

Private Health Information Statement - Combined policy

LiveLife (Gold)

CBHS Health Fund Limited

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

Monthly Premium

\$863.81[#]

(before any rebate, loading or discount)

Covers two adults & dependants (3 or more people, only 2 of whom are adults)

Available in Victoria
 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.

This policy covers children up to and including the age of 17 and students up to and including the age of 30, as well as persons with a disability who qualify as a child or student in this age range.

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	✓ Eye (not cataracts)	✓ Miscarriage and termination of pregnancy
✓ Back, neck and spine	✓ Gastrointestinal endoscopy	✓ Pain management
✓ Blood	✓ Gynaecology	✓ Pain management with device
✓ Bone, joint and muscle	✓ Heart and vascular system	✓ Palliative care
✓ Brain and nervous system	✓ Hernia and appendix	✓ Plastic and reconstructive surgery (medically necessary)
✓ Breast surgery (medically necessary)	✓ Hospital psychiatric services	✓ Podiatric surgery (provided by a registered podiatric surgeon - limited benefits)
✓ Cataracts	✓ Implantation of hearing devices	✓ Pregnancy and birth
✓ Chemotherapy, radiotherapy and immunotherapy for cancer	✓ Insulin pumps	✓ Rehabilitation
✓ Dental surgery	✓ Joint reconstructions	✓ Skin
✓ Diabetes management (excluding insulin pumps)	✓ Joint replacements	✓ Sleep studies
✓ Dialysis for chronic kidney failure	✓ Kidney and bladder	✓ Tonsils, adenoids and grommets
✓ 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: 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 \$200 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 *: MAJOR DENTAL: Is over any 5 years (please see insurer for further details) OCCLUSAL THERAPY: Is a life time limit. HEARING AIDS: Is over any 3 years (please see insurer for further details) BLOOD GLUCOSE MONITORS: Is over any 3 years (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	No annual limit (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	\$8,060 per person (Sub-limits apply)	Full crown veneered - \$750.00
Endodontic	6	\$700 per person	Filling of one root canal - \$157.00
Orthodontic	12	\$3,200 per person \$3,200 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - \$3,200.00
Optical	6	\$450 per person	Single vision lenses & frames - \$270.00 Multi-focal lenses & frames - \$350.00

Non PBS pharmaceuticals	2	\$1,000 per person (combined limit for non pbs pharmaceuticals & vaccinations)	Per eligible prescription - \$150.00
Physiotherapy	2	\$900 per person	Initial visit - \$61.00 Subsequent visit - \$43.00
Chiropractic	2	\$1,000 per person (combined limit for chiropractic & osteopathy)	Initial visit - \$61.00 Subsequent visit - \$40.00
Podiatry	2	\$400 per person	Initial visit - \$50.00 Subsequent visit - \$35.00
Psychology	2	\$500 per person	Initial visit - \$140.00 Subsequent visit - \$80.00
Acupuncture	2	\$1,000 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
Hearing aids*	12	\$2,200 per person	Hearing aid - 100% of charge
Blood glucose monitors*	12	\$500 per person (combined limit for blood glucose monitors & other services)	Per monitor - 100% of charge
Audiology	2	\$360 per person	Initial visit - \$60.00 Subsequent visit - \$60.00
Ante-natal/Post-natal classes	2	\$105 per person	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	\$360 per person	Initial visit - \$75.00 Subsequent visit - \$42.00
Exercise physiology	2	\$360 per person	Initial visit - \$35.00 Subsequent visit - \$35.00
Eye therapy (orthoptics)	2	\$455 per person	Initial visit - \$60.00 Subsequent visit - \$60.00
Health management / Healthy lifestyle	2	\$730 per person (Sub-limits apply)	Health management - 100% of charge
Home nursing	2	\$2,800 per person	Initial visit - \$80.00 Subsequent visit - \$80.00
Occupational therapy	2	\$800 per person	Initial visit - \$61.00 Subsequent visit - \$35.00
Orthotics (podiatric orthoses)	12	\$1,500 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
Speech therapy	2	\$1,850 per person	Initial visit - \$95.00 Subsequent visit - \$46.00
Vaccinations	2	Combined limit - see Non PBS pharmaceuticals	Per service - \$150.00

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

X Other treatments - check with your insurer

Ambulance cover

In Victoria 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.