

Fund Product Template effective 25 Sep 2020

Fund Name: CBHS Corporate Health Pty Ltd
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Parramatta NSW 2124
Telephone: 1300 586 462



Email: help@cbhscorp.com.au
Chief Executive Officer: Mr Dario Molina
Claims Enquiries: 1300 586 462
Membership Enquires: 1300 586 462
Patient Eligibility Checks: www.cbhscorporatehealth.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 586 462** and ask to be transferred to Data and Medical to begin the registration process. Registration is effective immediately.

Table: **Premium Package (Gold)**

Description: Private hospital cover
Excess: Nil
Co-payment: Nil

Table: **Gold Hospital \$0 Excess**

Description: Private hospital cover
Excess: Nil
Co-payment: Nil

Gold Hospital \$250 Excess

Description: Private hospital cover

Excess: \$250 per person, per overnight or same day hospital admission, maximum of \$500 per membership, per calendar year, except for Dependants.

Co-payment: Nil

Table: **Gold Hospital \$500 Excess**

Description: Private hospital cover

Excess: \$500 per person, per overnight or same day admission, maximum of \$1000 per membership, per calendar year, except for Dependants.

Co-payment: Nil

Table:	Gold Hospital \$750 Excess <i>(NEW product effective 1 April 2019)</i>
Description:	Private hospital cover
Excess:	\$750 per person, per overnight or same day admission, maximum of \$1500 per membership, per calendar year, except Dependents.
Co-payment:	Nil
Table:	Silver Plus Hospital \$0 Excess
Description:	Private hospital cover with exclusions for selected clinical categories
Excess:	Nil
Co-payment:	Nil
Table:	Silver Plus Hospital \$250 Excess
Description:	Private hospital cover with exclusions for selected clinical categories
Excess:	\$250 per person, per overnight or same day admission, maximum of \$500 per membership, per calendar year, except for Dependents.
Co-payment:	Nil
Table:	Silver Plus Hospital \$500 Excess
Description:	Private hospital cover with exclusions for selected clinical categories
Excess:	\$500 per person, per overnight or same day admission, maximum of \$1000 per membership, per calendar year, except for Dependents.
Co-payment:	Nil
Table:	Silver Plus Hospital \$750 Excess <i>(NEW product effective 1 Apr 2019)</i>
Description:	Private hospital cover with exclusions for selected clinical categories
Excess:	\$750 per person, per overnight or same day admission, maximum of \$1500 per membership, per calendar year, except for Dependents.
Co-payment:	Nil
Table:	Bronze Plus Hospital \$250 Excess <i>(NEW product effective 1 Apr 2019)</i>
Description:	Private hospital cover with exclusions for selected clinical categories
Excess:	\$250 per person, per overnight or same day admission, maximum of \$500 per membership, per calendar year, except for Dependents.
Co-payment:	Nil
Table:	Bronze Plus Hospital \$500 Excess <i>(NEW product effective 1 Apr 2019)</i>
Description:	Private hospital cover with exclusions for selected clinical categories
Excess:	\$500 per person, per overnight or same day admission, maximum of \$1000 per membership, per calendar year, except for Dependents.
Co-payment:	Nil
Table:	Bronze Plus Hospital \$750 Excess <i>(NEW product effective 1 Apr 2019)</i>
Description:	Private hospital cover with exclusions for selected clinical categories
Excess:	\$750 per person, per overnight or same day admission, maximum of \$1500 per membership, per calendar year, except for Dependents.
Co-payment:	Nil

Table:	HealthStarter (Basic Plus) \$250 Excess (commenced 1 July 2019)
Description:	Public hospital cover with private hospital cover for selected clinical categories
Excess:	\$250 per person, per overnight or same day admission, maximum of \$500 per membership, per calendar year, applies to all members.
Co-payment:	Nil
Table:	HealthStarter (Basic Plus) \$500 Excess (commenced 1 July 2019)
Description:	Public hospital cover with private hospital cover for selected clinical categories
Excess:	\$500 per person, per overnight or same day admission, maximum of \$1000 per membership, per calendar year, applies to all members.
Co-payment:	Nil
Table:	HealthStarter (Basic Plus) \$750 Excess (commenced 1 July 2019)
Description:	Public hospital cover with private hospital cover for selected clinical categories
Excess:	\$750 per person, per overnight or same day admission, maximum of \$1500 per membership, per calendar year, applies to all members.
Co-payment:	Nil
Table:	Entry Hospital (Basic Plus) \$500 Excess (Renamed effective 1 April 2019 was Basic Hospital)
Description:	Public hospital cover
Excess:	\$500 per person, per overnight or same day admission, maximum of \$1000 per membership, per calendar year, applies to all members.
Co-payment:	Nil
Table:	Entry Hospital (Basic Plus) \$750 Excess (NEW product effective 1 Apr 2019)
Description:	Public hospital cover
Excess:	\$750 per person, per overnight or same day admission, maximum of \$1500 per membership, per calendar year, applies to all members.
Co-payment:	Nil
Table:	Reciprocal Health Cover (Basic)
Description:	Public hospital cover for selected clinical categories with exclusions for most clinical categories.
Excess:	\$500 per person, per overnight or same day admission, maximum of \$1000 per membership, per calendar year, applies to all members.
Co-payment:	Nil

Overseas Visitors Hospital Products

Table:	Overseas Worker Top Hospital and Medical \$0 Excess (renamed 2.12.2019 from <i>Gold Visitors Hospital</i>)
Description:	Private hospital cover, exclusions for some hospital treatments and services - see Overseas Worker Top Hospital and Medical [OVW Top] table below for more details.
Excess:	Nil
Co-payment:	Nil
Table:	Overseas Worker Top Hospital and Medical \$500 Excess (renamed 2.12.2019 from <i>Gold Visitors Hospital \$500 Excess</i>)
Description:	Private hospital cover, exclusions for some hospital treatments and services - see Overseas Worker Top Hospital and Medical [OVW Top] table below for more details.
Excess:	\$500 per person, per overnight or same day admission, maximum of \$1000 per membership, per calendar year, except for Dependants.
Co-payment:	Nil
Table:	Overseas Worker Mid Hospital and Medical \$500 Excess (renamed 2.12.2019 from <i>Silver Visitors Hospital \$500 Excess</i>)
Description:	Private hospital cover with restrictions and exclusions for some hospital treatments and services - see Overseas Worker Mid Hospital and Medical [OVW Mid] table below for more details.
Excess:	\$500 per person, per overnight or same day admission, maximum of \$1000 per membership, per calendar year, applies to all members covered by the membership.
Co-payment:	Nil
Table:	Overseas Worker Base Hospital and Medical \$500 Excess (renamed 2.12.2019 from <i>Bronze Visitors Hospital \$500 Excess</i>)
Description:	Private hospital cover with restrictions and exclusions for some hospital treatments and services - see Overseas Worker Base Hospital and Medical [OVW Base] table below for more details.
Excess:	\$500 per person, per overnight or same day admission, maximum of \$1000 per membership, per calendar year, applies to all members covered by the membership.
Co-payment:	Nil
Table:	Overseas Students Health Cover
Description:	Private hospital cover, exclusions for some hospital treatments and services - see Overseas Students Health Cover table below for more details.
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 CORPORATE HEALTH PTY LTD - Hospital Product Details

	GOLD	SILVER PLUS	BRONZE PLUS	BASIC PLUS	BASIC PLUS	BASIC
Clinical Categories, hospital treatments & services	Premium, Gold Hospital	Silver Plus	Bronze Plus	HealthStarter (NEW Jul 19)	Entry Hospital (renamed from Basic Hospital)	Reciprocal Health Cover
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
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 and termination of pregnancy	✓	✓	✓	R	R	✗
Pain management	✓	✓	✓	R	R	✗
Pain management with device	✓	✓	✓	R	R	✗
Palliative care	✓	R	R	R	R	R
Plastic and reconstructive surgery (medically necessary)	✓	✓	✗	R	R	✗
Podiatric surgery (provided by a registered podiatric surgeon)	O	O	✗	✗	✗	✗
Pregnancy and birth	✓	✗	✗	R	R	✗
Rehabilitation	✓	✓	R	R	R	R
Skin	✓	✓	✓	R	R	✗
Sleep studies	✓	✓	✓	R	R	✗
Tonsils, adenoids and grommets	✓	✓	✓	✓	R	✗
Weight loss surgery	✓	✗	✗	R	R	✗
Cosmetic services	✗	✗	✗	✗	✗	✗
Services whereh a Medicare benefit is NOT payable	✗	✗	✗	✗	✗	✗

✓	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 a shared room only
✘	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 the product tiers.

Compensable injuries

Hospital admissions for Accidents or Injuries that may be payable by a third party insurer MUST have the relevant form completed on admission and sent to CBHS Corporate Health with the hospital claim. Form available on website at www.cbhscorporatehealth.com.au

For Compensable services where liability has been accepted by another party, please direct claim to relevant party.

CBHS Corporate Overseas Products

Clinical Categories, hospital treatments & services	Overseas Workers and Student Products			
	OVW Top	OVW Mid	OVW Base	Overseas Students
Assisted reproductive services	✘	✘	✘	✘
Back, neck and spine	✔	✔	✔	✔
Blood	✔	✔	✔	✔
Bone, joint and muscle	✔	✔	✔	✔
Brain and nervous system	✔	✔	✔	✔
Breast surgery (medically necessary)	✔	✔	✔	✔
Cataracts	✔	✔	✔	✔
Chemotherapy, radiotherapy and immunotherapy for cancer	✔	✔	✔	✔
Dental surgery	✔	✔	✔	✔
Diabetes management (excluding insulin pumps)	✔	✔	✔	✔
Dialysis for chronic kidney failure	✔	✔	✔	✔
Digestive system	✔	✔-X bone marrow & organ transplant	✔-X bone marrow & organ transplant	✔
Ear, nose and throat	✔	✔	✔	✔
Eye (not cataracts)	✔	✔	✔	✔
Gastrointestinal endoscopy	✔	✔	✔	✔
Gynaecology	✔	✔	✔	✔
Heart and vascular system	✔	✔-X bone marrow & organ transplant	✔-X bone marrow & organ transplant	✔
Hernia and appendix	✔	✔	✔	✔
Hospital psychiatric services	✔	R	R	✔
Implantation of hearing devices	✔	✔	✔	✔
Insulin pumps	✔	✔	✔	✔
Joint reconstructions	✔	✔	✔	✔
Joint replacements	✔	✔	✔	✔
Kidney and bladder	✔	✔-X bone marrow & organ transplant	✔-X bone marrow & organ transplant	✔
Lung and chest	✔	✔-X bone marrow & organ transplant	✔-X bone marrow & organ transplant	✔
Male reproductive system	✔	✔	✔	✔
Miscarriage and termination of pregnancy	✔	R	R	R
Pain management	✔	✔	✔	✔
Pain management with device	✔	✔	✔	✔
Palliative care	✔	R	R	✔
Plastic and reconstructive surgery (medically necessary)	✔	✔	✔	✔
Podiatric surgery (registered podiatric surgeon)	✘	✘	✘	✘
Pregnancy and birth	✔	R	R	R
Rehabilitation	✔	R	R	✔
Skin	✔	✔	✔	✔
Sleep studies	✔	✔	✔	✔
Tonsils, adenoids and grommets	✔	✔	✔	✔
Weight loss surgery	✔	R	R	✔
Services NOT payable by Medicare	✘	✘	✘	✘

Other Exclusions for Overseas Products				
Nursing home type payment contribution, respite care, nursing home fee	x	x	x	x
Non PBS, high cost drugs	x	x	x	x
Ambulance transfers between hospitals	x	x	x	x
Prostheses for cosmetic procedures	x	x	x	x
Bone marrow and organ transplants	x	x	x	x
Assisted reproductive including Sterilisations and reversals	x	x	x	x
Cosmetic services	x	x	x	x
Services and treatment which are covered by compensation	x	x	x	x

✓	Covered	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	In Agreement and Non-Agreement Hospitals -Minimum benefits as specified in the relevant PHI (Benefit Requirement) Rules in a shared room. Overseas Visitors and Students products - up to State Gazetted rates for overseas visitors and students where applicable.
x	Excluded	No benefits are payable
O	Other	Indicates cover is for accommodation up to the amount specified in the Private Health Insurance (Minimum Requirement) Rules in shared room and prostheses costs only. No benefit for medical or theatre costs. Benefit for prostheses is based on items listed by the Minister of Health.