

Fund Name:	CBHS Health Fund Limited	
Postal Address:	Locked Bag 5014, Parramatta NSW 2150	
Telephone:	1300 654 123	
Facsimile:	(02) 9843-7676 (02) 9843-7677	
Email:	help@cbhs.com.au	
Email for Certificates:	hospital.claims@cbhs.com.au	
Chief Executive Officer:	Helen Troup	
Claims Enquiries:	1300 654 123	
Membership Enquires:	1300 654 123	
Patient Eligibility Checks:	www.cbhs.com.au	
CBC merged into CBH from 1 June 2026	HELPER is an online service for hospitals to perform patient eligibility checks. If you do not have a password please call our Member Services on 1300 654 123 and ask to be transferred to Provider Relations to begin the registration process. Registration is effective immediately.	

Table:	Comprehensive Hospital (Gold)
Description:	Private hospital cover
Excess:	Nil
Co-payment:	Nil
Table:	Comprehensive Hospital 70 (Gold)
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:	Comprehensive Hospital 100 (Gold)
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:	Comprehensive Hospital \$750 Excess (Gold)
Description:	Private hospital cover
Excess:	\$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.
Co-payment:	Nil
Description:	Hospital A Excess (Gold)
Excess:	Private hospital cover \$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.
Co-payment:	\$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.
Table:	Prestige (Gold)
Description:	Private hospital cover
Excess:	Nil
Co-payment:	Nil
Table:	LiveLife (Gold)
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:	Complete Gold Hospital \$0 Excess
Description:	Private hospital cover
Excess:	Nil
Co-payment:	Nil
Table:	Complete Gold Hospital \$500 Excess
Description:	Private hospital cover
Excess:	\$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.
Co-payment:	Nil
Table:	Complete Gold Hospital \$750 Excess
Description:	Private hospital cover
Excess:	\$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.
Co-payment:	Nil

Table:	Complete Gold Hospital \$100 Co-payment
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:	Advanced Silver Plus Hospital \$500 Excess
Description:	Private hospital cover with exclusions for selected clinical categories
Excess:	\$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.
Co-payment:	Nil
Table:	Advanced Silver Plus Hospital \$750 Excess
Description:	Private hospital cover with exclusions for selected clinical categories
Excess:	\$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.
Co-payment:	Nil
Table:	Active Hospital 100 (Silver Plus)
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:	Everyday Silver Plus Hospital \$500 Excess
Description:	Private hospital cover with exclusions for selected clinical categories
Excess:	\$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.
Co-payment:	Nil
Table:	Everyday Silver Plus Hospital \$750 Excess
Description:	Private hospital cover with exclusions for selected clinical categories
Excess:	\$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.
Co-payment:	Nil
Table:	StepUp (Bronze Plus)
Description:	Private hospital cover with exclusions for selected clinical categories
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:	Limited Hospital (Bronze Plus)
Description:	Private hospital cover with exclusions for selected clinical categories
Excess:	Nil
Co-payment:	Nil
Table:	Limited Hospital 70 (Bronze Plus)
Description:	Private hospital cover with exclusions for selected clinical categories
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:	Limited Hospital 100 (Bronze Plus)
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:	Hospital B Excess (Bronze Plus)
Description:	Private hospital cover with exclusions for selected clinical categories
Excess:	\$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.
Co-payment:	\$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.
Table:	Value Bronze Plus Hospital \$500 Excess
Description:	Private hospital cover with exclusions for selected clinical categories
Excess:	\$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.
Co-payment:	Nil

Table:	Value Bronze Plus Hospital \$750 Excess
Description:	Private hospital cover with exclusions for selected clinical categories
Excess:	\$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.
Co-payment:	Nil
Table:	Starter Basic Plus Hospital \$750 Excess
Description:	Private hospital cover with exclusions for selected clinical categories
Excess:	\$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.
Co-payment:	Nil
Table:	KickStart (Basic Plus)
Description:	Private hospital cover for selected clinical categories and public hospital cover for most clinical categories
Excess:	Nil
Co-payment:	\$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.
Table:	Basic Plus Hospital
Description:	Public hospital cover
Excess:	Nil
Co-payment:	Nil
Table:	Basic Plus Hospital \$500 Excess
Description:	Public hospital cover
Excess:	\$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.
Co-payment:	Nil
Table:	Basic Plus Hospital \$750 Excess
Description:	Public hospital cover
Excess:	\$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.
Co-payment:	Nil
Table:	FlexiSaver (Basic Plus)
Description:	Private hospital cover for selected clinical categories with exclusions for most clinical categories.
Excess:	\$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.
Co-payment:	Nil

CBHS Health Fund Limited complete list of CBHS products from 1 June 2026

	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

✓	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