

Private Health Information Statement - Hospital policy

Hospital 'b' Excess (Bronze Plus)

CBHS Health Fund Limited

<http://www.cbhs.com.au>
help@cbhs.com.au
 1300 654 123

Monthly Premium

\$403.43[#]

(before any rebate, loading or discount)

Covers 2 adults (and no-one else)

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 a Lifetime Health Cover loading, an age-based discount or an insurer discount. Check with your insurer for details.

Membership of this insurer is restricted to current and past employees of Commonwealth Bank Group, franchisees, contractors, and their families.

Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy provides accident cover - check with your insurer for details.

This policy does not provide benefits for travel or accommodation (outside of hospital).

✓ Covered

For information on what is covered under each category, see <https://privatehealth.gov.au/categories>

R Restricted

Restricted categories partially cover your hospital costs as a private patient in a public hospital. You may incur significant expenses in a private room or private hospital.

✗ Not Covered

These categories are not covered by this policy.

This policy ✓ includes cover for

✓ Back, neck and spine	✓ Ear, nose and throat	✓ Miscarriage and termination of pregnancy
✓ Blood	✓ Eye (not cataracts)	✓ Pain management
✓ Bone, joint and muscle	✓ Gastrointestinal endoscopy	✓ Pain management with device
✓ Brain and nervous system	✓ Gynaecology	✓ Skin
✓ Breast surgery (medically necessary)	✓ Hernia and appendix	✓ Sleep studies
✓ Chemotherapy, radiotherapy and immunotherapy for cancer	✓ Implantation of hearing devices	✓ Tonsils, adenoids and grommets
✓ Dental surgery	✓ Insulin pumps	R Hospital psychiatric services
✓ Diabetes management (excluding insulin pumps)	✓ Joint reconstructions	R Palliative care
✓ Dialysis for chronic kidney failure	✓ Kidney and bladder	R Rehabilitation
✓ Digestive system	✓ Male reproductive system	

This policy ✗ does not include cover for

✗ Assisted reproductive services	✗ Joint replacements	✗ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits)
✗ Cataracts	✗ Lung and chest	✗ Pregnancy and birth
✗ Heart and vascular system	✗ Plastic and reconstructive surgery (medically necessary)	✗ Weight loss surgery

The benefits paid for hospital treatment will depend on the type of cover you purchase and whether your fund has an agreement in place with the hospital in which you are treated. See 'Agreement Hospitals' on privatehealth.gov.au for which hospitals have arrangements with your insurer – <https://privatehealth.gov.au/dynamic/agreementhospitals>.

Under this policy, you may have to pay out-of-pocket costs above what you get from Medicare or your private health insurer. Before you go to hospital, you should ask your doctors, hospital and health insurer about any out-of-pocket costs that may apply to you.

The following payments may also apply for hospital admissions

Excess: You will have to pay an excess of \$350 per admission. This is limited to a maximum of \$350 per person and \$700 per policy per year.

Excess payments do not apply to hospital admissions for day surgery.

Co-payments: Every time you go to hospital you will have to pay:

- \$0 (zero) per day for a shared room for overnight admissions
- \$70 for day surgery (no overnight stay)
- The maximum co-payment is \$840 per year

The following waiting periods for hospital admissions apply to new or upgrading members

Waiting periods:

- 2 months for palliative care, rehabilitation and hospital psychiatric treatments, even if pre-existing
- 12 months for other pre-existing conditions
- 2 months for all other treatments

Gap Cover

This provider offers '[known gap](#)' or '[no gap](#)' cover for medical bills for this product.

The [Medical Costs Finder](#) lets you find out more about the cost of specialist medical services.

Other features of this hospital cover

Co-payment is payable to a maximum of six days per person or 12 days per couple/family each calendar year.

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.

Other features of this ambulance cover

Residents of TAS are covered by state-based ambulance schemes including whilst interstate, except when in QLD and SA. You may be able to claim for services not covered by your state scheme under your CBHS cover.

For further information about this policy see

<https://www.cbhs.com.au/health-insurance/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.