

Private Health Information Statement - General treatment policy

Classic Extras

CBHS Corporate Health Pty Ltd

<http://www.cbhscorporatehealth.com.au>
help@cbhscorp.com.au
 1300 586 462

Monthly Premium

\$155.26 #

(before any rebate or insurer discount)

Covers one adult & dependants, including non-student dependants (2 or more people, only one of whom is an adult)

Available in Tasmania

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, students up to and including the age of 30 and non-students up to and including the age of 30, as well as persons with a disability who qualify as a child, student or non-student in these age ranges.

Available to Employees/Members of organisations which have this product included in their contract.

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: is in any 3 years, MAJOR DENTAL: is in any 5 years and covers Crowns & Bridges dental treatment (please see insurer for further details)*

| Treatment | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated) | Examples of maximum benefits |
|-------------------------|-------------------------|---|--|
| General dental | 2 | \$730 per person (Sub-limits apply) | Periodic oral examination - \$38.00 Scale & clean - \$68.00 Fluoride treatment - \$27.00 Surgical tooth extraction - \$182.00 |
| Major dental* | 12 | \$700 per person | Full crown veneered - \$700.00 |
| Endodontic | 12 | \$400 per person (combined limit for endodontic & other services - Sub-limits apply) | Filling of one root canal - \$157.00 |
| Orthodontic | 12 | \$700 per person \$1,400 lifetime limit | Braces for upper & lower teeth, including removal plus fitting of retainer - \$700.00 |
| Optical | 6 | \$250 per person | Single vision lenses & frames - \$160.00 Multi-focal lenses & frames - \$190.00 |
| Non PBS pharmaceuticals | 2 | \$300 per person (combined limit for non pbs pharmaceuticals & vaccinations) | Per eligible prescription - \$75.00 |
| Physiotherapy | 2 | \$300 per person | Initial visit - \$61.00 Subsequent visit - \$43.00 |
| Chiropractic | 2 | \$250 per person (combined limit for chiropractic & osteopathy) | Initial visit - \$61.00 Subsequent visit - \$40.00 |
| Podiatry | 2 | \$250 per person | Initial visit - \$50.00 Subsequent visit - \$35.00 |
| Acupuncture | 2 | \$300 per person (combined limit for acupuncture, remedial massage & chinese medicine) | Initial visit - \$33.00 Subsequent visit - \$33.00 |
| Remedial massage | 2 | | Initial visit - \$33.00 Subsequent visit - \$33.00 |

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|---------------------------------------|----|--|---|
| Blood glucose monitors* | 12 | \$300 per person (combined limit for blood glucose monitors & other services) | Per monitor - 100% of charge |
| Chinese medicine | 2 | Combined limit - see Acupuncture | Initial visit - \$33.00 Subsequent visit - \$33.00 |
| Dietetics/dietary advice | 2 | \$115 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 |
| Orthotics (podiatric orthoses) | 12 | \$360 per person (combined limit for orthotics (podiatric orthoses) & other services) | Orthotics supply & fit - \$145.00 |
| Osteopathy | 2 | Combined limit - see Chiropractic | Initial visit - \$61.00 Subsequent visit - \$35.00 |
| Vaccinations | 2 | Combined limit - see Non PBS pharmaceuticals | Per service - \$75.00 |

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

| | | |
|-----------------------|---------------------|---|
| X Hearing aids | X Psychology | 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.