


<b>Fund Name:</b>	CBHS Health Fund Limited	 <b>CBHS</b> Health Cover for the CommBank Family
<b>Postal Address:</b>	Locked Bag 5014, Parramatta NSW 2150	
<b>Telephone:</b>	1300 654 123	
<b>Facsimile:</b>	(02) 9843-7676 (02) 9843-7677	
<b>Email:</b>	<a href="mailto:help@cbhs.com.au">help@cbhs.com.au</a>	
<b>Email for Certificates</b>	<a href="mailto:hospital.claims@cbhs.com.au">hospital.claims@cbhs.com.au</a>	
<b>Chief Executive Officer:</b>	<b>Helen Troup</b>	
<b>Claims Enquiries:</b>	1300 654 123	
<b>Membership Enquires:</b>	1300 654 123	
<b>Patient Eligibility Checks:</b>	<a href="http://www.cbhs.com.au">www.cbhs.com.au</a>	
<b>HELPER</b> 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 <b>1300 654 123</b> and ask to be transferred to Data and Medical to begin the registration process. Registration is effective immediately.		

<b>Table:</b>	<b>Comprehensive Hospital (Gold)</b>
<b>Description:</b>	Private hospital cover
<b>Excess:</b>	Nil
<b>Co-payment:</b>	Nil
<b>Table:</b>	<b>Comprehensive Hospital 70 (Gold)</b>
<b>Description:</b>	Private hospital cover
<b>Excess:</b>	Nil
<b>Co-payment:</b>	\$70  \$70 per day of hospitalisation, maximum 6 days per person, 12 days per couple/family membership, per calendar year. Co-payment does not apply to any dependants on the policy.
<b>Table:</b>	<b>Comprehensive Hospital 100 (Gold)</b>
<b>Description:</b>	Private hospital cover
<b>Excess:</b>	Nil
<b>Co-payment:</b>	\$100  \$100 per day of hospitalisation, maximum 6 days per person, 12 days per couple/family membership, per calendar year. Co-payment does not apply to any dependants on the policy.
<b>Table:</b>	<b>Comprehensive Hospital \$750 Excess (Gold)</b>
<b>Description:</b>	Private hospital cover
<b>Excess:</b>	\$750  \$750 per person, per admission, for same day or overnight hospital admission, maximum of \$1500 per couple/family membership, per calendar year. Excess does not apply to any dependants on the policy.
<b>Co-payment:</b>	Nil
<b>Table:</b>	<b>Hospital A Excess (Gold)</b>
<b>Description:</b>	Private hospital cover
<b>Excess:</b>	\$350  For overnight hospital admission - \$350 per person for overnight admissions with a maximum of \$700 for couple/sole parent/family membership per calendar year. Excess apply to all members on the policy including dependants.
<b>Co-payment:</b>	\$70  For same day admissions - \$70 per day of hospitalisation, for same day admissions, maximum 6 days per person, 12 days per couple/sole parent/family membership, per calendar year. Co-payment apply to all members on the policy including dependants.
<b>Table:</b>	<b>Prestige (Gold)</b>
<b>Description:</b>	Private hospital cover
<b>Excess:</b>	Nil
<b>Co-payment:</b>	Nil
<b>Table:</b>	<b>LiveLife (Gold)</b>
<b>Description:</b>	Private hospital cover
<b>Excess:</b>	Nil
<b>Co-payment:</b>	\$70  \$70 per day of hospitalisation, maximum 6 days per person, 12 days per couple/family membership, per calendar year. Co-payment does not apply to any dependants on the policy.
<b>Table:</b>	<b>Complete Gold Hospital \$0 Excess</b>
<b>Description:</b>	Private hospital cover
<b>Excess:</b>	Nil
<b>Co-payment:</b>	Nil
<b>Table:</b>	<b>Complete Gold Hospital \$500 Excess</b>
<b>Description:</b>	Private hospital cover
<b>Excess:</b>	\$500  \$500 per person, per admission, for same day or overnight hospital admission, maximum of \$1000 per couple/family membership, per calendar year. Excess does not apply to any dependants on the policy.
<b>Co-payment:</b>	Nil

<b>Table:</b>	<b>Complete Gold Hospital \$750 Excess</b>
<b>Description:</b>	Private hospital cover
<b>Excess:</b>	\$750  \$750 per person, per admission, for same day or overnight hospital admission, maximum of \$1500 per couple/family membership, per calendar year. Excess does not apply to any dependants on the policy.
<b>Co-payment:</b>	Nil
<b>Table:</b>	<b>Complete Gold Hospital \$100 Co-payment</b>
<b>Description:</b>	Private hospital cover
<b>Excess:</b>	Nil
<b>Co-payment:</b>	\$100  \$100 per day of hospitalisation, maximum 6 days per person, 12 days per couple/family, per calendar year. Co-payment does not apply to any dependants on the policy.
<b>Table:</b>	<b>Advanced Silver Plus Hospital \$500 Excess</b>
<b>Description:</b>	Private hospital cover with exclusions for selected clinical categories
<b>Excess:</b>	\$500  \$500 per person, per admission, for same day or overnight hospital admission, maximum of \$1000 per couple/family membership, per calendar year. Excess does not apply to any dependants on the policy.
<b>Co-payment:</b>	Nil
<b>Table:</b>	<b>Advanced Silver Plus Hospital \$750 Excess</b>
<b>Description:</b>	Private hospital cover with exclusions for selected clinical categories
<b>Excess:</b>	\$750  \$750 per person, per admission, for same day or overnight hospital admission, maximum of \$1500 per couple/family membership, per calendar year. Excess does not apply to any dependants on the policy.
<b>Co-payment:</b>	Nil
<b>Table:</b>	<b>Active Hospital 100 (Silver Plus)</b>
<b>Description:</b>	Private hospital cover with exclusions for selected clinical categories
<b>Excess:</b>	Nil
<b>Co-payment:</b>	\$100  \$100 per day of hospitalisation, maximum 6 days per person, 12 days per couple/family, per calendar year. Co-payment does not apply to any dependants on the policy.
<b>Table:</b>	<b>Everyday Silver Plus Hospital \$500 Excess</b>
<b>Description:</b>	Private hospital cover with exclusions for selected clinical categories
<b>Excess:</b>	\$500  \$500 per person, per admission, for same day or overnight hospital admission, maximum of \$1000 per couple/family membership, per calendar year. Excess does not apply to any dependants on the policy.
<b>Co-payment:</b>	Nil
<b>Table:</b>	<b>Everyday Silver Plus Hospital \$750 Excess</b>
<b>Description:</b>	Private hospital cover with exclusions for selected clinical categories
<b>Excess:</b>	\$750  \$750 per person, per admission, for same day or overnight hospital admission, maximum of \$1500 per couple/family membership, per calendar year. Excess does not apply to any dependants on the policy.
<b>Co-payment:</b>	Nil
<b>Table:</b>	<b>StepUp (Bronze Plus)</b>
<b>Description:</b>	Private hospital cover with exclusions for selected clinical categories
<b>Excess:</b>	Nil
<b>Co-payment:</b>	\$70  \$70 per day of hospitalisation, maximum 6 days per person, 12 days per couple/family membership, per calendar year. Co-payment does not apply to any dependants on the policy.
<b>Table:</b>	<b>Limited Hospital (Bronze Plus)</b>
<b>Description:</b>	Private hospital cover with exclusions for selected clinical categories
<b>Excess:</b>	Nil
<b>Co-payment:</b>	Nil
<b>Table:</b>	<b>Limited Hospital 70 (Bronze Plus)</b>
<b>Description:</b>	Private hospital cover with exclusions for selected clinical categories
<b>Excess:</b>	Nil
<b>Co-payment:</b>	\$70  \$70 per day of hospitalisation, maximum 6 days per person, 12 days per couple/family membership, per calendar year. Co-payment does not apply to any dependants on the policy.
<b>Table:</b>	<b>Limited Hospital 100 (Bronze Plus)</b>
<b>Description:</b>	Private hospital cover with exclusions for selected clinical categories
<b>Excess:</b>	Nil
<b>Co-payment:</b>	\$100  \$100 per day of hospitalisation, maximum 6 days per person, 12 days per couple/family, per calendar year. Co-payment does not apply to any dependants on the policy.

<b>Table:</b>	<b>Hospital B Excess (Bronze Plus)</b>
<b>Description:</b>	Private hospital cover with exclusions for selected clinical categories
<b>Excess:</b>	\$350  For overnight hospital admission - \$350 per person for overnight admissions with a maximum of \$700 for couple/sole parent/family membership per calendar year. Excess apply to all members on the policy including dependants.
<b>Co-payment:</b>	\$70  For same day admissions - \$70 per day of hospitalisation, for same day admissions, maximum 6 days per person, 12 days per couple/sole parent/family membership, per calendar year. Co-payment apply to all members on the policy including dependants.
<b>Table:</b>	<b>Value Bronze Plus Hospital \$500 Excess</b>
<b>Description:</b>	Private hospital cover with exclusions for selected clinical categories
<b>Excess:</b>	\$500  \$500 per person, per admission, for same day or overnight hospital admission, maximum of \$1000 per couple/family membership, per calendar year. Excess does not apply to any dependants on the policy.
<b>Co-payment:</b>	Nil
<b>Table:</b>	<b>Value Bronze Plus Hospital \$750 Excess</b>
<b>Description:</b>	Private hospital cover with exclusions for selected clinical categories
<b>Excess:</b>	\$750  \$750 per person, per admission, for same day or overnight hospital admission, maximum of \$1500 per couple/family membership, per calendar year. Excess does not apply to any dependants on the policy.
<b>Co-payment:</b>	Nil
<b>Table:</b>	<b>Starter Basic Plus Hospital \$750 Excess</b>
<b>Description:</b>	Private hospital cover with exclusions for selected clinical categories
<b>Excess:</b>	\$750  \$750 per person, per admission, for same day or overnight hospital admission, maximum of \$1500 per couple/sole parent/family membership, per calendar year. Excess apply to all members on the policy including dependants.
<b>Co-payment:</b>	Nil
<b>Table:</b>	<b>KickStart (Basic Plus)</b>
<b>Description:</b>	Private hospital cover for selected clinical categories and public hospital cover for most clinical categories
<b>Excess:</b>	Nil
<b>Co-payment:</b>	\$70  \$70 per day of hospitalisation, maximum 6 days per person, 12 days per couple/sole parent/family membership, per calendar year. Excess apply to all members on the policy including dependants.
<b>Table:</b>	<b>Basic Plus Hospital</b>
<b>Description:</b>	Public hospital cover
<b>Excess:</b>	Nil
<b>Co-payment:</b>	Nil
<b>Table:</b>	<b>Basic Plus Hospital \$500 Excess</b>
<b>Description:</b>	Public hospital cover
<b>Excess:</b>	\$500  \$500 per person, per admission, for same day or overnight hospital admission, maximum of \$1000 per couple/sole parent/family membership, per calendar year. Excess apply to all members on the policy including dependants.
<b>Co-payment:</b>	Nil
<b>Table:</b>	<b>Basic Plus Hospital \$750 Excess</b>
<b>Description:</b>	Public hospital cover
<b>Excess:</b>	\$750  \$750 per person, per admission for same day or overnight admission, maximum of \$1500 per couple/sole parent/family per calendar year. Excess apply to all members on the policy including dependants.
<b>Co-payment:</b>	Nil
<b>Table:</b>	<b>FlexiSaver (Basic Plus)</b>
<b>Description:</b>	Private hospital cover for selected clinical categories with exclusions for most clinical categories.
<b>Excess:</b>	\$500  \$500 per person, per admission for same day or overnight admission, maximum of \$1000 per couple membership, per calendar year. Excess apply to all members on the policy including dependants.
<b>Co-payment:</b>	Nil

CBHS Health Fund Limited complete list of CBHS products from 29 May 2024

	BASIC PLUS	BASIC PLUS	BASIC PLUS	BASIC PLUS	BRONZE PLUS	BRONZE PLUS	BRONZE PLUS	BRONZE PLUS
	FlexiSaver (Basic Plus)*	Basic Plus Hospital*	KickStart (Basic Plus)	Starter Basic Plus Hospital	Value Bronze Plus Hospital	Hospital B Excess (Bronze Plus)	Limited Hospital (Bronze Plus)*	StepUp (Bronze Plus)*
Hospital psychiatric services	R	R	R	R	R	R	R	R
Palliative care	R	R	R	R	R	R	R	R
Rehabilitation	R	R	R	R	R	R	R	R
Emergency ambulance transport	✓	✓	✓	✓	✓	✓	✓	✓
Accident-related treatment after joining	✓	R	✓	✓	✓	✓	✓	✓
Bone, joint and muscle	✓	R	✓	✓	✓	✓	✓	✓
Dental surgery	✓	R	✓	✓	✓	✓	✓	✓
Hernia and appendix	✓	R	✓	✓	✓	✓	✓	✓
Joint reconstructions	✓	R	✓	✓	✓	✓	✓	✓
Tonsils, adenoids and grommets	✓	R	✓	✓	✓	✓	✓	✓
Ear, nose and throat	✗	R	R	✓	✓	✓	✓	✓
Gastrointestinal endoscopy	✗	R	R	✓	✓	✓	✓	✓
Back, neck and spine	✗	R	R	✗	✓	✓	✓	✓
Blood	✗	R	R	✗	✓	✓	✓	✓
Brain and nervous system	✗	R	R	✗	✓	✓	✓	✓
Breast surgery (medically necessary)	✗	R	R	✗	✓	✓	✓	✓
Chemotherapy, radiotherapy and immunotherapy for cancer	✗	R	R	✗	✓	✓	✓	✓
Diabetes management (excluding insulin pumps)	✗	R	R	✗	✓	✓	✓	✓
Digestive system	✗	R	R	✗	✓	✓	✓	✓
Eye (not cataracts)	✗	R	R	✗	✓	✓	✓	✓
Gynaecology	✗	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	✗	✓	✓	✓	✓
Skin	✗	R	R	✗	✓	✓	✓	✓
Sleep studies	✗	R	R	✗	✓	✓	✓	✓
Heart and vascular system	✗	R	R	✗	✗	✗	✗	✗
Implantation of hearing devices	✗	R	R	✗	✗	✓	✓	✓
Plastic and reconstructive surgery (medically necessary)	✗	R	R	✗	✗	✗	✗	✗
Cataracts	✗	R	R	✗	✗	✗	✗	✗
Dialysis for chronic kidney failure	✗	R	R	✗	✗	✓	✓	✓
Insulin pumps	✗	R	R	✗	✗	✓	✓	✓
Joint replacements	✗	R	R	✗	✗	✗	✗	✗
Pain management with device	✗	R	R	✗	✗	✓	✓	✓
Assisted reproductive services	✗	R	R	✗	✗	✗	✗	✓
Pregnancy and birth	✗	R	R	✗	✗	✗	✗	✓
Weight loss surgery	✗	R	R	✗	✗	✗	✗	✗
Podiatric surgery (provided by a registered podiatric surgeon)	✗	✗	✗	✗	✗	✗	✗	✗
Cosmetic services	✗	✗	✗	✗	✗	✗	✗	✗
Services for which a Medicare benefit is NOT payable	✗	✗	✗	✗	✗	✗	✗	✗

CBHS Health Fund Limited complete list of CBHS products from 29 May 2024

	SILVER PLUS	SILVER PLUS	SILVER PLUS	GOLD	GOLD	GOLD	GOLD	GOLD
	Everyday Silver Plus Hospital	Active Hospital (Silver Plus)*	Advanced Silver Plus Hospital	Complete Gold Hospital	Hospital A Excess	Comprehensive Hospital (Gold)*	LiveLife (Gold)	Prestige (Gold)*
Hospital psychiatric services	R	R	R	✓	✓	✓	✓	✓
Palliative care	R	R	✓	✓	✓	✓	✓	✓
Rehabilitation	✓	✓	✓	✓	✓	✓	✓	✓
Emergency ambulance transport	✓	✓	✓	✓	✓	✓	✓	✓
Accident-related treatment after joining	✓	✓	✓	✓	✓	✓	✓	✓
Bone, joint and muscle	✓	✓	✓	✓	✓	✓	✓	✓
Dental surgery	✓	✓	✓	✓	✓	✓	✓	✓
Hernia and appendix	✓	✓	✓	✓	✓	✓	✓	✓
Joint reconstructions	✓	✓	✓	✓	✓	✓	✓	✓
Tonsils, adenoids and grommets	✓	✓	✓	✓	✓	✓	✓	✓
Ear, nose and throat	✓	✓	✓	✓	✓	✓	✓	✓
Gastrointestinal endoscopy	✓	✓	✓	✓	✓	✓	✓	✓
Back, neck and spine	✓	✓	✓	✓	✓	✓	✓	✓
Blood	✓	✓	✓	✓	✓	✓	✓	✓
Brain and nervous system	✓	✓	✓	✓	✓	✓	✓	✓
Breast surgery (medically necessary)	✓	✓	✓	✓	✓	✓	✓	✓
Chemotherapy, radiotherapy and immunotherapy for cancer	✓	✓	✓	✓	✓	✓	✓	✓
Diabetes management (excluding insulin pumps)	✓	✓	✓	✓	✓	✓	✓	✓
Digestive system	✓	✓	✓	✓	✓	✓	✓	✓
Eye (not cataracts)	✓	✓	✓	✓	✓	✓	✓	✓
Gynaecology	✓	✓	✓	✓	✓	✓	✓	✓
Kidney and bladder	✓	✓	✓	✓	✓	✓	✓	✓
Lung and chest	✓	✓	✓	✓	✓	✓	✓	✓
Male reproductive system	✓	✓	✓	✓	✓	✓	✓	✓
Miscarriage and termination of pregnancy	✓	✓	✓	✓	✓	✓	✓	✓
Pain management	✓	✓	✓	✓	✓	✓	✓	✓
Skin	✓	✓	✓	✓	✓	✓	✓	✓
Sleep studies	✓	✓	✓	✓	✓	✓	✓	✓
Heart and vascular system	✓	✓	✓	✓	✓	✓	✓	✓
Implantation of hearing devices	✓	✓	✓	✓	✓	✓	✓	✓
Plastic and reconstructive surgery (medically necessary)	✓	✓	✓	✓	✓	✓	✓	✓
Cataracts	x	✓	✓	✓	✓	✓	✓	✓
Dialysis for chronic kidney failure	x	✓	✓	✓	✓	✓	✓	✓
Insulin pumps	x	✓	✓	✓	✓	✓	✓	✓
Joint replacements	x	x	✓	✓	✓	✓	✓	✓
Pain management with device	x	✓	✓	✓	✓	✓	✓	✓
Assisted reproductive services	x	x	x	✓	✓	✓	✓	✓
Pregnancy and birth	x	x	x	✓	✓	✓	✓	✓
Weight loss surgery	x	x	x	✓	✓	✓	✓	✓
Podiatric surgery (provided by a registered podiatric surgeon)	O	O	O	O	O	O	O	O
Cosmetic services	x	x	x	x	x	x	x	x
Services for which a Medicare benefit is NOT payable	x	x	x	x	R	R	R	R

*	Product is closing for sales and transfer from 31 July 2024.
✓	Inclusion
x	Exclusion
R	Restricted benefits
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 of Health. No benefit for medical or theatre costs