

Private Health Information Statement - Combined policy

StepUp (Bronze Plus)

CBHS Health Fund Limited

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

Monthly Premium

\$671.32[#]

(before any rebate, loading or discount)

Covers 2 adults (and no-one else)
 Available in Western Australia
 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

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

This policy ✗ does not include cover for

| | | |
|-----------------------------|--|-----------------------|
| ✗ Cataracts | ✗ Lung and chest | ✗ Weight loss surgery |
| ✗ Heart and vascular system | ✗ Plastic and reconstructive surgery (medically necessary) | |

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: 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 \$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
- 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. Co-payments do not apply to any dependants on the policy. Gap Assist benefit of \$100 per person per 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

Note, for items marked with an asterisk *: GENERAL DENTAL: Surgical tooth extraction has a sublimit of \$350 (per calendar year) MAJOR DENTAL: includes Periodontic, Endodontic per calendar year; Inlays/Onlays/Facings, Crowns & Bridges, Dentures and Implants are in any 5 years; Orthodontia and Occlusal Therapy are lifetime limits.

| Treatment | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated) | Examples of maximum benefits |
|-----------------|-------------------------|--|--|
| General dental* | 2 | \$350 per person (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 | \$900 per person (combined limit for major dental & endodontic) | Full crown veneered - \$750.00 |
| Endodontic | 6 | | Filling of one root canal - \$157.00 |
| Orthodontic | 12 | \$1,400 per person \$1,400 lifetime limit | Braces for upper & lower teeth, including removal plus fitting of retainer - \$1,400.00 |
| Optical | 6 | \$250 per person | Single vision lenses & frames - \$160.00 Multi-focal lenses & frames - \$190.00 |

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|---------------------------------------|----|---|---|
| Non PBS pharmaceuticals | 2 | \$300 per person (combined limit for non pbs pharmaceuticals & vaccinations) | Per eligible prescription - \$75.00 |
| Physiotherapy | 2 | \$600 per person up to \$300 per service (combined limit for physiotherapy, chiropractic, psychology, ante-natal/post-natal classes, occupational therapy, osteopathy & speech therapy - Sub-limits apply) | Initial visit - \$61.00 Subsequent visit - \$43.00 |
| Chiropractic | 2 | | Initial visit - \$61.00 Subsequent visit - \$40.00 |
| Podiatry | 2 | \$150 per person | Initial visit - \$50.00 Subsequent visit - \$35.00 |
| Psychology | 2 | Combined limit - see Physiotherapy | Initial visit - \$140.00 Subsequent visit - \$80.00 |
| Acupuncture | 2 | \$400 per person (combined limit for acupuncture, remedial massage, chinese medicine & other services) | Initial visit - \$33.00 Subsequent visit - \$33.00 |
| Remedial massage | 2 | | Initial visit - \$33.00 Subsequent visit - \$33.00 |
| Ante-natal/Post-natal classes | 2 | Combined limit - see Physiotherapy | 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 | \$100 per person | Initial visit - \$75.00 Subsequent visit - \$42.00 |
| Health management / Healthy lifestyle | 2 | \$415 per person (Sub-limits apply) | Health management - 100% of charge |
| Occupational therapy | 2 | Combined limit - see Physiotherapy | Initial visit - \$61.00 Subsequent visit - \$35.00 |
| Orthotics (podiatric orthoses) | 12 | \$150 per person (combined limit for orthotics (podiatric orthoses) & other services) | Orthotics supply & fit - \$145.00 |
| Osteopathy | 2 | Combined limit - see Physiotherapy | Initial visit - \$61.00 Subsequent visit - \$35.00 |
| Speech therapy | 2 | Combined limit - see Physiotherapy | 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 Blood glucose monitors | X Hearing aids | X Other treatments - check with your insurer |
|---------------------------------|-----------------------|---|

Ambulance cover

In Western Australia this policy provides:

Emergency: Unlimited with a waiting period of 1 day.

Call-out fees: will be paid for each attendance, including emergency treatment without transport to hospital.

Other features of this ambulance cover

Coverage for emergency ambulance services if you're transported directly to a hospital or treated at the scene during a medical emergency. This transport or treatment must be provided by a State Government or a private ambulance service that we recognise, e.g., the Royal Flying Doctor Service. Cover includes transport from the scene of an accident or medical event such as a heart attack. Residents of WA holding appropriate Hospital/package cover are also eligible to claim a benefit for non-emergency ambulance transport services up to a maximum of \$5,000 per person per calendar year.

For further information about this policy see

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

Disclaimer

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PolicyID: CBH/J6/WAYL20

Date statement issued: 01 April 2026

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