

Basic Extras

(only available with a Hospital cover)

Basic Extras is designed for those who live a healthy and active lifestyle and want affordable Extras cover just for the basics.

	70% OF THE COST UP TO THE PER SERVICE BENEFIT BELOW	OVERALL LIMITS	BENEFIT PERIOD		
DENTAL** (2 MONTH WAITING PERIOD)					
Preventative Dental					
Oral examinations (011,012,013)	\$35-\$45	\$210	calendar year		
X-ray (022)	\$28				
Removal of plaque (111)	\$41				
Removal of calculus (114,115)	\$65-\$70				
Fluoride application (121)	\$25				
Mouthguard (151,153)	\$130-\$150				
Fissure sealing (161)	\$34				
General Dental					
Fillings	\$81-\$150	\$170	calendar year		
Consultations and examinations	\$28-\$40				
X-rays	\$21-\$60				
Extractions or surgical dental	\$50-\$170				
PRESCRIBED OPTICAL APPLIANCES* (6 MONTH WAITING PERIOD)					
Frames					
Frames	\$70	\$200	calendar year		
Lenses					
Single vision (pair) (212)	\$70				
Bifocal (pair) (312)	\$60				
Trifocal vision (pair) (412)	\$60				
Multifocal (pair) (512)	\$70				
Contact lenses					
Contact lenses (852)	\$140				
THERAPIES* (2 MONTH WAITING PERIOD)					
Physiotherapy (initial/subsequent)	\$61/\$43	\$200	calendar year		
Chiropractic (initial/subsequent)	\$61/\$40				
Osteopathy (initial/subsequent)	\$61/\$35				
Dietitian	\$15-\$75	\$115	calendar year		
Oriental therapies - Acupressure, acupuncture, Chinese herbal medicine consultation, Chinese massage, traditional Chinese medicine consultation	\$33	\$200	calendar year		
Massage therapies - Deep tissue massage, lymphatic drainage, myotherapy, remedial massage, sports massage, Swedish massage, therapeutic massage					
GENERAL HEALTH* (2 MONTH WAITING PERIOD)					
Blood glucose accessories	70%	\$100	calendar year		
Non-Pharmaceutical Benefits Scheme (PBS) drugs requiring a prescription by law	(100% less the current prescribed PBS co-payment for general patients, up to \$75 per prescription)	\$200	calendar 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.

** Benefits are not payable for Do-It-Yourself (DIY) dentistry including whitening kits, aligners and occlusal splints. Please contact us to confirm whether a benefit is payable.

CBHS Corporate Health Wellness Benefits

CBHS Corporate Health 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)	\$200	calendar year
Bone density tests		
Skin cancer screening		
Bowel/prostate cancer screening		
Eye screenings		
Health Management*		
Quit smoking programs ¹	\$100	calendar year
Weight management programs ¹		
Stress management courses ¹		
Gym membership/ personal training ²	\$115 (\$100 sub limit on personal training)	calendar year

1. Must be approved by CBHS Corporate Health.

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

* CBHS Corporate Health is only able to pay a benefit towards selected scans, screenings and tests when they are NOT covered by Medicare. Your GP or provider will be able to advise you if your scan, screen or test meets Medicare criteria for benefits.

Understanding your Extras cover

How do my Extras benefits work?

Basic 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.

Below is an example of how the Extras benefits work, depending on what the dentist charges:

- Dentist fee = \$60
- 70% of dentist fee = \$42, which is more than the service limit (\$36)
- Benefit payable = \$36

Benefit Period

Each category of services has an overall limit on the amount you can claim. Most limits are based on per person per calendar year, unless otherwise stated in the tables above.

Extras Waiting Periods

EXTRAS WAITING PERIODS	CALENDAR MONTHS
Prescribed optical appliances	6 months
All other services	2 months

Choice Network

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 Corporate Health benefit. By choosing to use a dentist in our Choice Network you will have no out-of-pocket expenses for these 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 limit 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.

Manage your cover online

You can manage your membership online by visiting our website at cbhscorporatehealth.com.au

- Update your personal details
- Check progress of a claim
- Check your Extras limits
- Submit a claim online
- View claims history and much more!

Option to keep a non-student dependant covered

Basic Extras also provides an option to keep your non-student dependants covered up to the age of 25 on your cover providing they meet the non-student dependant criteria. An additional contribution amount is payable to enable this option. More information is available at cbhscorporatehealth.com.au.