

Private Health Information Statement - General treatment policy

Advanced Extras

CBHS Corporate Health Pty Ltd

<http://www.cbhscorporatehealth.com.au>
help@cbhscorp.com.au
1300 586 462

Monthly Premium

\$199.46 #

(before any rebate or insurer discount)

Covers one adult & dependants
(2 or more people, only one of
whom is an adult)

Available in Tasmania

You may be entitled to an Australian Government rebate on the above premium. Your premium may also include an insurer discount. Check with your insurer for details.

This policy covers children up to and including the age of 17 and students up to and including the age of 30, as well as persons with a disability who qualify as a child or student in this age range.

Available to Employees/Members of organisations which have this product included in their contract.

General Treatment Cover

This policy must be purchased with a hospital policy.

By using a CBHS Corporate Health Choice Network provider you will have lower out-of-pocket costs on Dental and Optical and have access to more "no gap" services. A list of providers is available on the CBHS Corporate website.

This policy  includes General treatment (Extras) cover for

*Note, for items marked with an asterisk *: MAJOR DENTAL: is in any 5 years, OCCLUSAL THERAPY is a lifetime limit, HEARING AIDS and BLOOD GLUCOSE MONITORS are in any 3 years - see insurer for further details.*

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental	2	No annual limit (no limit on preventative dental)	Periodic oral examination - \$38.00 Scale & clean - \$68.00 Fluoride treatment - \$27.00 Surgical tooth extraction - \$182.00
Major dental*	12	\$7,340 per person (Sub-limits apply)	Full crown veneered - \$750.00
Endodontic	12	\$660 per person (Sub-limits apply)	Filling of one root canal - \$157.00
Orthodontic	12	\$2,800 per person \$2,800 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - \$2,800.00
Optical	6	\$375 per person	Single vision lenses & frames - \$270.00 Multi-focal lenses & frames - \$350.00
Non PBS pharmaceuticals	2	\$1,000 per person (combined limit for non pbs pharmaceuticals & vaccinations)	Per eligible prescription - \$75.00
Physiotherapy	2	\$720 per person	Initial visit - \$61.00 Subsequent visit - \$43.00
Chiropractic	2	\$720 per person	Initial visit - \$61.00 Subsequent visit - \$40.00
Podiatry	2	\$400 per person	Initial visit - \$50.00 Subsequent visit - \$35.00
Psychology	2	\$465 per person	Initial visit - \$140.00 Subsequent visit - \$80.00
Acupuncture	2	\$450 per person (combined limit for acupuncture & chinese medicine)	Initial visit - \$33.00 Subsequent visit - \$33.00

Remedial massage	2	\$450 per person	Initial visit - \$33.00 Subsequent visit - \$33.00
Hearing aids*	12	\$1,600 per person	Hearing aid - 100% of charge
Blood glucose monitors*	12	\$500 per person	Per monitor - 100% of charge
Audiology	2	\$360 per person	Initial visit - \$60.00 Subsequent visit - \$60.00
Ante-natal/Post-natal classes	2	\$105 per person	Initial visit - 100% of charge Subsequent visit - 100% of charge
Chinese medicine	2	Combined limit - see Acupuncture	Initial visit - \$33.00 Subsequent visit - \$33.00
Dietetics/dietary advice	2	\$375 per person	Initial visit - \$75.00 Subsequent visit - \$42.00
Exercise physiology	2	\$360 per person	Initial visit - \$35.00 Subsequent visit - \$35.00
Eye therapy (orthoptics)	2	\$455 per person	Initial visit - \$60.00 Subsequent visit - \$60.00
Health management / Healthy lifestyle	2	\$415 per person (Sub-limits apply)	Health management - 100% of charge
Home nursing	2	\$2,800 per person	Initial visit - \$80.00 Subsequent visit - \$80.00
Occupational therapy	2	\$720 per person	Initial visit - \$61.00 Subsequent visit - \$35.00
Orthotics (podiatric orthoses)	12	\$1,000 per person (combined limit for orthotics (podiatric orthoses) & other services)	Orthotics supply & fit - \$145.00
Osteopathy	2	\$720 per person	Initial visit - \$61.00 Subsequent visit - \$35.00
Speech therapy	2	\$1,850 per person	Initial visit - \$95.00 Subsequent visit - \$46.00
Vaccinations	2	Combined limit - see Non PBS pharmaceuticals	Per service - \$75.00

This policy **X** does not include General treatment (Extras) cover for

X Other treatments - check with your insurer

Ambulance cover

Ambulance cover is provided by the State government for residents of Tasmania. This may include cover whilst interstate, except for South Australia and Queensland where no cover applies. In other states please check with Ambulance Tasmania - https://www.health.tas.gov.au/ambulance/fees_and_accounts.

For further information about this policy see

<https://www.cbhscorporatehealth.com.au/for-individuals/ambulance-cover>

Disclaimer

The information contained in this Private Health Information Statement was provided by the insurer and is intended as general information. It may not take into account your particular circumstances. For information please contact the insurer.