

Advanced Extras

(only available with a Hospital cover)

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

DESCRIPTION	EXAMPLES OF MAXIMUM CLAIMABLE AMOUNT PER SERVICE	OVERALL LIMIT	BENEFIT PERIOD		
DENTAL**					
Preventative dental (2 month waiting period)					
Oral examinations (011,012,013)	\$45, \$38, \$36	Unlimited	Calendar year		
X-ray (022)	\$28				
Removal of plaque (111)	\$41				
Removal of calculus (114,115)	\$68-\$70				
Fluoride application (121)	\$27				
Mouthguard (151,153)	\$130-\$150				
Fissure sealing (161)	\$34				
General dental (2 month waiting period)					
Fillings	\$81-\$150				
Consultations and examinations	\$35-\$40				
X-rays	\$42.80-\$60				
Extractions or surgical dental	\$50-\$255				
Major dental (12 month waiting period)					
Periodontic (gum treatment)	\$30-\$260	\$630	Calendar year		
Endodontic (root canal treatment)	\$7.50-\$180	\$660			
Inlays/onlays/facings/veneers	\$260 - \$600	\$1,440	Any 5 years		
Dentures and Implants	\$20-\$810	\$1,350			
Occlusal therapy	\$17.50-\$260	\$920	Lifetime		
Orthodontia	100%	\$2,800	Lifetime		
Crowns and bridges	\$60-\$750	\$3,000	Any 5 years		
PRESCRIBED OPTICAL APPLIANCES* (6 MONTH WAITING PERIOD)					
Frames					
Frames	\$140	\$375	Calendar year		
Lenses					
Single vision (pair) (212)	\$130				
Bifocal (pair) (312)	\$140				
Trifocal vision (pair) (412)	\$150				
Multifocal (pair) (512)	\$210				
Contact lenses					
Contact lenses (852)	\$220				
THERAPIES* (2 MONTH WAITING PERIOD)					
Physiotherapy (initial/subsequent)	\$61/\$43	\$720	Calendar year		
Chiropractic (initial/subsequent)	\$61/\$40	\$720			
Osteopathy (initial/subsequent)	\$61/\$35	\$720			
Hypnotherapy	\$80	\$360			
Occupational therapy (initial/subsequent)	\$61/\$35	\$720			
Speech therapy (initial/subsequent)	\$95/\$46	\$1,850			
Clinical psychology (initial/subsequent)	\$140/\$80	\$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			
Audiology	\$60	\$360			
Eye therapy	\$60	\$455			
Dietitian (initial/subsequent)	\$75/\$42	\$375			
Exercise physiology (initial/subsequent)	\$35/\$35	\$360			
Midwifery services (excl. home births)	100%	\$500			
ALTERNATIVE THERAPIES (2 MONTH WAITING PERIOD)					
Oriental therapies - Acupressure, acupuncture, Chinese herbal medicine consultation, Chinese massage, traditional Chinese medicine consultation	\$33	\$450	Calendar year		
Massage therapies - Deep tissue massage, lymphatic drainage, myotherapy, remedial massage, sports massage	\$33	\$450			

	EXAMPLES OF MAXIMUM CLAIMABLE AMOUNT PER SERVICE	OVERALL LIMIT	BENEFIT PERIOD
GENERAL HEALTH* (2 MONTH WAITING PERIOD)			
Blood glucose accessories	100%	\$320	Calendar year
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	
Travel and accommodation+	100% of the cost for accommodation (on single room rate), airfare, train, bus or 15c per kilometre by car	\$500	Per membership Per calendar year
HEALTH CARE AIDS* (12 MONTH WAITING PERIOD) – REFERRED BY A DOCTOR AND RECOGNISED BY CBHS CORPORATE HEALTH			
Artificial aids	\$12-\$1,000	\$1,000	Any 3 years
Hearing aids	100%	\$1,600	
Blood pressure monitor, nebuliser, glucometer		\$500	

+ 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.

^ 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 Health wellness benefits

CBHS Corporate Health wellness benefits cover you for a variety of health checks and programs designed to help you better manage your health and wellbeing.

WELLNESS BENEFITS (2 month waiting period)	BENEFITS ARE 100% OF THE COST UP TO THE OVERALL LIMIT	
	Overall limit	Benefit period
HEALTH CHECKS*		
Breast examinations (e.g. mammograms/x-rays)	\$200	Calendar year
Bone density tests		
Skin cancer screening		
Bowel/prostate cancer screening		
Eye screenings		
HEALTH MANAGEMENT*		
Quit smoking programs ¹	\$100	Calendar year
Weight management programs ¹		
Stress management courses ¹		
Gym membership/personal training ²	\$115 (\$100 sub limit on personal training)	Calendar year

1. Must be approved by CBHS Corporate Health.

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

* CBHS Corporate Health 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.

Understanding your Extras cover

Advanced Extras benefits 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. See the tables above for examples of maximum claimable amounts.

Benefit period

Each category of services has an overall limit on the amount you can claim. Most limits are based on per person per calendar year, unless otherwise stated in the tables above.

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

Extras waiting periods

EXTRAS WAITING PERIODS	CALENDAR MONTHS
Major dental, health care aids, and oxygen apparatus	12 months
Prescribed optical appliances	6 months
All other services	2 months



Dental Choice Network

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

Optical Choice Network

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

Manage your cover online

You can manage your membership online by visiting our website at **cbhscorporatehealth.com.au**

- Update your personal details
- Check progress of a claim
- Check your Extras limits
- Submit a claim online
- View claims history and much more!

Keep your non-student dependants covered

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

