Gold Visitors

As a visitor to Australia, you may not be eligible for Medicare, which provides benefits towards the cost of medical treatment and free public hospital treatment to Australian residents and citizens. This is why CBHS Corporate Health Gold Visitors includes the Medicare component which gives you peace of mind and greater certainty over your health care while in Australia.

What's covered?

- ✔ Accommodation for overnight, same day and intensive care for private or shared room in agreement private hospitals (see next page) and public hospitals. If an excess option (see below) has been selected, the excess will apply.
- ✔ Theatre fees covered in agreement private hospitals except for exclusions.
- ✔ Supplied pharmaceuticals approved by the Pharmaceutical Benefits Scheme (PBS) and provided as part of your in-hospital treatment.
- ✔ Boarder accommodation covers 100%, up to $160 per admission, if not included in hospital agreement.
- ✔ Emergency ambulance services when transported directly to a hospital or treated at the scene due to an accident or medical emergency. Transport must be provided by a State Government ambulance service or a private ambulance service recognised by CBHS Corporate Health (such as Royal Flying Doctor Service). 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.
- ✔ Hospital services where a Medicare benefit would apply to the service if the service had been provided to the holder of a valid Medicare card.
- ✔ Medical expenses related to providers e.g. fees from doctors, surgeons, anaesthetists, pathology, imaging etc. Covered for all services eligible for benefits from Medicare up to 100% of the Medicare Benefits Schedule (MBS) fee. The MBS is a schedule of fees for each service set by the Australian Government. If a doctor, specialist or medical service provider charges you 100% of the MBS fee, then you will be fully covered for treatment in and out of hospital. If the cost of the doctor or service is more than the MBS fee, there will be a 'gap' leaving you with an out-of-pocket expense to pay. Check with your doctor or specialist what they will charge, and contact us to confirm what you are covered for, before your procedure or hospital admission.
- ✔ 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 expenses (i.e. surgeons, anaesthetists, pathology, imaging fees etc). Benefits are limited to those where a Medicare benefit would apply to the service if the service had been provided to the holder of a valid Medicare card.
- ✔ Surgically implanted prostheses to at least the minimum benefit specified in the prostheses list under Private Health Insurance legislation.

Repatriation

The benefit is for one one-way repatriation, per membership, per calendar year, up to a maximum of $10,000 if the member becomes terminally ill or suffers a life altering injury, including the return of mortal remains.

Pharmacy

Selected pharmacy items including discharge medications. 100% benefit up to $75 per script. Maximum overall limit of $600 per person per calendar year.

What's not covered?

- ✘ If member is admitted into a non-agreement private 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 non-agreement private hospital.
- ✘ Hospital services received within policy waiting periods (see next page).
- ✘ Nursing home type patient contribution, respite care or nursing home fees.
- ✘ Non PBS, high cost drugs.
- ✘ 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 had the service been provided to the holder of a valid Medicare card.
- ✘ Ambulance transfers between hospitals (for residents in VIC, SA and NT).

Exclusions

For treatment listed as an exclusion there is no benefit payable and member will incur significant out of pocket expense for these services. Please review the exclusions on this cover and always check with CBHS Corporate Health to see if you are covered before receiving treatment. The following services are excluded from this cover.

- ✘ non-admitted psychiatric and psychology services.
- ✘ assisted reproductive services (e.g. IVF, GIFT).
- ✘ cosmetic surgery.
- ✘ other services for which a Medicare benefit is not payable.

Excess option: $0 or $500

If you choose $500 excess then when you go into hospital you will pay the first $500 in respect to charges raised by a hospital. This excess is per person up to a maximum of $1000 per family membership per calendar year.

Excesses apply to both day and overnight stays. Excesses do not apply for any dependant children on the policy.

Understanding your hospital cover

What are pre-existing conditions and why are they important?

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.

A pre-existing condition is an ailment or illness for which the signs or symptoms were evident up to 6 months before a person became insured by a policy. It is the opinion of the CBHS Corporate Health appointed doctor that determines whether the signs or symptoms were in existence – that doctor, however, will have regard to any information provided by the member's doctor.

Members must also wait for 12 months to be covered for pre-existing conditions where they upgrade their cover.

Waiting periods

Waiting period is the time when the member is not covered for a service or treatment after starting or joining the membership. You will receive benefits listed on your level of cover once you have served the appropriate waiting periods.

Hospital and medical services	Calendar months
Pre-existing condition, pregnancy related services	12 months
All other treatments (including pre-existing conditions relating to psychiatric, rehabilitation and palliative care)	2 months
Accidents, emergency ambulance transport	1 day

Going into hospital

- Contact us to confirm what you are covered for and to check if any waiting periods apply.
- Check if your hospital has an agreement with CBHS Corporate Health.
- Obtain a quote from your treating doctor/surgeon.

Access to private hospital

CBHS Corporate Health holds agreements with an extensive range of Australian private hospitals and day surgeries (agreement hospitals). These agreements ensure hospital fees including bed fees, theatre and labour ward and intensive 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 members may only receive benefits similar to a public hospital **shared room rate** which can result in substantial out-of-pocket expenses. Should you choose a hospital that holds an agreement with CBHS Corporate Health, you reduce, if not eliminate, out-of-pocket expenses for hospital fees.

To check if your hospital holds an agreement, visit our website at **cbhscorporatehealth.com.au** or contact Member Care on **1300 586 462**.

Adding your new baby to your membership

When notifying CBHS Corporate of a new addition to your family you will need to provide your baby's full name, date of birth and gender.

If you have family cover, all waiting periods will be waived for your baby as long as you notify CBHS Corporate Health **within two calendar months of the birth.**

If you have singles cover, all waiting periods will be waived for your baby if you upgrade to family cover or sole-parent family cover **within two calendar months of the birth**. The upgrade must take effect the date your baby was born.

This information must be read in conjunction with your CBHS Corporate Health Health Benefit Fund Rules, available at cbhscorporatehealth.com.au