

## Private Health Information Statement - Combined policy

### StepUp (Bronze Plus)

#### CBHS Health Fund Limited

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

#### Monthly Premium

**\$333.28<sup>#</sup>**

(before any rebate, loading or discount)

Covers only one person  
 Available in Northern Territory  
 Closed to new members

<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

✓ 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](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. 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 policy (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 policy (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 policy \$1,400 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - \$1,400.00
Optical	6	\$250 per policy	Single vision lenses & frames - \$160.00 Multi-focal lenses & frames - \$190.00

Non PBS pharmaceuticals	2	\$300 per policy (combined limit for non pbs pharmaceuticals & vaccinations)	Per eligible prescription - \$75.00
Physiotherapy	2	\$300 per service up to \$600 per policy (combined limit for physiotherapy, chiropractic, psychology, ante-natal/post-natal classes, occupational therapy, osteopathy & speech therapy - <b>Sub-limits apply</b> )	Initial visit - \$61.00 Subsequent visit - \$43.00
Chiropractic	2		Initial visit - \$61.00 Subsequent visit - \$40.00
Podiatry	2	\$150 per policy	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 policy (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 policy	Initial visit - \$75.00 Subsequent visit - \$42.00
Health management / Healthy lifestyle	2	\$415 per policy ( <b>Sub-limits apply</b> )	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 policy (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

<b>X</b> Blood glucose monitors	<b>X</b> Hearing aids	<b>X</b> Other treatments - check with your insurer
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## Ambulance cover

In Northern Territory 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.

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.