

## Private Health Information Statement - Combined policy

### KickStart (Basic Plus)

#### CBHS Health Fund Limited

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

[help@cbhs.com.au](mailto:help@cbhs.com.au)

1300 654 123

#### Monthly Premium

**\$157.52<sup>#</sup>**

(before any rebate, loading or discount)

Covers only one person  
Available in Tasmania

<sup>#</sup> 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

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

This policy ✗ does not include cover for

**X** Podiatric surgery (provided by a registered podiatric surgeon – limited benefits)

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](https://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:** No excess

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

- \$70 per day for a shared room for overnight admissions
- \$70 per day for a private room for overnight admissions
- \$70 for day surgery (no overnight stay)
- The maximum co-payment is \$420 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
- 12 months for pregnancy and birth (obstetrics)
- 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.

## 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

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental	2	\$675 per policy (no limit on preventative dental) (combined limit for general dental & endodontic)	Periodic oral examination - \$33.00 Scale & clean - \$58.00 Fluoride treatment - \$22.00 Surgical tooth extraction - \$172.00
Endodontic	6		Filling of one root canal - \$117.00
Optical	6	\$230 per policy	Single vision lenses & frames - \$230.00 Multi-focal lenses & frames - \$230.00
Non PBS pharmaceuticals	2	\$200 per policy (combined limit for non pbs pharmaceuticals & vaccinations)	Per eligible prescription - \$75.00
Physiotherapy	2	\$250 per policy (combined limit for physiotherapy, chiropractic & osteopathy)	Initial visit - \$40.00 Subsequent visit - \$30.00
Chiropractic	2		Initial visit - \$40.00 Subsequent visit - \$40.00
Psychology	2	\$250 per policy	Initial visit - \$50.00 Subsequent visit - \$50.00

Acupuncture	2	\$200 per policy (combined limit for acupuncture, remedial massage, chinese medicine & other services)	Initial visit - \$26.00 Subsequent visit - \$26.00
Remedial massage	2		Initial visit - \$26.00 Subsequent visit - \$26.00
Chinese medicine	2		Initial visit - \$26.00 Subsequent visit - \$26.00
Dietetics/dietary advice	2	\$100 per policy	Initial visit - \$75.00 Subsequent visit - \$42.00
Health management / Healthy lifestyle	2	\$315 per policy (combined limit for health management / healthy lifestyle & other services)	Health management - 100% of charge
Osteopathy	2	Combined limit - see Physiotherapy	Initial visit - \$40.00 Subsequent visit - \$30.00
Vaccinations	2	Combined limit - see Non PBS pharmaceuticals	Per service - \$75.00

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

<b>X</b> Blood glucose monitors	<b>X</b> Major dental	<b>X</b> Podiatry
<b>X</b> Hearing aids	<b>X</b> Orthodontic	<b>X</b> 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](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.