

top extras

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

description	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		calendar year
X-ray (022)	\$28		
Removal of plaque (111) Removal of calculus (114,115)	\$41 \$65-\$70		
Fluoride application (121)	\$30		
Mouthguard (151,153)	\$130-\$150	unlimited	
Fissure sealing (161)	\$27		
general dental (2 month waiting period)	Ψ		
Fillings	\$61-\$129		
Consultations and examinations	\$28-\$40		
X-rays	\$21-\$42.80		
Extractions or surgical dental	\$50-\$255		
general dental (6 month waiting period)	φου ψ2ου		
Periodontic (gum treatment)	\$57-\$250	\$630	calendar
Endodontic (root canal treatment)	\$7.50-\$180	\$660	year
Inlays/onlays/facings/veneers	\$360	\$1440	,
Dentures and Implants	\$20-\$810	\$1350	any 5 years
Occlusal therapy	\$17-\$260	\$920	life
major dental (12 month waiting period)	φ17-φ200	Φ920	ille
Orthodontia	70%	\$2800	life
Crowns and bridges	\$10-\$720	\$3000	any 5 years
prescribed optical appliances* (6 month waiting period)	φ10-φ120	φ3000	arry 5 years
frames			
Frames	\$140		
	Ψ1+0		
	ф100		
Single vision (pair)	\$120		
Single vision (pair) Bifocal (pair)	\$140	\$375	calendar
Ienses Single vision (pair) Bifocal (pair) Trifocal vision (pair)	\$140 \$150	\$375	calendar year
Single vision (pair) Bifocal (pair) Trifocal vision (pair) Multifocal (pair)	\$140	\$375	
Single vision (pair) Bifocal (pair) Trifocal vision (pair) Multifocal (pair) contact lenses	\$140 \$150 \$200	\$375	
Single vision (pair) Bifocal (pair) Trifocal vision (pair) Multifocal (pair) contact lenses Contact lenses	\$140 \$150	\$375	
Single vision (pair) Bifocal (pair) Trifocal vision (pair) Multifocal (pair) contact lenses Contact lenses therapies* (2 month waiting period)	\$140 \$150 \$200 \$210		
Single vision (pair) Bifocal (pair) Trifocal vision (pair) Multifocal (pair) contact lenses Contact lenses therapies* (2 month waiting period) Physiotherapy (initial/subsequent)	\$140 \$150 \$200 \$210 \$61/\$43	\$720	
Single vision (pair) Bifocal (pair) Trifocal vision (pair) Multifocal (pair) contact lenses Contact lenses therapies* (2 month waiting period) Physiotherapy (initial/subsequent) Chiropractic (initial/subsequent)	\$140 \$150 \$200 \$210 \$61/\$43 \$61/\$40	\$720 \$720	
Single vision (pair) Bifocal (pair) Trifocal vision (pair) Multifocal (pair) contact lenses Contact lenses therapies* (2 month waiting period) Physiotherapy (initial/subsequent) Chiropractic (initial/subsequent) Osteopathy (initial/subsequent)	\$140 \$150 \$200 \$210 \$61/\$43 \$61/\$40 \$61/\$35	\$720 \$720 \$720	
Single vision (pair) Bifocal (pair) Trifocal vision (pair) Multifocal (pair) contact lenses Contact lenses therapies* (2 month waiting period) Physiotherapy (initial/subsequent) Chiropractic (initial/subsequent) Osteopathy (initial/subsequent) Hypnotherapy	\$140 \$150 \$200 \$210 \$61/\$43 \$61/\$40 \$61/\$35 \$80	\$720 \$720 \$720 \$720 \$360	
Single vision (pair) Bifocal (pair) Trifocal vision (pair) Multifocal (pair) contact lenses Contact lenses therapies* (2 month waiting period) Physiotherapy (initial/subsequent) Chiropractic (initial/subsequent) Osteopathy (initial/subsequent) Hypnotherapy Occupational therapy (initial/subsequent)	\$140 \$150 \$200 \$210 \$61/\$43 \$61/\$40 \$61/\$40 \$61/\$35 \$80 \$61/\$35	\$720 \$720 \$720 \$720 \$360 \$720	
Single vision (pair) Bifocal (pair) Trifocal vision (pair) Multifocal (pair) contact lenses Contact lenses therapies* (2 month waiting period) Physiotherapy (initial/subsequent) Chiropractic (initial/subsequent) Osteopathy (initial/subsequent) Hypnotherapy Occupational therapy (initial/subsequent) Speech therapy (initial/subsequent)	\$140 \$150 \$200 \$210 \$61/\$43 \$61/\$40 \$61/\$35 \$80 \$61/\$35 \$80 \$61/\$35	\$720 \$720 \$720 \$360 \$720 \$1850	year
Single vision (pair) Bifocal (pair) Trifocal vision (pair) Multifocal (pair) contact lenses Contact lenses therapies* (2 month waiting period) Physiotherapy (initial/subsequent) Chiropractic (initial/subsequent) Osteopathy (initial/subsequent) Hypnotherapy Occupational therapy (initial/subsequent) Speech therapy (initial/subsequent) Clinical psychology	\$140 \$150 \$200 \$210 \$61/\$43 \$61/\$40 \$61/\$35 \$80 \$61/\$35 \$80 \$61/\$35 \$80 \$61/\$35	\$720 \$720 \$720 \$360 \$720 \$1850 \$450	year
Single vision (pair) Bifocal (pair) Trifocal vision (pair) Multifocal (pair) contact lenses Contact lenses therapies* (2 month waiting period) Physiotherapy (initial/subsequent) Chiropractic (initial/subsequent) Osteopathy (initial/subsequent) Hypnotherapy Occupational therapy (initial/subsequent) Speech therapy (initial/subsequent) Clinical psychology Ante natal/post natal physiotherapy	\$140 \$150 \$200 \$210 \$61/\$43 \$61/\$40 \$61/\$35 \$80 \$61/\$35 \$80 \$61/\$35 \$30-\$140 70%	\$720 \$720 \$720 \$360 \$720 \$1850 \$450 \$105	year
Single vision (pair) Bifocal (pair) Trifocal vision (pair) Multifocal (pair) contact lenses Contact lenses therapies* (2 month waiting period) Physiotherapy (initial/subsequent) Chiropractic (initial/subsequent) Osteopathy (initial/subsequent) Hypnotherapy Occupational therapy (initial/subsequent) Speech therapy (initial/subsequent) Clinical psychology Ante natal/post natal physiotherapy	\$140 \$150 \$200 \$210 \$61/\$43 \$61/\$40 \$61/\$35 \$80 \$61/\$35 \$80 \$61/\$35 \$80 \$61/\$35	\$720 \$720 \$720 \$360 \$720 \$1850 \$450	year
Single vision (pair) Bifocal (pair) Trifocal vision (pair) Multifocal (pair) contact lenses Contact lenses therapies* (2 month waiting period) Physiotherapy (initial/subsequent) Chiropractic (initial/subsequent) Osteopathy (initial/subsequent) Hypnotherapy Occupational therapy (initial/subsequent) Speech therapy (initial/subsequent) Clinical psychology Ante natal/post natal physiotherapy Podiatry (excl. artificial aids: e.g. orthotics)	\$140 \$150 \$200 \$210 \$61/\$43 \$61/\$40 \$61/\$35 \$80 \$61/\$35 \$80 \$61/\$35 \$30-\$140 70%	\$720 \$720 \$720 \$360 \$720 \$1850 \$450 \$105	year
Single vision (pair) Bifocal (pair) Trifocal vision (pair) Multifocal (pair) contact lenses Contact lenses therapies* (2 month waiting period) Physiotherapy (initial/subsequent) Chiropractic (initial/subsequent) Osteopathy (initial/subsequent) Hypnotherapy Occupational therapy (initial/subsequent) Speech therapy (initial/subsequent) Clinical psychology Ante natal/post natal physiotherapy Podiatry (excl. artificial aids: e.g. orthotics) Audiology	\$140 \$150 \$200 \$210 \$61/\$43 \$61/\$40 \$61/\$35 \$80 \$61/\$35 \$80 \$61/\$35 \$95/\$46 \$30-\$140 70% \$30-\$50	\$720 \$720 \$720 \$360 \$720 \$1850 \$450 \$105 \$400	year
Single vision (pair) Bifocal (pair) Trifocal vision (pair) Multifocal (pair) contact lenses Contact lenses therapies* (2 month waiting period) Physiotherapy (initial/subsequent) Chiropractic (initial/subsequent) Osteopathy (initial/subsequent) Hypnotherapy	\$140 \$150 \$200 \$210 \$61/\$43 \$61/\$40 \$61/\$35 \$80 \$61/\$35 \$80 \$61/\$35 \$95/\$46 \$30-\$140 70% \$30-\$50 \$60	\$720 \$720 \$720 \$360 \$720 \$1850 \$450 \$105 \$400 \$360	year

^{*} 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.

description	70% of the cost up to the per service benefit below	overall limits	benefit period	
alternative therapies* (2 month waiting period)				
Natural therapies Buteyko, Herbal Medicine Consultations, Homeopathy, Naturopathy, Nutrition		\$450		
Oriental therapies Acupressure, Acupuncture, Chinese Herbal Medicine Consultation, Chinese Massage, Kinesiology, Reflexology, Shiatsu, Traditional Chinese Medicine Consultation	\$33	\$450	calendar year	
Massage therapies Alexander Technique, Aromatherapy, Bowen Therapy, Deep Tissue Massage, Feldenkrais, Lymphatic Drainage, Myotherapy, Remedial Massage, Rolfing, Sports Massage, Swedish Massage, Therapeutic Massage		\$450		
general health* (2 month waiting period)				
Blood glucose accessories	70%	\$320	calendar	
Home visits by Registered Nurse	\$120 (>4 hrs) \$80 (<4 hrs)	\$2800	year	
Non-pharmaceutical benefits scheme drugs requiring a prescription by law	100% less the current government prescribed PBS co-payment up to \$150 per prescription	\$1000	calendar year	
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-\$1000	\$1000		
Hearing aids	70%	\$1600	any 3 years	
Blood pressure monitor, nebuliser, glucometer	70%	\$500	o years	

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



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)				
Bone density tests	\$200 calendar year			
Skin cancer screening				
Bowel/prostate cancer screening				
Eye Screenings				
health management*				
Quit smoking programs ²	\$100 calendar year			
Weight management programs ²				
Stress management courses ²				
Yoga ¹				
Pilates ¹				
Gym membership/personal training ¹	\$115/\$100	calendar year		

- ¹ CBHS can only pay a benefit for gym membership/personal trainer/pilates/yoga where the gym/personal trainer/yoga/pilates service is provided as part of a health management program, certified by your GP or a recognised provider confirming that the gym/personal trainer/yoga/pilates program is a health management program. Approval form is available from CBHS website. Please note that GP consultations are not covered by CBHS.
- ² Must be approved by CBHS.
- * 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.

This information must be read in conjunction with your CBHS Health Benefit Fund Rules, available at cbhs.com.au. Please read carefully and retain for future reference.



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 3 and 5 year period are entitled to have the benefit renewed on the same date which the service was performed respectively.

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, dentures and implants	6 months
All other services	2 months



dental choice network

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 selected services.

optical choice network

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.