

Top Extras

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

| | 70% OF THE COST UP TO THE PER SERVICE BENEFIT BELOW | OVERALL LIMITS | BENEFIT PERIOD | | |
|---|---|----------------|----------------|---------------|--|
| DENTAL* | | | | | |
| Preventative Dental (2 month waiting period) | | | | | |
| Oral examinations (011,012,013) | \$35-\$45 | Unlimited | calendar year | | |
| X-ray (022) | \$28 | | | | |
| Removal of plaque (111) | \$41 | | | | |
| Removal of calculus (114,115) | \$65-\$70 | | | | |
| Fluoride application (121) | \$25 | | | | |
| Mouthguard (151,153) | \$130-\$150 | | | | |
| Fissure sealing (161) | \$34 | | | | |
| General Dental (2 month waiting period) | | | | | |
| Fillings | \$81-\$150 | | | | |
| Consultations and examinations | \$28-\$40 | | | | |
| X-rays | \$21-\$60 | | | | |
| Extractions or surgical dental | \$50-\$255 | | | | |
| Major Dental (6 month waiting period) | | | | | |
| Periodontic (gum treatment) | \$24-\$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-\$260 | \$920 | lifetime | | |
| Major Dental (12 month waiting period) | | | | | |
| Orthodontia | 70% | \$2,800 | lifetime | | |
| Crowns and bridges | \$10-\$720 | \$3,000 | any 5 years | | |
| PRESCRIBED OPTICAL APPLIANCES* (6 MONTH WAITING PERIOD) | | | | | |
| Frames | | | | | |
| Frames | \$140 | \$375 | calendar year | | |
| 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 | | | | |
| 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 | 70% | \$105 | | | |
| Podiatry (excl. artificial aids: e.g. orthotics) (standard consult) | \$30 | \$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) | 70% | \$500 | | | |
| ALTERNATIVE THERAPIES | | | | | |
| 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, Swedish Massage, Therapeutic Massage | | \$450 | | | |

* 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.

| | 70% OF THE COST UP TO THE PER SERVICE BENEFIT BELOW | OVERALL LIMITS | BENEFIT PERIOD |
|---|---|----------------|----------------------------------|
| GENERAL HEALTH* (2 MONTH WAITING PERIOD) | | | |
| Blood glucose accessories | 70% | \$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+ | 50% of the cost for accommodation (on single room rate), airfare, train, bus or 15c kilometre 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 | \$10-\$1,000 | \$1,000 | any 3 years |
| Hearing aids | 70% | \$1,600 | |
| Blood pressure monitor, nebuliser, glucometer | | \$500 | |

+ 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.

* 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.

CBHS Wellness Benefits

CBHS Wellness Benefits cover you for a variety of health checks and programs designed to assist you in better managing your health and wellbeing.

| WELLNESS BENEFITS (2 month waiting period) | BENEFITS ARE 90% OF THE COST UP TO MAXIMUM CATEGORY LIMIT | |
|--|---|----------------|
| | 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.

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 CBHS website. Please note that GP consultations are not covered by CBHS.

Understanding your Extras cover

CBHS Top Extras benefits are based on 70% of the cost the provider charges you, up to a set benefit per service, which is capped by an overall limit.

Benefit Period

Each group of services within Extras and Package covers have an overall limit on the amount you can claim. 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, oxygen apparatus 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 Networks

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 Networks

By visiting an optical Choice Network provider, you receive benefits of 100% (instead of the usual 70%), 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.

Option to Keep a Non-Student Dependant covered

Top Extras also provides an option to keep your non-student dependants covered up to the age of 25 on your cover providing they meet the non-student dependant criteria. An additional contribution amount is payable to enable this option. More information is available at cbhs.com.au.