

Top Extras

Top Extras offers attractive overall limits, designed for those who are seeking security for an extensive range of services.



	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.	Overall limits	Benefit period
Dental ^{*,^}			
Preventative dental (2 month waiting period)			
Oral examinations (011,012,013)	\$45, \$38, \$36	Unlimited	calendar year
X-ray (022)	\$28		
Removal of plaque (111)	\$41		
Removal of calculus (114,115)	\$68, \$70		
Fluoride application (121)	\$27		
Mouthguard (151,153)	\$130, \$150		
Fissure sealing (161)	\$34		
General dental (2 month waiting period)			
Fillings	\$81-\$150	Unlimited	calendar year
Consultations and examinations	\$35-\$40		
X-rays	\$42.80-\$60		
Extractions or surgical dental	\$50-\$255		
Major dental (6 month waiting period)			
Periodontic (gum treatment)	\$30-\$260	\$630	calendar year
Endodontic (root canal treatment)	\$7.50-\$180	\$660	
Inlays/onlays/facings/veneers	\$260 - \$600	\$1,440	any 5 years
Dentures and implants	\$20-\$810	\$1,350	
Occlusal therapy	\$17.50-\$260	\$920	lifetime
Major dental (12 month waiting period)			
Orthodontia	100%	\$2,800	lifetime
Crowns and bridges	\$60-\$750	\$3,000	any 5 years
Prescribed optical appliances [*] (6 month waiting period)			
Frames		\$375	calendar year
Frames	\$140		
Lenses			
Single vision (pair) (212)	\$130		
Bifocal (pair) (312)	\$140		
Trifocal vision (pair) (412)	\$150		
Multifocal (pair) (512)	\$210		
Contact lenses			
Contact lenses (852)	\$220		

* A Benefit is not payable in respect of a service that was rendered to a Member if the services can be claimable from any other source.

[^] 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.

	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.	Overall limits	Benefit period
Therapies* (2 month waiting period)			
Physiotherapy (initial/subsequent)	\$61/\$43	\$720	calendar year
Chiropractic (initial/subsequent)	\$61/\$40	\$720	
Osteopathy (initial/subsequent)	\$61/\$35	\$720	
Hypnotherapy	\$80	\$360	
Occupational therapy (initial/subsequent)	\$61/\$35	\$720	
Speech therapy (initial/subsequent)	\$95/\$46	\$1,850	
Clinical psychology (initial/subsequent)	\$140/\$80	\$450	
Ante natal/post natal physiotherapy	100%	\$105	
Podiatry (excl. artificial aids: e.g. orthotics, which are covered under artificial aids) (standard consult)	\$35	\$400	
Audiology	\$60	\$360	
Eye therapy	\$60	\$455	
Dietitian (initial/subsequent)	\$75/\$42	\$360	
Exercise physiology (initial/subsequent)	\$35/\$35	\$360	
Midwifery services (excl. home births)	100%	\$500	
Alternative therapies* (2 month waiting period)			
Oriental therapies - Acupressure, Acupuncture, Chinese Herbal Medicine Consultation, Chinese Massage, Traditional Chinese Medicine Consultation	\$33	\$450	calendar year
Massage therapies - Deep Tissue Massage, Lymphatic Drainage, Myotherapy, Remedial Massage, Sports Massage		\$450	
General health* (2 month waiting period)			
Blood glucose accessories	100%	\$320	calendar year
Home visits by Registered Nurse	\$120 (>4 hrs), \$80 (<4 hrs)	\$2,800	
Non-Pharmaceutical Benefits Scheme drugs requiring a prescription by law	100% less the current prescribed PBS co-payment for general patients up to \$75 per prescription	\$1,000	
Travel and accommodation*	100% of the cost for accommodation (on single room rate), airfare, train, bus or 15c per kilometre for car	\$500	per membership per calendar year
Health care aids* (12 month waiting period) - referred to by a doctor and recognised by CBHS			
Artificial aids	\$12-\$1,000	\$1,000	any 3 years
Hearing aids	100%	\$1,600	
Blood pressure monitor, nebuliser, glucometer		\$500	

* A Benefit is not payable in respect of a service that was rendered to a Member if the services can be claimable from any other source.

+ 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.

Understanding your Extras cover



CBHS wellness benefits

CBHS wellness benefits cover you for a variety of health checks and programs designed to help you better manage your health and wellbeing.

Wellness benefits (2 month waiting period)	Overall limit	Benefit period
Health checks ^{^*}		
Breast examinations (e.g. mammograms/x-rays)	\$200	calendar year
Bone density tests		
Skin cancer screening		
Bowel/prostate cancer screening		
Eye screenings		
Health management [*]		
Quit smoking programs ¹	\$100	calendar year
Weight management programs ¹		
Stress management courses ¹		
Gym membership/personal training ²	\$115 (\$100 sub limit on personal training)	calendar year

^{*}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.

^{**}A benefit is not payable in respect of a service that was rendered to a member if the services can be claimable from any other source.

¹Must be approved by CBHS.

²CBHS 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.

Keep your non-student dependants covered

This product provides an option to keep your non-student dependants under 31 years of age, on your cover, providing they meet the non-student dependant criteria. An additional contribution amount will apply. More information is available at cbhs.com.au



How do my Extras benefits work?

CBHS Extras benefits are based on the cost the provider charges you, up to a maximum claimable amount (the set benefit per service). This is capped by an overall limit.

Below is an example of how the Extras benefits work, depending on the service fee the dentist charges:

- Dentist fee = \$60
- Maximum claimable amount = \$42
- Benefit payable = \$42

Benefit period

Most limits are based on per person per calendar year, unless otherwise stated in our Extras table.

Benefits which attract a three and five year period are entitled to have the benefit renewed on the same date which the service was performed respectively.

Benefits which attract a 'lifetime' period; lifetime means the period commencing on the date the member was first insured and ceases to be insured by CBHS (irrespective of any suspension of membership or other period without cover).

Extras waiting periods

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



Dental Choice Network

The dental Choice Network is a group of dental service providers who have committed to reducing or removing the gap for **selected preventative dental services** that you would usually pay between the dentist's charges and the CBHS benefit. By choosing to use a dentist in the network you will have no out-of-pocket expenses for these selected services.

Optical Choice Network

By visiting an optical Choice Network provider, you receive benefits of 100% of the cost for all **optical frames, lenses and contact lenses** from a selected range, up to the maximum per service and overall limits. These services may also be subject to known gaps, where you will know in advance what out-of-pocket expenses you may incur.