

Private Health Information Statement - General treatment policy

Select Extras 65

CBHS Corporate Health Pty Ltd

<http://www.cbhscorporatehealth.com.au>

help@cbhscorp.com.au

1300 586 462

Monthly Premium

\$93.30 #

(before any rebate or insurer discount)

Covers only one person

Available in Tasmania

Closed to new members

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.

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 *: Blood Glucose Monitors and Orthotics are in any 3 years. Home nursing - per visit benefit of 65% of the cost up to \$120 (>4 hrs) or \$80 (<4 hrs). See insurer for further details.

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental	2	\$750 per policy	Periodic oral examination - 65% of charge Scale & clean - 65% of charge Fluoride treatment - 65% of charge Surgical tooth extraction - 65% of charge
Major dental	12	\$900 per policy (combined limit for major dental & endodontic)	Full crown veneered - 65% of charge
Endodontic	12		Filling of one root canal - 65% of charge
Orthodontic	12	\$500 per policy \$1,000 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - 65% of charge
Optical	6	\$200 per policy	Single vision lenses & frames - 65% of charge Multi-focal lenses & frames - 65% of charge
Non PBS pharmaceuticals	2	\$300 per policy (combined limit for non pbs pharmaceuticals, home nursing & vaccinations - Sub-limits apply)	Per eligible prescription - 65% of charge
Physiotherapy	2	\$450 per policy (combined limit for physiotherapy, chiropractic, ante-natal/post-natal classes & osteopathy)	Initial visit - 65% of charge Subsequent visit - 65% of charge
Chiropractic	2		Initial visit - 65% of charge Subsequent visit - 65% of charge
Podiatry	2	\$150 per policy	Initial visit - 65% of charge Subsequent visit - 65% of charge
Psychology	2	\$300 per policy	Initial visit - 65% of charge Subsequent visit - 65% of charge
Acupuncture	2	\$150 per policy (combined limit for acupuncture, remedial massage & chinese medicine)	Initial visit - 65% of charge Subsequent visit - 65% of charge
Remedial massage	2		Initial visit - 65% of charge Subsequent visit - 65% of charge

Blood glucose monitors*	12	\$500 per policy (combined limit for blood glucose monitors, orthotics (podiatric orthoses) & other services - Sub-limits apply)	Per monitor - 65% of charge
Audiology	2	\$350 per policy (combined limit for audiology, exercise physiology, occupational therapy & speech therapy)	Initial visit - 65% of charge Subsequent visit - 65% of charge
Ante-natal/Post-natal classes	2	Combined limit - see Physiotherapy	Initial visit - 65% of charge Subsequent visit - 65% of charge
Chinese medicine	2	Combined limit - see Acupuncture	Initial visit - 65% of charge Subsequent visit - 65% of charge
Dietetics/dietary advice	2	\$150 per policy	Initial visit - 65% of charge Subsequent visit - 65% of charge
Exercise physiology	2	Combined limit - see Audiology	Initial visit - 65% of charge Subsequent visit - 65% of charge
Eye therapy (orthoptics)	2	\$150 per policy	Initial visit - 65% of charge Subsequent visit - 65% of charge
Health management / Healthy lifestyle	2	\$250 per policy (combined limit for health management / healthy lifestyle & other services - Sub-limits apply)	Health management - 65% of charge
Home nursing*	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 65% of charge Subsequent visit - 65% of charge
Occupational therapy	2	Combined limit - see Audiology	Initial visit - 65% of charge Subsequent visit - 65% of charge
Orthotics (podiatric orthoses)*	12	Combined limit - see Blood glucose monitors	Orthotics supply & fit - 65% of charge
Osteopathy	2	Combined limit - see Physiotherapy	Initial visit - 65% of charge Subsequent visit - 65% of charge
Speech therapy	2	Combined limit - see Audiology	Initial visit - 65% of charge Subsequent visit - 65% of charge
Vaccinations	2	Combined limit - see Non PBS pharmaceuticals	Per service - 65% of charge

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

X Hearing aids

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.