



Your Health Cover

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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 over 9,000 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.

|  Silver Plus Hospital |  Bronze Plus Hospital |  Entry Hospital (Basic Plus) |
|---|--|--|
| <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.

|  Advanced Extras |  Classic Extras |  Basic Extras | Ambulance Cover |
|--|--|--|--|
| <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 Teladoc Health 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 |
| EXAMPLE HOSPITAL PROCEDURES at participating private and public hospitals <i>- accommodation, operating theatre, intensive care</i> | | | |
| 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 | ✗ | ✗ | |

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

✓ 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.

[^]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, Swedish massage, therapeutic 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) |
|--|---|------------------------|--|
| Benefit percentage CBHS Corporate pays this percent of the total cost up to the maximum claimable amount per service and up to the overall limit in each benefit period. | | 100% | 100% |
| # | 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 annual 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) |
|--|------------------------|-----------------------|
| Benefit percentage CBHS Corporate pays this percent of the total cost up to the maximum claimable amount per service and up to the overall limit in each benefit period. | 100% | 100% |
| 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, Swedish massage, therapeutic 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 |
| EXAMPLE HOSPITAL PROCEDURES at participating private and public hospitals - accommodation, operating theatre, intensive care | | | | |
| 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 | |
| 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.

✓ 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

Better Living

As a CBHS Corporate member you may have access to programs that will support you in managing a range of health factors and conditions including mental health matters, blood pressure, heart problems, sleep apnoea, diabetes and weight management. The Better Living Programs help you take control of your health by providing tailored guidance, advice and practical solutions from health care professionals. Each Better Living program is subject to its own eligibility criteria. Contact us for more information and to confirm your eligibility for a program. For more information visit our website cbhscorporatehealth.com.au/betterliving 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)



Exclusive to Premium Package (Gold) members, the international program Teladoc Health provides access to leading medical minds from around the world.

The Teladoc Health network has more than 50,000 experts in over 450 specialties and subspecialties and is designed to complement the care you receive from your own doctor.

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).

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. 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 (excluding restricted services)
- ✓ Better Living Programs information available under the Member Health tab at cbhscorporatehealth.com.au
- ✓ Hospital Substitute Treatment information available under the Member Health tab at cbhscorporatehealth.com.au

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 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
- ✗ Do-It-Yourself (DIY) dentistry including whitening kits, aligners and occlusal splints

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)

| | 70% of the cost up to the per service benefit below | 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 | 70% | \$2,800 | \$700 annual limit (\$1,400 lifetime limit) | | | | lifetime | | | | | | | | | |
| Crowns & bridges | \$60-\$750 | \$3,000 | \$700 | | | | | | | | | | | | | |
| 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)

| | 70% of the cost up to the per service benefit below | 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 | 70% | \$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) | 70% | \$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, Swedish massage, therapeutic massage | \$33 | \$450 | | | | |
| GENERAL HEALTH* | | | | | | |
| Blood glucose accessories | 70% | \$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* | 50% 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 | 70% | \$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, Swedish massage, therapeutic 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 | | | | | | | | calendar year | 2 months |
| Home nursing (visits by registered nurse) | 75% of the cost up to \$120 (>4 hrs) or \$80 (<4 hrs) | | \$450 | | 65% of the cost up to \$75 per prescription | | \$300 | | | |
| 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) | | | | | | | | any 3 years | 12 months |
| Health care appliances | \$350 (per service limit of \$150) | | | | \$500 (per service limit of \$100) | | - | | | |
| 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

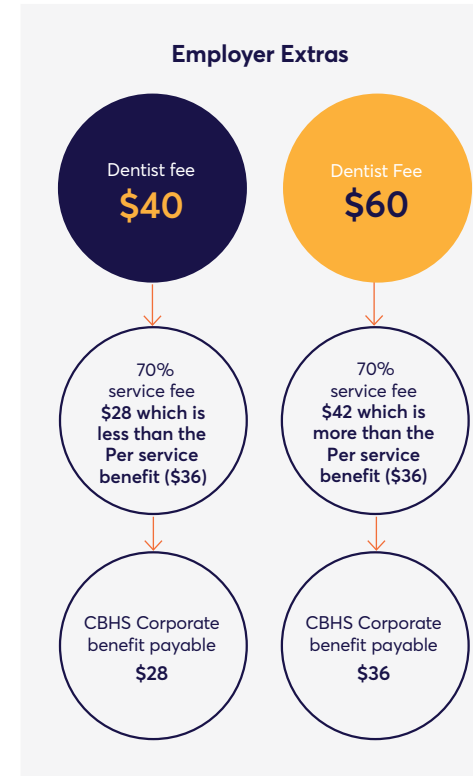
Most CBHS Corporate Extras benefits are subject to a per service benefit. Generally, the maximum benefit for an individual Extras service is 70% of the service fee up to a per service benefit within the overall category limit.

Per service benefit for Direct Extras

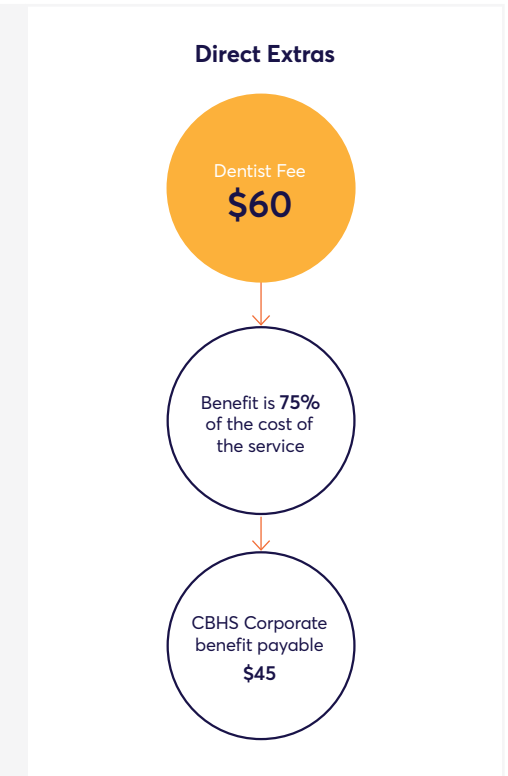
CBHS Corporate Direct Extras benefits are subject to a per service benefit. Depending on your level of cover, the maximum benefit for an individual Extras service is 55%, 60%, 65% or 75% of the cost of the service up to the overall limit.

An example of how benefits are paid on Employer Extras and Direct Extras can be seen on the following page.

Example 1.



Example 2.



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, oxygen apparatus and hearing aids | 12 months |
| Prescribed optical appliances | 6 months |
| All other services | 2 months |



CBHS Corporate Wellness Benefits

CBHS Corporate Wellness Benefits is a program to assist you in managing your health and wellbeing. These unique benefits are available to members holding Extras cover and each of our packaged covers. CBHS Corporate Wellness Benefit covers you for a variety of health checks and programs designed to assist you in better managing your health and wellbeing.

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

A series of programs are available for eligible Extras members who can receive a benefit on these programs:

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

| | Health checks [^] | Health management | Gym membership/ personal training ² |
|---|----------------------------|-------------------|---|
| Packaged covers | | | |
| Premium Package (Gold) Benefits are 100% of the cost up to the maximum category limit | \$300 | \$200 | \$230 (submit \$200 for personal training) |
| HealthStarter (Basic Plus) Benefits are 90% of the cost up to maximum category limit | \$100 | \$100 | \$115 (submit \$100 for personal training) |
| Employer Extras - Benefits are 90% of the cost up to the maximum category 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 maximum category limit | \$250 | | \$150 |
| Select Extras 65 Benefits are 65% of the cost up to maximum category limit | \$150 | | \$100 |
| Standard Extras 60 Benefits are 60% of the cost up to maximum category 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 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

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 or contact Member Services 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 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)

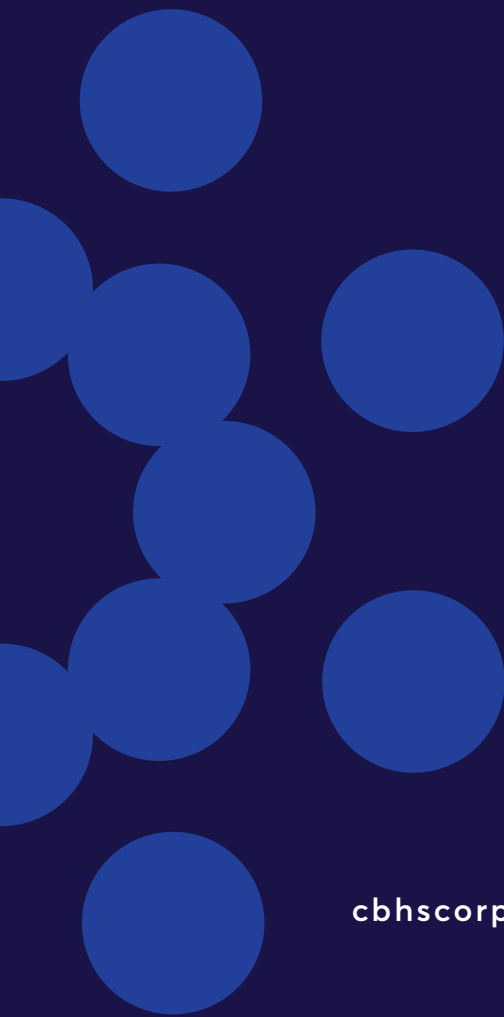
Visit cbhscorporatehealth.com.au

Email help@cbhscorp.com.au

Post Post to **CBHS Corporate**
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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. This information should be read carefully and retained. The information contained in this brochure is true and correct at the time of printing – February 2024.



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