

Private Health Information Statement - Combined policy

FlexiSaver (Basic Plus)

CBHS Health Fund Limited

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

Monthly Premium

\$155.30[#]

(before any rebate, loading or discount)

Covers only one person
 Available in Queensland
 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

✓ Bone, joint and muscle	✓ Joint reconstructions	R Palliative care
✓ Dental surgery	✓ Tonsils, adenoids and grommets	R Rehabilitation
✓ Hernia and appendix	R Hospital psychiatric services	

This policy ✗ does not include cover for

✗ Assisted reproductive services	✗ Ear, nose and throat	✗ Male reproductive system
✗ Back, neck and spine	✗ Eye (not cataracts)	✗ Miscarriage and termination of pregnancy
✗ Blood	✗ Gastrointestinal endoscopy	✗ Pain management
✗ Brain and nervous system	✗ Gynaecology	✗ Pain management with device
✗ Breast surgery (medically necessary)	✗ Heart and vascular system	✗ Plastic and reconstructive surgery (medically necessary)
✗ Cataracts	✗ Implantation of hearing devices	✗ Podiatric surgery (provided by a registered podiatric surgeon - limited benefits)
✗ Chemotherapy, radiotherapy and immunotherapy for cancer	✗ Insulin pumps	✗ Pregnancy and birth
✗ Diabetes management (excluding insulin pumps)	✗ Joint replacements	✗ Skin
✗ Dialysis for chronic kidney failure	✗ Kidney and bladder	✗ Sleep studies

✗ Digestive system

✗ Lung and chest

✗ 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 \$500 per admission. This is limited to a maximum of \$500 per person and \$500 per policy per year.

Co-payments: No co-payments

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.

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 *: Optical has a sublimit of \$150 within \$700 overall limit.

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental	2	\$700 per policy (combined limit for general dental, optical & physiotherapy - Sub-limits apply)	Periodic oral examination - 55% of charge Scale & clean - 55% of charge Fluoride treatment - 55% of charge Surgical tooth extraction - 55% of charge
Optical*	6		Single vision lenses & frames - 55% of charge Multi-focal lenses & frames - 55% of charge
Physiotherapy	2		Initial visit - 55% of charge Subsequent visit - 55% of charge

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

✗ Acupuncture	✗ Hearing aids	✗ Podiatry
✗ Blood glucose monitors	✗ Major dental	✗ Psychology
✗ Chiropractic	✗ Non PBS pharmaceuticals	✗ Remedial massage
✗ Endodontic	✗ Orthodontic	✗ Other treatments - check with your insurer

Other features of this general treatment cover

Extras give the flexibility to use the overall limit of \$700 per person per calendar year on any of the included preventative dental, general dental, physiotherapy or optical (sublimit applies on optical, see above). You also get 55% benefit of the provider charge, up to the overall limit.

Ambulance cover

Ambulance cover is provided by the State government for Queensland residents (<https://www.ambulance.qld.gov.au/>). This includes cover whilst interstate.

Other features of this ambulance cover

Residents of QLD are covered under their state ambulance service scheme Australia-wide and benefits for ambulance services are not payable by CBHS.

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.