

# Ultimate Extras 75

(only available with a Hospital cover)

Ultimate Extras 75 covers a wide range of services with higher overall limits and giving 75% back of the cost of the service up to the overall limit.

DESCRIPTION	WAITING PERIOD	PER SERVICE BENEFIT (UP TO OVERALL LIMIT)	OVERALL LIMIT (PER PERSON)	BENEFIT PERIOD
<b>DENTAL**</b>				
<b>Preventative &amp; general dental</b> (e.g. oral examination, scale & clean, fluoride treatment, x-ray, mouthguard, simple filling, simple and surgical extraction)	2 months	75% of the cost	\$2,000	calendar year
<b>Major dental</b> (e.g. periodontics, endodontics, inlays/onlays/facings/veneers, occlusal therapy, dentures, crowns, bridges & implants)	12 months		\$1,200	calendar year
<b>Orthodontia</b> (e.g. braces to straighten teeth)	12 months		\$900 annual limit (\$2,700 lifetime limit)	lifetime
<b>OPTICAL*</b>				
<b>Prescribed optical appliances</b> (e.g. frames, glasses, contact lenses)	6 months	75% of the cost	\$250	calendar year
<b>THERAPIES*</b>				
Physiotherapy (includes antenatal/postnatal)	2 months	75% of the cost	\$600	calendar year
Chiropractic & osteopathy			\$250	
Podiatry (excluding artificial aids e.g. orthotics)			\$400	
Clinical psychology			\$500	
Exercise physiology				
Occupational therapy				
Speech therapy			\$250	
Audiology			\$250	
Dietitian				
Eye therapy				
<b>ALTERNATIVE THERAPIES*</b>				
Oriental therapies (Acupressure, acupuncture, Chinese herbal medicine consultation, Chinese massage, traditional Chinese medicine consultation)	2 months	75% of the cost	\$250	calendar year
Massage therapies (Deep tissue massage, lymphatic drainage, myotherapy, remedial massage, sports massage, swedish massage, therapeutic massage)				
<b>GENERAL HEALTH*</b>				
Non-PBS pharmaceutical prescription (less the current prescribed PBS co-payment for general patients)	2 months	75% of the cost up to \$75 per prescription	\$450	calendar year
Home nursing (visits by registered nurse)		75% of the cost up to \$120 (>4 hrs) or \$80 (<4 hrs)		
Travel & accommodations*		75% of the cost for accommodation (on single room rate), airfare, train, bus or 15c per km for car	\$250	
<b>AIDS &amp; APPLIANCES*</b> (referred by a doctor and recognised by CBHS Corporate Health)				
Artificial aids	12 months	75% of the cost	\$350 (per service limit of \$150)	any 3 years
Health care appliances			\$350 (per service limit of \$150)	
Hearing aids			\$900	

\* 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.

\* 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 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 MONTHS WAITING PERIOD)	BENEFITS ARE 75% OF THE COST UP TO MAXIMUM CATEGORY LIMIT	
	OVERALL LIMIT	BENEFIT PERIOD
<b>HEALTH CHECKS*</b>		
Breast examinations (e.g. mammograms/x-rays)	\$250	calendar year
Bone density tests		
Skin cancer screening		
Bowel/prostate cancer screening		
Eye screenings		
<b>HEALTH MANAGEMENT*</b>		
Quit smoking programs <sup>1</sup>	\$150	calendar year
Weight management programs <sup>1</sup>		
Stress management courses <sup>1</sup>		
Gym membership/ personal training <sup>2</sup>		

<sup>1</sup> Must be approved by CBHS Corporate Health.

<sup>2</sup> 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 provides benefits towards scans, screenings and tests, where members take a proactive way to manage their health, but only where these do not attract a benefit from Medicare. We are only able to pay a benefit for 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's criteria for benefits.

## Choice Network

### Dental Choice Networks

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 the network you will have no out-of-pocket expenses for these selected services.

### Optical Choice Networks

By visiting an optical Choice Network provider, you receive benefits of 100% of the cost for all optical frames, lenses and contact lenses from a selected range, up to the maximum 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.

## Understanding your Extras cover

Ultimate Extras 75 benefits are based on 75% of the cost the provider charges you up to an overall limit.

### Benefit Period

Each group of services within Extras 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 year period are entitled to have the benefit renewed on the same date which the service was performed respectively.

Benefits which attract a 'lifetime' period; lifetime means the period commencing on the date the member was first insured and ceases to be insured by CBHS Corporate Health (irrespective of any suspension of membership or other period without cover).

### Extras Waiting Periods

DESCRIPTION	CALENDAR MONTHS
Major dental, Orthodontia, Artificial aids, Health care appliances, Hearing aids	12 months
Prescribed optical appliances	6 months
All other services	2 months

### Option to Keep a Non-Student Dependant Covered

Ultimate Extras 75 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.