au](mailto:help@cbhscorp.com.au)
- + Post to **CBHS Corporate**  
Locked Bag 5098  
Parramatta NSW 2124
- + Level 5, 79 George St, Parramatta, NSW,  
2150 Australia
- + CBHS Corporate Health Pty Ltd  
ABN 85 609 980 896  
A Registered Private Health Insurer



Important Information: This brochure offers an overview of complex information. Reading it will help you identify any areas of particular concern and will enable you to seek further clarification before making your decision to join CBHS Corporate. This brochure should be read carefully in conjunction with the Health Benefit Fund Rules of CBHS Corporate before joining. A copy of the Health Benefit Fund Rules can be downloaded from [cbhscorporatehealth.com.au/fundrules](http://cbhscorporatehealth.com.au/fundrules). This information should be read carefully and retained. The information contained in this brochure is true and correct at the time of printing – April 2019.



