



Fund Name: CBHS Health Fund Limited  
 Postal Address: Locked Bag 5014, Parramatta NSW 2150  
 Telephone: 1300 654 123

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 Email for Certificates: [hospital\\_claims@cbhs.com.au](mailto:hospital_claims@cbhs.com.au)  
 Chief Executive Officer: Helen Troup  
 Claims Enquiries: 1300 654 123  
 Membership Enquiries: 1300 654 123  
 Patient Eligibility Checks: [www.cbhs.com.au](http://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:	<b>Comprehensive Hospital (Gold)</b>
Description:	Private hospital cover
Excess:	Nil
Co-payment:	Nil
Table:	<b>Comprehensive Hospital 70 (Gold)</b>
Description:	Private hospital cover
Excess:	Nil
Co-payment:	\$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.
Table:	<b>Comprehensive Hospital 100 (Gold)</b>
Description:	Private hospital cover
Excess:	Nil
Co-payment:	\$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.
Table:	<b>Comprehensive Hospital \$750 Excess (Gold)</b>
Description:	Private hospital cover
Excess:	\$750
Co-payment:	Nil
	\$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.
Table:	<b>Hospital A Excess (Gold)</b>
Description:	Private hospital cover
Excess:	\$350
Co-payment:	\$70
	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.
	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.
Table:	<b>Prestige (Gold)</b>
Description:	Private hospital cover
Excess:	Nil
Co-payment:	Nil
Table:	<b>LiveLife (Gold)</b>
Description:	Private hospital cover
Excess:	Nil
Co-payment:	\$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.
Table:	<b>NEW Complete Gold Hospital \$0 Excess</b>
Description:	Private hospital cover
Excess:	Nil
Co-payment:	Nil
Table:	<b>NEW Complete Gold Hospital \$500 Excess</b>
Description:	Private hospital cover
Excess:	\$500
Co-payment:	Nil
	\$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.
Table:	<b>NEW Complete Gold Hospital \$750 Excess</b>
Description:	Private hospital cover
Excess:	\$750
Co-payment:	Nil
	\$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.
Table:	<b>NEW Complete Gold Hospital \$100 Co-payment</b>
Description:	Private hospital cover
Excess:	Nil
Co-payment:	\$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.
Table:	<b>NEW Advanced Silver Plus Hospital \$500 Excess</b>
Description:	Private hospital cover with exclusions for selected clinical categories
Excess:	\$500
Co-payment:	Nil
	\$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.
Table:	<b>NEW Advanced Silver Plus Hospital \$750 Excess</b>
Description:	Private hospital cover with exclusions for selected clinical categories
Excess:	\$750
Co-payment:	Nil
	\$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.
Table:	<b>Active Hospital 100 (Silver Plus)</b>
Description:	Private hospital cover with exclusions for selected clinical categories
Excess:	Nil
Co-payment:	\$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.
Table:	<b>NEW Everyday Silver Plus Hospital \$500 Excess</b>
Description:	Private hospital cover with exclusions for selected clinical categories
Excess:	\$500
Co-payment:	Nil
	\$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.
Table:	<b>NEW Everyday Silver Plus Hospital \$750 Excess</b>
Description:	Private hospital cover with exclusions for selected clinical categories
Excess:	\$750



Male reproductive system	x	R	R	x	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Miscarriage and termination of pregnancy	x	R	R	x	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pain management	x	R	R	x	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Skin	x	R	R	x	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sleep studies	x	R	R	x	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Heart and vascular system	x	R	R	x	x	x	x	x	x	✓	✓	✓	✓	✓	✓	✓	✓	✓
Implantation of hearing devices	x	R	R	x	x	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Plastic and reconstructive surgery (medically necessary)	x	R	R	x	x	x	x	x	x	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cataracts	x	R	R	x	x	x	x	x	x	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dialysis for chronic kidney failure	x	R	R	x	x	✓	✓	✓	✓	x	✓	✓	✓	✓	✓	✓	✓	✓
Insulin pumps	x	R	R	x	x	✓	✓	✓	✓	x	✓	✓	✓	✓	✓	✓	✓	✓
Joint replacements	x	R	R	x	x	x	x	x	x	x	✓	✓	✓	✓	✓	✓	✓	✓
Pain management with device	x	R	R	x	x	✓	✓	✓	✓	x	✓	✓	✓	✓	✓	✓	✓	✓
Assisted reproductive services	x	R	R	x	x	x	x	x	x	x	x	x	x	✓	✓	✓	✓	✓
Pregnancy and birth	x	R	R	x	x	x	x	x	x	x	x	x	x	✓	✓	✓	✓	✓
Weight loss surgery	x	R	R	x	x	x	x	x	x	x	x	x	x	✓	✓	✓	✓	✓
Podiatric surgery (provided by a registered podiatric surgeon)	x	x	x	x	x	x	x	x	x	O	O	O	O	O	O	O	O	O
Cosmetic services	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Services for which a Medicare benefit is NOT payable	x	x	x	x	x	x	x	x	x	x	x	x	x	R	R	R	R	R

\*Product is closing for new 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