

## Private Health Information Statement - General treatment policy

### Top Extras

#### CBHS Health Fund Limited

<http://www.cbhs.com.au>  
[help@cbhs.com.au](mailto:help@cbhs.com.au)  
 1300 654 123

#### Monthly Premium

**\$194.74<sup>#</sup>**

(before any rebate or insurer discount)

Covers two adults & dependants (3 or more people, only 2 of whom are adults)

Available in Western Australia

<sup>#</sup> 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.

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

### General Treatment Cover

By using a CBHS 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 website.

This policy  includes General treatment (Extras) cover for

*Note, for items marked with an asterisk \*: Major Dental: Sublimit for Periodontic is \$630, Inlays/Onlays/Facings/Veneers is \$1440, Dentures and Implants is \$1350, Crowns and Bridges is \$3000 and Occlusal Therapy is \$920. The \$920 for Occlusal Therapy is a lifetime limit. Dentures and Implants, Inlays/Onlays/Facings/Veneers are in any 5 years. Hearing Aids and Blood Glucose Monitors are in any 3 years. Contact CBHS 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	6	\$660 per person	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	\$450 per person	Initial visit - \$140.00 Subsequent visit - \$80.00
Acupuncture	2	\$450 per person (combined limit for acupuncture, chinese medicine & other services)	Initial visit - \$33.00 Subsequent visit - \$33.00

Remedial massage	2	\$450 per person (combined limit for remedial massage & other services)	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 (combined limit for blood glucose monitors & other services)	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	\$360 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
OTHER BENEFITS: Unlimited preventative dental; other Artificial Aids; Travel and accommodation - \$500; Midwifery services (excl. home births) - \$500. Contact CBHS for further details.			

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

**X** Other treatments - check with your insurer

### Other features of this general treatment cover

CBHS Wellness Benefits assist you in proactively managing your health and wellbeing. You'll be covered for a variety of health checks and health management programs designed to assist you in living a healthier, happier life.

## Ambulance cover

Aged Pensioner concession holders are entitled to free ambulance transport services. If you are not eligible for a concession and want to be covered, you can purchase insurance from a private health fund or a subscription through the state ambulance service.

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.

[PrivateHealth.gov.au](http://PrivateHealth.gov.au)

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