

Fund Product Template - effective 09 August 2021

Fund Name: CBHS Health Fund Limited

Postal Address: Locked Bag 5014, Parramatta NSW 2150

Telephone: 1300 654 123

Facsimile: (02) 9843-7676
(02) 9843-7677

Email: help@cbhs.com.au

Email for Certificates hospital.claims@cbhs.com.au

Chief Executive Officer: **Helen Troup**

Claims Enquiries: 1300 654 123

Membership Enquires: 1300 654 123

Patient Eligibility Checks: www.cbhs.com.au



HELPER is an online service for hospitals to perform patient eligibility checks. If you do not have a password please call our Member Care Centre on **1300 654 123** and ask to be transferred to Data and Medical to begin the registration process. Registration is effective immediately.

Table:	Comprehensive Hospital (Gold)
Description:	Private hospital cover
Excess:	Nil
Co-payment:	Nil
Table:	Comprehensive Hospital 70 (Gold)
Description:	Private hospital cover
Excess:	Nil
Co-payment:	\$70 per day of hospitalisation, maximum 6 days per person, 12 days per family, per calendar year, except for Dependants.
Table:	Comprehensive Hospital 100 (Gold)
Description:	Private hospital cover
Excess:	Nil
Co-payment:	\$100 per day of hospitalisation, maximum 6 days per person, 12 days per family, per calendar year, except for Dependants.
Table:	Comprehensive Hospital \$750 Excess (Gold)
Description:	Private hospital cover
Excess:	\$750 per person for same day or overnight hospital admissions, maximum of \$1500 per couple/family/sole parent membership, per calendar year, except for Dependants.
Co-payment:	Nil

Hospital 'a' Excess (Gold)

Description:	Private hospital cover
Excess:	\$350 per person, for overnight hospital admissions, maximum of \$700 per couple/family/sole parent membership, per calendar year (applies to all members on the policy).
Co-payment:	<p>Pre 1 April 2019, \$100 per day for every hospital admission that does not include an overnight stay. This is an uncapped amount and is payable on every occasion by the member.</p> <p>Effective 1 April 2019, the above co-payment is replaced with \$70 per day for every hospital admission that does not include an overnight stay, to a maximum of 6 days per person or 12 days per couple/family membership, per calendar year (applies to all members on the policy).</p>

Table:	Prestige (Gold)
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Description:	Private hospital cover
Excess:	Nil
Co-payment:	Nil

Table:	LiveLife (Gold)
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Description:	Private hospital cover
Excess:	Nil
Co-payment:	\$70 per day of hospitalisation, maximum 6 days per person, 12 days per family membership, per calendar year, except for Dependants.

Table:	Active Hospital 100 (Silver Plus)
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Description:	Private hospital cover with exclusions for selected clinical categories
Excess:	Nil
Co-payment:	\$100 per day, maximum 6 days per person, 12 days per family membership, per calendar year, except for Dependants.

Table:	Limited Hospital (Bronze Plus)
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Description:	Private hospital cover with exclusions for selected clinical categories
Excess:	Nil
Co-payment:	Nil

Table:	Limited Hospital 70 (Bronze Plus)
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Description:	Private hospital cover with exclusions for selected clinical categories
Excess:	Nil
Co-payment:	\$70 per day of hospitalisation, maximum 6 days per person, 12 days per family membership, per calendar year, except for Dependants.

Table:	Limited Hospital 100 (Bronze Plus)
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Description:	Private hospital cover with exclusions for selected clinical categories
Excess:	Nil
Co-payment:	\$100 per day of hospitalisation, maximum 6 days per person or 12 days per family membership, per calendar year, except for Dependants.

Table:	Hospital 'b' Excess (Bronze Plus)
Description:	Private hospital cover with exclusions for selected clinical categories
Excess:	\$350 per person for an overnight hospital admission, maximum of \$700 per family, per calendar year and applies to all members on the policy.
Co-payment:	<p>Pre 1 April 2019, \$100 per day for every hospital admission that does not include an overnight stay. This is an uncapped amount and is payable on every occasion by the member.</p> <p>Effective 1 April 2019, the above co-payment is replaced with \$70 per day for every hospital admission that does not include an overnight stay, to a maximum of 6 days per person, 12 days per couple/family membership, per calendar year and applies to all members on the policy.</p>
Table:	StepUp (Bronze Plus)
Description:	Private hospital cover with exclusions for selected clinical categories
Excess:	Nil
Co-payment:	\$70 per day of hospitalisation, maximum of 6 days per person, 12 days per family membership, per calendar year except for Dependants.
Table:	KickStart (Basic Plus)
Description:	Private hospital cover for selected clinical categories and public hospital cover for most clinical categories
Excess:	Nil
Co-payment:	\$70 per day of hospitalisation, maximum 6 days per person, 12 days per family membership, per calendar year. This co-payment applies to all members covered by the membership.
Table:	FlexiSaver (Basic Plus)
Description:	Private hospital cover for selected clinical categories with exclusions for most clinical categories.
Excess:	\$500 per person, per admission for overnight or same day admission, maximum of \$1000 per family membership, per calendar year. The excess applies to all members covered by the membership.
Co-payment:	Nil
Table:	Basic Plus Hospital
Description:	Public hospital cover
Excess:	Nil
Co-payment:	Nil
Table:	Basic Plus Hospital \$500 Excess
Description:	Public hospital cover
Excess:	\$500 per person, per admission, for same day or overnight hospital admission, maximum of \$1000 per family membership, per calendar year. The excess applies to all members covered by the membership.
Co-payment:	Nil

Table:	Basic Plus Hospital \$750 Excess
Description:	Public hospital cover
Excess:	\$750 per person, per admission for overnight or same day admission, maximum of \$1500 per family per calendar year. The excess applies to all members covered by the membership.
Co-payment:	Nil

Overseas Visitors Hospital Product

Table:	Overseas Visitors Cover
Description:	Private and public hospital cover with exclusions
Excess	Nil
Co-payment	Nil

Compensable injuries

Please complete an Accident/Injury/Condition form if the hospital service may be payable by a third-party insurer or has been injured as a result of an accident and is still within waiting periods. The form can be downloaded at www.cbhs.com.au/member-centre/service-centre/member-forms
For Compensable services where liability has been accepted by another party, please direct the claim to the third-party insurer for their attention.

CBHS Health Fund Limited Product Details effective 1 April 2019

	GOLD	SILVER PLUS	BRONZE PLUS	BRONZE PLUS	BASIC PLUS	BASIC PLUS	BASIC PLUS	<i>Overseas Visitors Product</i>
Clinical Categories, hospital treatments & services	Prestige, LiveLife, Comprehensive, Hospital a	Active	StepUp	Limited, Hospital b	KickStart	FlexiSaver	Basic	<i>Overseas Visitors Cover</i>
Emergency ambulance transport	✓	✓	✓	✓	✓	✓	✓	✓
Accident related treatment after joining	✓	✓	✓	✓	✓	✓	R	✓
Assisted reproductive services	✓	✗	✓	✗	R	✗	R	✓
Back, neck and spine	✓	✓	✓	✓	R	✗	R	✓
Blood	✓	✓	✓	✓	R	✗	R	✓
Bone, joint and muscle	✓	✓	✓	✓	✓	✓	R	✓
Brain and nervous system	✓	✓	✓	✓	R	✗	R	✓
Breast surgery (medically necessary)	✓	✓	✓	✓	R	✗	R	✓
Cataracts	✓	✓	✗	✗	R	✗	R	✓
Chemotherapy, radiotherapy and immunotherapy for cancer	✓	✓	✓	✓	R	✗	R	✓
Dental surgery	✓	✓	✓	✓	✓	✓	R	✓
Diabetes management (excluding insulin pumps)	✓	✓	✓	✓	R	✗	R	✓
Dialysis for chronic kidney failure	✓	✓	✓	✓	R	✗	R	✓
Digestive system	✓	✓	✓	✓	R	✗	R	✓
Ear, nose and throat	✓	✓	✓	✓	R	✗	R	✓
Eye (not cataracts)	✓	✓	✓	✓	R	✗	R	✓
Gastrointestinal endoscopy	✓	✓	✓	✓	R	✗	R	✓
Gynaecology	✓	✓	✓	✓	R	✗	R	✓
Heart and vascular system	✓	✓	✗	✗	R	✗	R	✓
Hernia and appendix	✓	✓	✓	✓	✓	✓	R	✓
Hospital psychiatric services	✓	R	R	R	R	R	R	✓
Implantation of hearing devices	✓	✓	✓	✓	R	✗	R	✓
Insulin pumps	✓	✓	✓	✓	R	✗	R	✓
Joint reconstructions	✓	✓	✓	✓	✓	✓	R	✓
Joint replacements	✓	✗	✗	✗	R	✗	R	✓
Kidney and bladder	✓	✓	✓	✓	R	✗	R	✓
Lung and chest	✓	✓	✗	✗	R	✗	R	✓
Male reproductive system	✓	✓	✓	✓	R	✗	R	✓
Miscarriage & termination of pregnancy	✓	✓	✓	✓	R	✗	R	✓
Pain management	✓	✓	✓	✓	R	✗	R	✓
Pain management with device	✓	✓	✓	✓	R	✗	R	✓
Palliative care	✓	R	R	R	R	R	R	✓
Plastic and reconstructive surgery (medically necessary)	✓	✓	✗	✗	R	✗	R	✓
Podiatric surgery	O	O	✗	✗	✗	✗	✗	O
Pregnancy and birth	✓	✗	✓	✗	R	✗	R	✓
Rehabilitation	✓	✓	R	R	R	R	R	✓
Skin	✓	✓	✓	✓	R	✗	R	✓
Sleep studies	✓	✓	✓	✓	R	✗	R	✓
Tonsils, adenoids and grommets	✓	✓	✓	✓	✓	✓	R	✓
Weight loss surgery	✓	✗	✗	✗	R	✗	R	✓
Services not payable by Medicare ie cosmetic surgery	R	✗	✗	✗	✗	✗	✗	✗

✓	COVERED - in Agreement Hospitals, as per agreement. Non-Agreement and Public Hospitals - Minimum benefits as specified in the relevant PHI (Benefit Requirement) Rules in a private (single) room for overnight admissions and shared room for same day admissions.
R	RESTRICTED - minimum benefits as specified in the relevant PHI (Benefit Requirement) Rules in shared room.
✗	EXCLUDED - no benefits are payable.
O	<u>Registered Podiatric Surgeon</u> - accommodation benefits up to the amount specified in the PHI (Benefit Requirement) Rules in shared room. Benefits for Prostheses are based on items listed by the Minister of Health. Nil benefits for theatre or medical expenses.
	Plus Clinical Categories -services covered above the minimum requirements set by PHI Reforms effective 1 Apr 2019 for product tiers.