

Private Health Information Statement - Hospital policy

Starter Basic Plus Hospital \$750 Excess

CBHS Health Fund Limited

<http://www.cbhs.com.au>

help@cbhs.com.au

1300 654 123

Monthly Premium

\$251.98[#]

(before any rebate, loading or discount)

Covers 2 adults (and no-one else)

Available in Tasmania

[#] 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	✓ Hernia and appendix	R Palliative care
✓ Dental surgery	✓ Joint reconstructions	R Rehabilitation
✓ Ear, nose and throat	✓ Tonsils, adenoids and grommets	
✓ Gastrointestinal endoscopy	R Hospital psychiatric services	

This policy ✗ does not include cover for

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

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 \$750 per admission. This is limited to a maximum of \$750 per person and \$1500 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.

Other features of this hospital cover

A basic level private Hospital cover which includes some common treatments for younger people and allows members to avoid the Medicare Levy Surcharge. If your doctor or specialist participates in our Access Gap Cover scheme, you may be able to reduce or eliminate your out-of-pocket medical costs. When clinically appropriate, Hospital Substitute Treatment program gives suitable members the option to receive acute care in the home instead of the hospital.

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.

Other features of this ambulance cover

Residents of TAS are covered by state-based ambulance schemes including whilst interstate, except when in QLD and SA. You may be able to claim for services not covered by your state scheme under your CBHS cover.

[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.