Your health cover

June 2025

CBHS

Health Cover for the CommBank Family

Contents

Why CBHS?

More than 70 years ago, Commonwealth Bank established CBHS with the purpose of providing high-quality and affordable health insurance to CommBank employees and their families.

Over the years, our relationship and connection has remained strong, and together we have built more than seven decades of goodwill and trust. Members stay with CBHS because of the great value cover we offer, and the warm care they receive.

Not-for-profit means value to members

As a not-for-profit, member-owned health fund, our primary goal is to deliver value to members. Whether through affordable high-quality cover, attractive policy benefits, or genuine care and support for the families we look after, CBHS members enjoy more value and warm, personal service.

Policies designed for every life stage

We recognise that life changes and we've designed our policies to adapt with flexibility in mind. CBHS offers a wide variety of policy options to meet you at your life stage, and it's easy to upgrade or downgrade your level of cover over time[1].

The power of a network

The CBHS Choice Network empowers members through access to a national network of optical and dental providers who reduce or remove the gap on selected services and treatments.

A track record of loyalty

Our members enjoy being part of an exclusive fund that offers a combination of great value policies and warm, caring service. And we're proud that they choose to stay with us. In fact, CBHS has one of the highest member retention rates in the industry[2].

We give back more

Over the past ten years, CBHS Health has paid back on average over 90 cents in every dollar collected from premiums in member benefits[3]. It's one of the advantages of being a not-for-profit health fund.

Easy to join us

We respect that you lead a busy life, and from day one, we're making it easy. It's not a hassle to join, or switch from another health fund. We'll take care of the paperwork with a seamless transition from your old policy. And, 60 days to change your mind (twice as much time as some other funds).

[1] Waiting periods may apply

[2] Private Health Insurance Ombudsman State of the Health Funds Report 2022 Page 17-18. Data relates to the total gain or loss of members over the last two years, which takes into account consumers who take up Hospital membership and leave within that two-year period.

[3] 90.7% compared to 85.6% across the industry. Calculated based on the average of the past 10 years, sourced from APRA Statistics: Private Health Insurance Operations Reports 2014-23

Who can join?

CBHS is exclusively for current and former employees, contractors and franchisees of the Commonwealth Bank Group (CBA Group) and their eligible family members. To help you identify whether you or someone you know is eligible, here's a list:

CBA Group employees

A current or former employee of:

- the CBA Group (including current and former subsidiaries)
- a CBA Group franchisee
- a CBA Group contractor

CBHS officers, employees and contractors.

Family members

Eligible family members of an eligible member include:

- Current/former spouse/partner
- Dependant children
- Adult children (and their spouse/partner and dependant children)
- Parents
- Siblings (and their spouse/partner and dependant children)
- Grandchildren (and their spouse/partner and dependant children)

Not sure if you fit the above? Our eligibility checker is at **cbhs.com.au/eligibility**

Why choose private health cover?

Private hospital room

Your Hospital cover could give you access to a private room to help you recover. This is subject to bed availability.

Choose your doctor

You can choose your doctor and where you're treated with private Hospital cover.

Save when it's time to use Extras services

Boost your health and wellbeing by having treatments you need, when you need them. Depending on your cover, you can claim on Extras like dental, optical, physio, chiro, massage and more. You can choose the level of Extras cover which best fits your lifestyle and budget.

Save at tax time

The Medicare Levy Surcharge (MLS) encourages Australians in higher income brackets to take out Hospital cover. It applies to singles and families who earn over a certain amount and are eligible for Medicare, but do not have an appropriate level of Hospital cover. You can find the current MLS income thresholds and surcharge levels on our website.

Less out-of-pocket

Through the Access Gap Cover scheme, you can reduce your in-hospital medical out-of-pocket expenses and, in some cases, eliminate them entirely^.

Recover at home

Our Hospital Substitution Treatment programs provide eligible members the choice of whether they receive care in hospital or in the comfort and privacy of their own home, if their treating doctor decides it's clinically appropriate.

^Waiting periods may apply

Avoid paying Lifetime Health Cover (LHC) loading

LHC loading is an Australian Government initiative designed to encourage people to take out and maintain Hospital cover earlier in life. If you have not taken out and maintained private Hospital cover from the year you turn 31, you will pay a 2% LHC loading on top of your premium for every year you are aged over 30 if you decide to take out Hospital cover later in life.

Important things to know about LHC

- If you take out Hospital cover by 1 July following your 31st birthday, you will avoid paying LHC
- LHC loading does not apply to Extras or Ambulance covers
- The maximum loading is 70%
- It's removed once you have paid it for 10 continuous years.

Example: If you first took out Hospital cover at age 40, your loading would be 20%, and you'd have to pay that for 10 years. That can really add up!

Further details on the Lifetime Health Cover loading are available at **privatehealth.gov.au**

The Australian Government Rebate on private health insurance

The Australian Government Rebate on private health insurance (Rebate) is the amount that the Australian Government contributes each year to your private health insurance premiums. Most of our members claim the Rebate as a reduction in the amount of premiums they pay, but you can also claim it as a tax offset credit at tax time.

Important things to know about the Rebate

- Your eligibility for the Rebate depends on your family status and income
- Your Rebate percentage is calculated based on your income level and your age.

Please visit **privatehealth.gov.au** to see the latest Rebate details.

Discounts for young Australians

Some health funds, including CBHS, offer premium discounts on Hospital cover as part of an Australian Government initiative to encourage younger Aussies to take out Hospital cover. This is known as an age-based discount.

Important things to know about age-based discounts

- The discount is 2% for each year that you're aged under 30 when you first purchase Hospital cover. Those aged 18-25 receive the maximum discount of 10%
- You will retain that discount until you turn 41, when it will be gradually phased out.

Example: You take out Hospital cover at the age of 25 and receive a 10% discount that you keep until you turn 41. Your discount then reduces by 2% per year.

Find further details on age-based discounts at **privatehealth.gov.au**

Health cover options for every stage of life

CBHS offers a wide variety of cover options to meet you at your life stage, with built in ease to upgrade or downgrade over time as your life changes[1].

Single or young couple

Get the essential coverage you need today without paying for what you don't. As a not-for-profit health fund, CBHS is dedicated to serving members. With us, you'll have the reassurance of being protected for unexpected life events. Plus, as your needs evolve, upgrading your cover in the future is a breeze[1].

Common Hospital cover: KickStart (Basic Plus) | Starter Basic Plus | Value Bronze Plus
Common Extras cover: KickStart (Basic Plus) | Essential Extras

Families of all sizes

Whether your family is expanding, or your kids are growing up, CBHS has a range of health cover options designed with your stage of life in mind. As a not-for-profit health fund, CBHS is committed to providing value to members. In fact, over the past 10 years CBHS Health has paid back on average over 90 cents in every dollar collected from premiums in member benefits[2]. Plus, as your life evolves, it's simple to adjust your coverage up or down[1].

Common Hospital cover: Everyday Silver Plus | Advanced Silver Plus | Complete Gold
Common Extras cover: Intermediate Extras | Top Extras

Mature families

Whether you've got an empty nest or the adult kids are coming and going – you may find yourself with more free time and planning your next adventure! CBHS offers coverage that can provide peace of mind for this exciting next chapter in your life. As a not-for-profit health fund with over 70 years of experience, CBHS is committed to delivering value and caring service to our members. We do this through affordable premiums, excess options, comprehensive policy benefits, and providing access to health and wellness programs for eligible members. With CBHS, you belong to more.

Common Hospital cover: Advanced Silver Plus | Complete Gold
Common Extras cover: Top Extras

Retirees

You've worked hard for these golden years, and our mission is to provide you coverage for when it matters most. Enjoy dedicated and warm service, from a longstanding not-for-profit health fund with over 70 years of experience. We pride ourselves on flexible excess options to help make your premiums more affordable, and top-tier coverage.

Common Hospital cover: Advanced Silver Plus | Complete Gold
Common Extras cover: Top Extras

[1] Waiting periods may apply

[2] 90.7% compared to 85.6% across the industry. Calculated based on the average of the past 10 years, sourced from APRA Statistics: Private Health Insurance Operations Reports 2014-23

Choosing cover at CBHS

At CBHS, we make it easy by giving you the power to mix and match a Hospital cover with an Extras cover to suit your individual needs.

Build your own custom cover by choosing a Hospital and/or Extras cover that works for you.

Choose a Hospital cover		Choose an Extras cover
Starter Basic Plus		Essential
Value Bronze Plus	+	Intermediate
Everyday Silver Plus		Top
Advanced Silver Plus		
Complete Gold		

KickStart (Basic Plus)

We've made choosing your health insurance easier by pre-mixing and matching this affordable packaged cover for the fit and healthy.

KickStart (Basic Plus) is a cost-effective Hospital and Extras cover, tailored for individuals looking for a handpicked selection of common services like dental and optical, without the things you don't need yet, like pregnancy-related coverage. KickStart (Basic Plus) includes:

- Emergency ambulance transport
- Accident-related treatments after joining
- Private hospital cover for tonsils, adenoids, grommets, joint reconstructions
- $70 daily co-payment to help keep premium costs down
- A great range of Extras benefits, like dental and optical

Hospital cover

Hospital cover at a glance

Your lifestyle and situation are unique, and our cover options are built with that in mind. Choose the right Hospital and Extras cover combination for your needs.

All Hospital covers include:

- Emergency ambulance transport
- Access Gap Cover (with participating doctors)
- Hospital Substitute Treatment program

Important note:

Members should be aware that it is possible you will be placed on a public hospital waiting list even if you are admitted as a private patient in a public hospital.

For more information on coverage, see pages 20-21 for full comparisons.

KickStart (Basic Plus)

Packaged Hospital & Extras cover

A cost-effective Hospital and Extras cover tailored for individuals seeking a handpicked selection of common services like dental and optical, without the need for pregnancy-related coverage.

Co-payment: $70

- Emergency ambulance transport
- Accident-related treatment and medical emergencies after joining
- Tonsils, adenoids and grommets
- Joint reconstructions
- Hernia and appendix
- Bone, joint and muscle

Starter Basic Plus

A basic level private Hospital cover which includes common treatments for younger people and allows members to avoid the Medicare Levy Surcharge.

Excess: $750

- Most affordable cover to avoid the Medicare Levy Surcharge
- Private Hospital coverage for accidents and common treatments
- Includes cover for joint reconstructions
- Dental surgery covered~
- Designed for young couples and young singles

Value Bronze Plus

A budget-friendly Hospital cover with various excess options that provides cover for common treatments as well as unexpected health needs like chemotherapy, lung and chest conditions.

Excess options: $500 or $750

- Excess options to fit different budgets
- Coverage for back, neck, and spine
- Gynaecology coverage
- Private hospital cover for common treatments
- Cancer-related cover for chemotherapy, radiotherapy, and immunotherapy
- Designed for younger singles or couples seeking enhanced cover

~For dental surgery performed by a dentist rather than a medical practitioner we only pay benefits towards hospital charges. If the surgery is performed by a medical practitioner and Medicare benefits are payable, we will pay benefits towards the hospital and medical charges.

Everyday Silver Plus

A mid-level Hospital cover offering the comfort of knowing there's coverage for treatments such as heart and vascular, and rehabilitation services. We've excluded high-cost services such as pregnancy and joint replacement to help keep things more cost-effective.

Excess options: $500 or $750

- A mid-level Hospital cover with economical premiums
- Includes heart and vascular system
- Access to rehabilitation services
- Coverage for kidney, bladder, and digestive system
- Male reproductive system
- Designed with younger families in mind

Advanced Silver Plus

A premium Hospital cover developed for mature adults, established families, or anyone else seeking a high level of protection while excluding services like pregnancy, birth, and weight loss surgery.

Excess options: $500 or $750

- Comprehensive Hospital cover for those who don't need pregnancy
- Joint replacement surgeries included
- Cover for eye and cataract procedures
- Includes heart and vascular system
- Enjoy peace of mind with a high level of Hospital cover
- Designed for older families, couples, and singles

Complete Gold

Our highest level of Hospital cover, offering more peace of mind and confidence. This comprehensive option offers flexibility with various excess options. It's ideal for those adding to their family or seeking top-tier protection.

Excess options: $0, $500 or $750 or
Co-payment: $100

- Peace of mind and convenience with our highest Hospital cover
- Flexible excess options (Starting at $0)
- Comprehensive pregnancy and birth cover
- Cover for weight loss surgery included
- Heart and vascular cover
- Cover for hospital psychiatric services

Comparing Hospital covers

These policies include cover for	KickStart (Basic Plus)	Starter Basic Plus Hospital	Value Bronze Plus Hospital	Everyday Silver Plus Hospital	Advanced Silver Plus Hospital	Complete Gold Hospital	Waiting period
Hospital psychiatric services	R	R	R	R	R	✓	2 months
Palliative care	R	R	R	R	✓	✓	2 months
Rehabilitation	R	R	R	✓	✓	✓	2 months
Emergency ambulance transport	✓	✓	✓	✓	✓	✓	1 day
Accident-related treatment^ after joining	✓	✓	✓	✓	✓	✓	1 day
Bone, joint and muscle	✓	✓	✓	✓	✓	✓	
Dental surgery~	✓	✓	✓	✓	✓	✓	
Hernia and appendix	✓	✓	✓	✓	✓	✓	
Joint reconstructions	✓	✓	✓	✓	✓	✓	
Tonsils, adenoids and grommets	✓	✓	✓	✓	✓	✓	
Ear, nose and throat	R	✓	✓	✓	✓	✓	
Gastrointestinal endoscopy	R	✓	✓	✓	✓	✓	
Back, neck and spine	R	✗	✓	✓	✓	✓	
Blood	R	✗	✓	✓	✓	✓	
Brain and nervous system	R	✗	✓	✓	✓	✓	
Breast surgery (medically necessary)	R	✗	✓	✓	✓	✓	
Chemotherapy, radiotherapy and immunotherapy for cancer	R	✗	✓	✓	✓	✓	
Diabetes management (excluding insulin pumps)	R	✗	✓	✓	✓	✓	
Digestive system	R	✗	✓	✓	✓	✓	
Eye (not cataracts)	R	✗	✓	✓	✓	✓	
Gynaecology	R	✗	✓	✓	✓	✓	2 months (12 months for pre-existing)
Kidney and bladder	R	✗	✓	✓	✓	✓	
Lung and chest	R	✗	✓	✓	✓	✓	
Male reproductive system	R	✗	✓	✓	✓	✓	
Miscarriage and termination of pregnancy	R	✗	✓	✓	✓	✓	
Pain management	R	✗	✓	✓	✓	✓	
Skin	R	✗	✓	✓	✓	✓	
Sleep studies	R	✗	✓	✓	✓	✓	
Heart and vascular system	R	✗	✗	✓	✓	✓	
Implantation of hearing devices	R	✗	✗	✓	✓	✓	
Plastic and reconstructive surgery (medically necessary)	R	✗	✗	✓	✓	✓	
Cataracts	R	✗	✗	✗	✓	✓	
Dialysis for chronic kidney failure	R	✗	✗	✗	✓	✓	
Insulin pumps	R	✗	✗	✗	✓	✓	
Joint replacements	R	✗	✗	✗	✓	✓	
Pain management with device	R	✗	✗	✗	✓	✓	
Assisted reproductive services	R	✗	✗	✗	✗	✓	
Pregnancy and birth	R	✗	✗	✗	✗	✓	12 months
Weight loss surgery	R	✗	✗	✗	✗	✓	
Podiatric surgery (provided by a registered podiatric surgeon)	✗	✗	✗	O	O	O	2 months (12 months for pre-existing)
Cosmetic services	✗	✗	✗	✗	✗	✗	
Services for which a Medicare benefit is NOT payable	✗	✗	✗	✗	✗	✗	

✓ *Covered in private agreement hospitals and public hospitals.*

✗ *Exclusion (not covered). This is a service or procedure category which is not covered by this policy. CBHS does not pay a benefit and there will be significant out-of-pocket expense for these services. Please review the exclusions and check with us to see if you are covered before receiving treatment.*

R *Restricted. Restricted benefits are only eligible for the minimum benefits prescribed by private health insurance legislation. These benefits relate to accommodation only and are generally similar to hospital bed charges for a shared room in a public hospital. They are unlikely to cover the fees charged for a private room in a public hospital, or private hospital accommodation. Theatre fees are not covered and members may incur large out-of-pocket (gap) expenses.*

O *Indicates benefits for accommodation at Minimum Benefits in relevant PHI (Benefit Requirements) Rules, and medical device and human tissue product benefits based on items listed by the Minister for Health and Aged Care. No benefit for medical or theatre costs.*

^Accident related treatment means treatment provided in relation to an Accident that occurs after a Member joins the Fund and the Member provides documented evidence of seeking treatment from a Health Care Provider within 7 days of the Accident occurring. If Hospital Treatment is required, the Member must be admitted to a Hospital within 180 days of the Accident occurring. Any additional Hospital Treatment (after the initial 180 days) will be paid as per the level of Benefits payable on the Member's chosen level of cover (if applicable).

~For dental surgery performed by a dentist rather than a medical practitioner we only pay benefits towards hospital charges. If the surgery is performed by a medical practitioner and Medicare benefits are payable, we will pay benefits towards the hospital and medical charges.

Other benefits of our Hospital cover

Hospital Substitute Treatment

This program gives suitable members the option to receive acute care in the home instead of the hospital. When clinically appropriate, healthcare professionals will deliver care in the comfort of your own home, for a range of treatments, including but not limited to rehab, chemotherapy, intravenous antibiotics and complex wound management.

For more information, visit our website **cbhs.com.au** or email **wellness@cbhs.com.au**

Access Gap Cover (AGC)

Many people admitted to hospital as private patients can find themselves faced with out-of-pocket expenses or 'gaps'. CBHS has arrangements with some doctors that are designed to minimise or eliminate out-of-pocket expenses altogether.

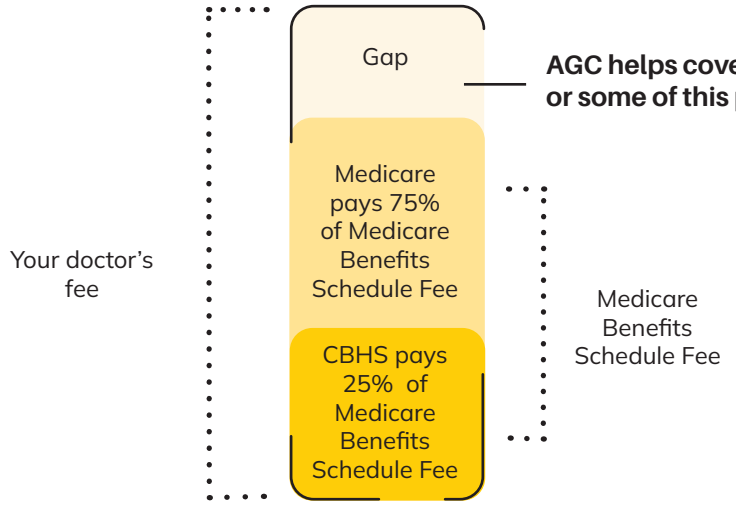
If you're treated in a private hospital as an inpatient, your medical services (e.g. doctor's fees) will be charged separately from hospital accommodation and theatre fees. Medicare pays 75% of the Medicare Benefits Schedule Fee and your private health fund pays the remaining 25%. Some doctors charge above the Medicare Benefits Schedule Fee. This amount is known as out-of-pocket expenses or the gap amount. With AGC, you can reduce this gap amount or not have any to pay at all.

All CBHS Hospital covers include AGC benefits. Go to **cbhs.com.au** for more information on Access Gap Cover or to search for Access Gap Cover participating doctors.

Gap Assist

To further help you reduce out-of-pocket medical expenses, our Complete Gold Hospital cover includes a Gap Assist benefit of $200 per person per calendar year.

How Access Gap Cover (AGC) works



Co-payments and excesses

You can reduce the cost of your Hospital premiums by choosing to pay a daily co-payment or excess (if available on your cover).

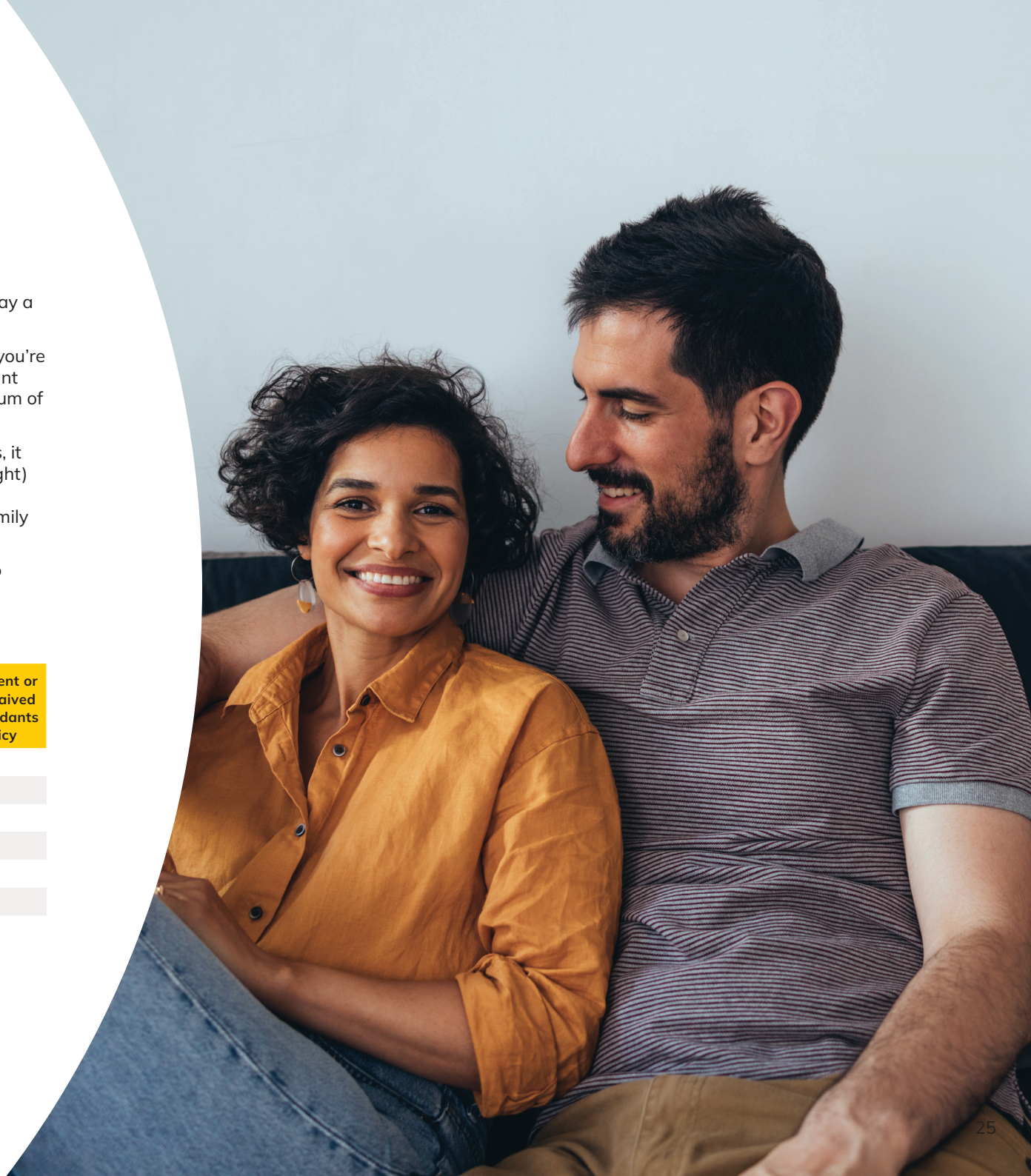
If you choose a cover with a daily **co-payment**, it means that when you're admitted to hospital (same-day or overnight) you will pay the relevant daily co-payment each day that you are hospitalised up to a maximum of six days per person or 12 days per family per calendar year.

You can also choose a cover with an **excess**. If you choose an excess, it means that when you are admitted to hospital (same-day or overnight) you will pay the excess amount directly to the hospital. You only pay the excess once per person up to a maximum of twice per couple/family membership per calendar year.

Depending on level of cover, excess or co-payment may not apply to dependants on the policy.

See the table below for a comparison.

Cover	Co-payment options	Excess options	Co-payment or excess waived for dependants on policy
KickStart (Basic Plus) Hospital	$70	✗	✗
Starter Basic Plus Hospital	✗	$750	✗
Value Bronze Plus Hospital	✗	$500 or $750	✓
Everyday Silver Plus Hospital	✗	$500 or $750	✓
Advanced Silver Plus Hospital	✗	$500 or $750	✓
Complete Gold Hospital	$100	$0, $500 or $750	✓



Understanding Hospital cover

It helps to understand the costs involved in a hospital stay – and how they can really add up if you don't have the right cover. Or, if you don't have cover at all. There are three main parts which make up the fees involved in going to hospital.

- The accommodation charge includes your bed, room, and food
- The theatre fees cover things like the operating theatre, nurses, and equipment
- The medical costs pay for your doctors, specialists and anaesthetists, as well as pathology and imaging while you're admitted to hospital as an inpatient.

Agreement private hospitals

CBHS holds agreements with an extensive range of Australian private hospitals and day surgeries. These agreements ensure hospital fees including bed fees, theatre and labour ward fees, intensive and coronary care fees are covered when you're admitted as a patient to hospital (subject to your level of cover).

If you were to use a non-agreement hospital, you may only receive benefits similar to a public hospital shared room rate. You may also face out-of-pocket expenses for hospital-related services no matter what level of cover you have.

To check if your hospital holds an agreement, visit **cbhs.com.au/find-a-provider** We strongly recommend you contact us on **1300 654 123** to confirm what benefits you're entitled to before going to hospital.

Public hospitals

All CBHS Hospital covers provide benefits for certain treatments with your choice of doctor in a public hospital. CBHS does not pay benefits if the service or treatment is excluded.

Important note: You should be aware that it is possible you will be placed on a public hospital waiting list even if you are admitted as a private patient in a public hospital.

Admitted hospital medical services

This means medical expenses like fees from doctors, surgeons, anaesthetists, pathology, and imaging, while you're admitted in hospital. CBHS will pay up to 25% of the Medicare Benefit Schedule (MBS) fee, while Medicare pays the other 75%. If charges are more than the MBS fee, then there will be a gap payment. Refer to page 23 for information about Access Gap Cover.

Medicare Benefits Schedule Fees	
75% covered by Medicare	Up to 25% covered by CBHS

Hospital waiting periods

Waiting periods apply if you are new to private health insurance or choose to upgrade to a higher level of cover. If you choose to transfer your policy to CBHS, we honour any waiting periods you've already served at your previous fund. Upgrading your level of cover will cause additional waiting periods to apply for the upgraded portion.

Description	Period
Pre-existing conditions* (except for hospital psychiatric services, rehabilitation and palliative care)	12 months
Pregnancy and birth	12 months
Hospital psychiatric services,** rehabilitation and palliative care	2 months
Accident-related treatment,*** emergency ambulance transport	1 day
All other treatments	2 months

Pre-existing conditions

If you have a pre-existing condition, a waiting period of 12 months will apply before we will pay hospital or medical benefits towards any treatment for that condition. A pre-existing condition is defined as an ailment, illness, or condition where the signs or symptoms existed at any time in the period of six months ending on the day on which the person became insured by a policy.

It is the opinion of the CBHS appointed doctor that determines whether the signs or symptoms were in existence – that doctor, however, will have regard to any information provided by the member's doctor. Members must also wait for 12 months to be covered for pre-existing conditions where they upgrade their cover.

** If a member has a pre-existing condition, a waiting period of 12 months will apply before we will pay hospital or medical benefits towards any treatment for that condition.*

*** Note that after serving the two-month waiting period, members can choose to upgrade their cover (once in a lifetime) and access the higher benefits for hospital psychiatric treatment associated with that cover, without serving an additional waiting period.*

**** Accident means an unexpected or unforeseen event caused by an external force or object resulting in an injury to the body which requires treatment by a medical practitioner, hospital or dentist (as the context requires) but excludes pregnancy.*

What's covered?

Depending on your level of cover, here's what's included;

- **Accommodation** for overnight, same day and intensive care for private or shared room in agreement private and public hospitals
- **Theatre and labour ward fees** covered in agreement private hospitals (excluding restricted services)
- **Medical expenses** related to providers for services while admitted in hospital e.g. fees from doctors, surgeons, anaesthetists, pathology and imaging. This relates to services eligible for benefits from Medicare up to the Medicare Benefits Schedule (MBS) fee. Have your choice of doctor/ surgeon in a public and private hospital. CBHS will cover the difference between the Medicare benefit and the MBS fee for services you have as an admitted patient to a hospital.
- **Access Gap Cover** (AGC) is where CBHS covers up to 100% of an agreed amount if your provider charges above the Medicare Benefits Schedule (MBS) fee. This reduces or eliminates your out-of-pocket medical expenses (e.g. surgeons, anaesthetists, pathology and imaging fees.) A provider can choose to participate in AGC. See page 23 for more details.
- **Surgically implanted medical devices and human tissue products** are covered to at least the minimum benefit specified in the Prescribed List of Medical Devices and Human Tissue Products, issued under Private Health Insurance legislation.
- **Pharmacy** covers most drugs related to the reason for your admission in agreement private hospitals.
- **Boarder accommodation** covers 100%, up to $160 per admission, if not included in hospital agreement. This applies to a member assisting with the care of another member on the same membership.
- **Emergency ambulance transport** for an accident or medical emergency* by approved ambulance providers.
- **Hospital services which are eligible for a Medicare benefit** (for included services only). It's essential to check the MBS item number prior to your procedure, to confirm if the treatment falls under a category which is included in your policy.

'Medical emergency' means an acute injury or illness which poses an immediate or imminent risk to the member's life for which a member is admitted to hospital via an accident and emergency department.

What's not covered?

Depending on your level of cover, here's what's not included;

- CBHS doesn't pay benefits for hospital or medical treatment and associated costs for exclusions.
- If you're admitted into a private hospital for restricted services, or a non-agreement hospital, you'll only be eligible for benefits at the minimum rate specified by law. These benefits may only be similar to a public hospital shared room rate, and, may not be sufficient to cover admissions in a private hospital or a non-agreement hospital.
- Hospital services you receive before you've served waiting periods.
- Nursing home type patient contribution, respite care or nursing home fees.
- Take home/discharge drugs (you may be able to claim on non-PBS drugs under your Extras cover).
- Aids not covered in hospital agreement (you may be able to claim on these under your Extras cover)
- Services you claim over 24 months after the service date.
- Services provided in countries outside of Australia.
- Medical devices and human tissue products used for cosmetic procedures, where a Medicare benefit is not payable. Or, those used for exclusions.
- Ambulance transfers between hospitals (for residents in VIC, SA and NT).

If you require hospital treatment as a result of an accident, our Accident-related treatment will supersede any Exclusions or Restricted benefits you have on your cover and you'll receive benefits as if the hospital treatment was a covered service.

Please note that specific criteria apply - see page 21 for details or refer to our Fund Rules. Available at **cbhs.com.au/fundrules**

CBHS benefits vary depending on the level of cover you choose. Please refer to the individual product sheet for your cover, or call us and check before getting treatment or going to hospital.

Extras cover at a glance

With Extras cover you get benefits towards services not usually covered by Medicare like dental, optical, physio, chiro, and alternative therapies.

KickStart (Basic Plus)

Packaged Hospital & Extras cover

Cover for the most popular Extras. Includes a basic level of Hospital cover.

- Unlimited preventative dental
- General dental
- Optical
- Physio and chiro

Essential Extras

Covers the basic services you need, on a budget.

- Benefits for preventative dental
- Basic benefits towards general dental, optical, physio and chiro

Intermediate Extras

Allows you to be covered for a wide range of popular Extras required for day-to-day health management.

- Benefits for preventative and general dental
- Cover for orthodontia and some major dental
- Benefits towards optical, physio, chiro and some therapies

Top Extras

If you want to be covered for an extensive range of Extras services.

- Generous per service benefits on a wide range of services
- Unlimited preventative and general dental
- High overall limits on major dental, optical, physio, chiro and other therapies
- Cover for hearing aids and other healthcare aids and appliances

Other covers

Ambulance only

Provides cover for ambulance costs including treatments at the scene arising from medical emergencies. See page 42 for details.

Comparison of Extras covers

Overall limits and benefit period: Each service (or group of services) has an overall limit on the amount that you claim per person within each benefit period. The benefit period is the period in which the overall limit may be used. Most benefit periods are per calendar year unless stated below.

	KickStart (Basic Plus)^	Essential Extras	Intermediate Extras	Top Extras	Benefit period	Waiting periods
Dental*						
Preventative dental	Unlimited	$210	$230	Unlimited	calendar year	2 months
General dental		$170	$500	Unlimited	calendar year	2 months
Major dental						
Periodontic (gum treatment)	Combined limit of $675	-	Combined limit of $400	$630	calendar year	6 months
Endodontic (root canal treatment)		-		$660		
Inlays/onlays/facings/veneers	-	-	-	$1,440	any 5 years	
Dentures and implants	-	-	-	$1,350		
Occlusal therapy	-	-	-	$920	lifetime	
Crowns and bridges	-	-	$700	$3,000	any 5 years	
Orthodontia	-	-	$700 annual limit ($1,400 lifetime limit)	$2,800	lifetime	12 months
Optical						
Prescribed optical appliances	$230	$200	$250	$375	calendar year	6 months
Therapies						
Physiotherapy	Combined limit of $250	Combined limit of $200	$300	$720	calendar year	2 months
Chiropractic			Combined limit of $250	$720		
Osteopathy				$720		
Occupational therapy	-	-	-	$720		
Speech therapy	-	-	-	$1,850		
Clinical psychology	$250	-	-	$450		
Ante natal/post natal physiotherapy	-	-	-	$105		
Hypnotherapy	-	-	-	$360		
Podiatry (excl. artificial aids: e.g. orthotics, which are covered under artificial aids)	-	-	$250	$400		
Audiology	-	-	-	$360		
Eye therapy	-	-	-	$455		
Dietitian	$100	$100	$100	$360		
Exercise physiology	-	-	-	$360		
Midwifery services (excl. home births)	-	-	-	$500		
Alternative therapies						
Oriental therapies - acupressure, acupuncture, Chinese herbal medicine consultation, Chinese massage, traditional Chinese medicine consultation	Combined limit of $200	Combined limit of $200	Combined limit of $300	$450	calendar year	2 months
Massage therapies - Deep tissue massage, lymphatic drainage, myotherapy, remedial massage, sports massage				$450		
General health						
Blood glucose accessories	$100	$100	$100	$320	calendar year	2 months
Non-Pharmaceutical Benefits Scheme (PBS) drugs requiring a prescription by law (100% less the current prescribed PBS co-payment for general patients up to the maximum claimable benefit)	$200	$200	$300	$1,000		
Home visits by Registered Nurse	-	-	-	$2,800		
Travel and accommodation**	-	-	-	$500	per membership per calendar year	
Health care aids (referred by a doctor and recognised by CBHS)						
Artificial aids	-	-	$350	$1,000	any 3 years	12 months
Hearing aids	-	-	-	$1,600		
Blood pressure monitor, nebuliser, glucometer	-	-	$300	$500		

^KickStart (Basic Plus) is only available as a package cover.

**Benefits are not payable for Do-It-Yourself (DIY) dentistry including whitening kits, aligners and occlusal splints. Please contact us to confirm whether a benefit is payable.*

***Travel is only payable for a patient who requires essential medical and dental treatment, where it is not available at a facility within a 160km round trip of the member's home. In order to claim travel a patient must be visiting a specialist and will require a referral letter. Excludes Ronald McDonald House.*

CBHS will not pay a benefit in respect of a service that was rendered to a member if the services can be claimable from any other source.

How much can I get back?

Comparing Extras benefits

On our Extras covers, you can claim the cost of the service up to the maximum claimable amount. Find out the maximum claimable amount for each item in the table on the right.

How does it work?

- If the provider fee is less than the CBHS maximum claimable amount: you will receive the entire fee amount back as a benefit.
- If the provider fees are higher than the CBHS maximum claimable amount: you will receive the maximum amount set by CBHS.

It's important to remember you must have served applicable waiting periods and have sufficient annual limits remaining.

Examples of services and maximum claimable amount

CBHS pays the total cost up to the maximum claimable amount per service and up to the overall limit in each benefit period.
Examples of maximum claimable amounts

#	Item description	KickStart (Basic Plus)^	Essential Extras	Intermediate Extras	Top Extras
Dental					
Preventative dental					
011	Examination	$40	$45	$45	$45
022	X-ray	$23	$28	$28	$28
114	Removal of calculus - first visit	$58	$68	$68	$68
121	Fluoride	$22	$27	$27	$27
General dental					
322	Surgical removal of a tooth	$172	$170	$182	$182
324	Surgical removal of a tooth (including bone and tooth division)	$200	$170	$250	$250
531	Adhesive restoration (filling), 1 surface posterior tooth	$75	$90	$90	$90
532	Adhesive restoration (filling), 2 surface posterior tooth	$100	$110	$110	$110
533	Adhesive restoration (filling), 3 surface posterior tooth	$110	$135	$135	$135
Major dental					
222	Root planing - per tooth	$24	-	$30	$30
415	Complete chemo mechanical preparation of root canal – one canal	$110	-	$136	$136
416	Complete chemo mechanical preparation of root canal – each additional canal	$55	-	$85	$85
417	Root canal obturation - one canal	$117	-	$157	$157
418	Root canal obturation - each additional canal	$50	-	$65	$65
526	Adhesive restoration veneer anterior tooth direct	-	-	-	$260
556	Tooth-coloured restoration – veneer – indirect	-	-	-	$600
615	Full crown - non metallic - indirect	-	-	$700	$750
642	Bridge - direct - per pontic	-	-	$380	$380
643	Bridge - indirect - per pontic	-	-	$680	$680
711	Complete maxillary denture	-	-	-	$480
712	Complete mandibular denture	-	-	-	$500
719	Complete maxillary and mandibular denture	-	-	-	$750
811	Passive removable appliance - per arch	-	-	$700	$2,800
843	Maxillary expansion appliance	-	-	$700	$2,800
881	Complete course of orthodontic treatment	-	-	$700	$2,800
965	Occlusal splint	-	-	-	$260
Optical					
110	Frames	100% of cost up to the overall limit	$70	$90	$140
212	Single vision lens pair		$70	$70	$130
312	Bifocal lens pair		$60	$60	$140
412	Trifocal lens pair		$60	$90	$150
512	Multifocal lens pair		$70	$100	$210
852	Contact lenses		$140	$160	$220

^KickStart (Basic Plus) is only available as a package cover.

Examples of maximum claimable amount up to the overall limit	KickStart (Basic Plus)^	Essential Extras	Intermediate Extras	Top Extras
Item description				
Therapies				
Physiotherapy (initial/subsequent)	$40 / $30	$61 / $43	$61 / $43	$61 / $43
Chiropractic (initial/subsequent)	$40 / $40	$61 / $40	$61 / $40	$61 / $40
Osteopathy (initial/subsequent)	$40 / $30	$61 / $35	$61 / $35	$61 / $35
Occupational therapy (initial/subsequent)	-	-	-	$61 / $35
Speech therapy (initial/subsequent)	-	-	-	$95 / $46
Clinical psychology (initial/subsequent)	$50 / $50	-	-	$140 / $80
Ante natal/post natal physiotherapy	-	-	-	100%
Hypnotherapy	-	-	-	$80
Podiatry (standard consult) (excl. artificial aids: e.g. orthotics, which are covered under artificial aids)	-	-	$35	$35
Audiology	-	-	-	$60
Eye therapy		-	-	$60
Dietitian (initial/subsequent)	$75 / $42	$75 / $42	$75 / $42	$75 / $42
Exercise physiology (initial/subsequent)	-	-	-	$35 / $35
Alternative therapies				
Oriental therapies - acupressure, acupuncture, Chinese herbal medicine consultation, Chinese massage, traditional Chinese medicine consultation	$26	$33	$33	$33
Massage therapies - deep tissue massage, lymphatic drainage, myotherapy, remedial massage, sports massage	$26	$33	$33	$33
General health				
Blood glucose accessories	100%	100%	100%	100%
Non-Pharmaceutical Benefits Scheme drugs requiring a prescription by law (100% less the current government prescribed co-payment up to the maximum claimable benefit)	$75	$75	$75	$75
Home visits by Registered Nurse	-	-	-	$120 (>4 hrs), $80 (<4 hrs)
Travel and accommodation	-	-	-	100% of the cost for accommodation (on single room rate), airfare, train, bus or 15c per kilometre for car
Health care aids (referred by a doctor and recognised by CBHS)				
Artificial aids	-	-	$12-$350	$12-$1,000
Hearing aids	-	-	-	100%
Blood pressure monitor, nebuliser, glucometer	-	-	100%	100%

^KickStart (Basic Plus) is only available as a package cover.

Other benefits of our Extras cover

Wellness benefits

These unique benefits assist you in proactively managing your health and wellbeing. All of our Extras covers and KickStart (Basic Plus) packaged cover, include Wellness Benefits. You'll be covered for a variety of health checks and health management programs designed to assist you in living a healthier, happier life.

Health checks^

CBHS pays benefits towards a variety of health checks (when the service is not eligible for a Medicare benefit) up to the annual limit depending on the level of cover (see below for limits).

Health checks included are:

- Breast examinations
- Bone density test
- Skin cancer screening
- Bowel/prostate cancer screening
- Eye screenings

Health management

Eligible members can receive benefits up to your overall health management limit:

- Quit smoking programs[1]
- Weight management programs[1]
- Stress management courses[1]
- Gym membership[2]
- Personal training[2]

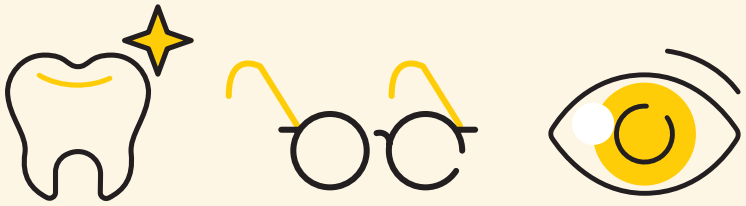
Wellness benefits	KickStart (Basic Plus)	Top, Intermediate and Essential Extras
Health checks	$100	$200
Health management	$100	$100
Gym membership or personal training	$115 (sublimit $100 for personal training)	$115 (sublimit $100 for personal training)

^CBHS is only able to pay a benefit towards selected scans, screenings and tests when they are NOT covered by Medicare. Your GP or provider will be able to advise you if your scan, screen or test meets Medicare criteria for benefits.

[1] Must be approved by CBHS.

[2] CBHS can only pay a benefit for gym membership/personal trainer where the gym/personal trainer service is provided as part of a Health Management Program, certified by your GP or a recognised provider confirming that the gym/personal trainer program is a Health Management Program. Approval form is available from the CBHS website. Please note that GP consultations are not covered by CBHS.

The CBHS Choice Network

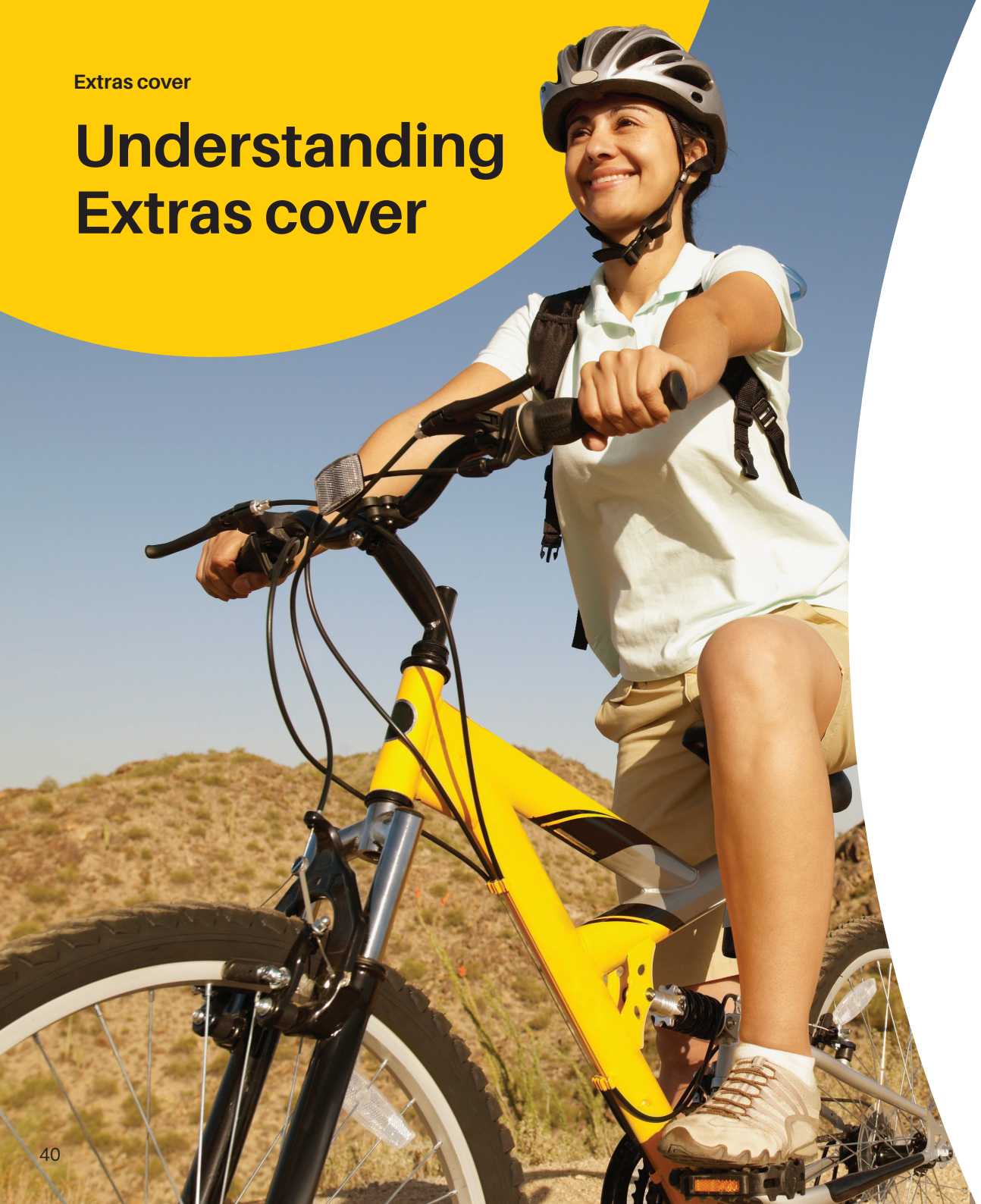


This is a group of dental and optical providers who are committed to providing exceptional treatment to our members while reducing or removing the gap for Extras services on selected preventative dental treatments, optical frames, lenses and contact lenses.

For more information about the CBHS Choice Network and to find a provider, visit cbhs.com.au/find-a-provider

CBHS | Health Cover for the CommBank Family | choice network

Understanding Extras cover



Recognised providers

We pay benefits for services provided by 'recognised providers' in accordance with the CBHS Health Benefit Fund Rules and the applicable Government regulations.

Various types of providers are deemed to be recognised providers based on the services which they offer. For more information, please visit **cbhs.com.au/find-a-provider/recognised-providers**

Benefit period

Each item (or group of items), each service (or group of services) where CBHS may pay a benefit on Extras and packaged cover has an overall limit and a benefit period in which that limit can be used. In most cases, the limits are per person, per calendar year, however some services renew each three or five years or once in the lifetime of the cover. Benefits which attract a three or five-year benefit period are renewed on the same date the respective service was performed.

Overall limit

- the maximum you can claim for each service (or group of services) in the benefit period

Benefit period

- the time period for the overall limit. If you use up your overall limit during this time, you'll need to wait until it refreshes.*

**Lifetime limit - this starts from the date you first became covered, and runs through until you end your cover with CBHS (irrespective of any suspension of membership or other period without cover). Lifetime limits do not refresh.*

Waiting periods

Waiting periods apply if you are new to private health insurance or choose to upgrade to a higher level of cover. If you choose to transfer your policy to CBHS, we honour any waiting periods you've already served at your previous fund. Upgrading your level of cover will cause additional waiting periods to apply for the upgraded portion.

Extras waiting periods	Calendar months
Crowns, bridges, orthodontia, artificial aids, healthcare appliances and hearing aids	12 months
Prescribed optical appliances, periodontics, endodontics, inlays, onlays, facing, veneers, occlusal therapy, implants and dentures	6 months
All other services	2 months

Hospital cover

Ambulance cover

Ambulance costs are expensive and are not covered by Medicare. CBHS Ambulance cover protects you from emergency ambulance costs.

You're covered for emergency ambulance transport (air, land and sea within Australia) if you have any level of Hospital or packaged cover with CBHS. Or, you can take out Ambulance cover as a standalone option.

Ambulance cover pays the cost of emergency ambulance services if you are transported directly to a hospital or treated at the scene, due to a medical emergency.

Important things to know about Ambulance cover

- The transport must be provided by a State Government ambulance service or a private ambulance service recognised by CBHS (e.g. Royal Flying Doctors Service)
- Ambulance cover includes transportation from the scene of an accident or the scene of a medical event (e.g. a heart attack or stroke), but does not include transport to hospital for the routine management of ongoing medical conditions or transfers between hospitals
- If you need cover for non-emergency services, please contact your state ambulance scheme for further information
- Residents of WA holding a Hospital or packaged product are also eligible to claim a benefit for non-emergency ambulance transport services up to a maximum of $5,000 per person per calendar year.

Residents of QLD are covered Australia-wide by their state-based ambulance schemes. Residents of TAS are covered by state-based ambulance schemes except in QLD and SA. You may be able to claim for services not covered by your state scheme under your CBHS Hospital cover.

Additional information

Complaints Handling and Dispute Resolution Policy

CBHS respects your right to make a complaint and recognises the value of complaints as an important tool in monitoring and responding to customer expectations.

For a copy of the **CBHS Complaints and Dispute Resolution Policy:**

- visit our website, or
- contact our Member Services team on 1300 654 123.

Private Health Insurance Ombudsman

You may also contact the Private Health Insurance Ombudsman. To make a complaint, contact the Commonwealth Ombudsman at ombudsman.gov.au

PHIS and other information

To access our Private Health Information Statements (PHIS), see privatehealth.gov.au/dynamic/Insurer/Details/CBH

For general information about private health insurance, see privatehealth.gov.au

Privacy statement

Your privacy and the protection of your personal information is important to CBHS. As an Australian business, CBHS is required to comply with the Privacy Act 1988 (cth) (Privacy Act) and the Australian Privacy Principles under that Act. The CBHS Privacy Policy explains how we manage your personal information – for a copy of the policy visit cbhs.com.au or contact member services on 1300 654 123. Additionally, we may use privacy collection notices, which provides more information on how we handle your personal information during your interactions with us.

Private Health Insurance Code of Conduct

The Private Health Insurance Code of Conduct is a self-regulatory code to promote informed relationships between private health insurers and consumers. As a signatory to the Code of Conduct, CBHS has made a commitment to ensuring:

- consumers receive the correct information on private health insurance from appropriately trained staff
- consumer awareness of the internal and external dispute resolution process
- clear and complete policy documentation
- ensuring that all information between the consumer and CBHS is protected in accordance with privacy principles.

Find detailed information on the Private Health Insurance Code of Conduct at privatehealthcareaustralia.org.au/codeofconduct, by visiting our website or by contacting Member Services on 1300 654 123.

Cooling-off period - 60 days to change your mind

If you are not satisfied with your new health cover for any reason, you have 60 days from the receipt of your CBHS policy to cancel your membership and receive a refund, as long as you have not made a claim or have no pending claims.

Health Benefit Fund Rules

There are rules and conditions surrounding CBHS membership. Many are regulated by Commonwealth law. See the Health Benefit Fund Rules at cbhs.com.au/fundrules

Contact us

Phone	CBHS Member Services **1300 654 123**
Visit	**cbhs.com.au**
Email	**help@cbhs.com.au**
Post	CBHS Health Fund Limited Locked Bag 5014 Parramatta NSW 2124
Office	Level 16, 6 Hassall Street, Parramatta, NSW, 2150

CBHS Health Fund Limited ABN 87 087 648 717

A Registered Private Health Insurer

This product brochure is current as at 1 June 2025 and provides general information only and is intended as a summary only. This information should be read in conjunction with the CBHS Health Benefit Fund Rules and is subject to change from time to time.

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Private Health Insurance Code of Conduct™

A Members Health Fund

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