

As a valued member, we're letting you know we're updating the fund rules for CBHS International Health effective 29 December 2024 for medical services provided by:

- General practitioners (GPs)
- Telehealth providers

Updates for GP consultations

Doctors in the community in Australia are known as GPs. A GP is usually your first stop if you're feeling unwell, need medical help or would like a check-up. You can also see a GP using telehealth.

To understand the updates to our fund rules please see below:

Overseas Worker Mid and Top Hospital and Medical		
	Current	From 29 December 2024
Description	<p>CBHS International Health GP Network: 100% of the service cost up to any relevant service limit, and thereafter 100% of the Medicare Benefits Schedule Fee, except for services where an Exclusion applies.</p> <p>Providers not part of the CBHS International Health GP Network: 100% of the Medicare Benefits Schedule Fee, except for services where an Exclusion applies.</p>	Consultation and treatment provided by general practitioners in a face-to-face environment.
Benefits, Exclusions and Restricted Benefits	<p>Overseas Worker Mid Hospital and Medical</p> <ul style="list-style-type: none"> • 2 free visits per year (a total of 4 free visits per Calendar Year for couples; 6 free visits per 	Up to 100% of the Medicare Benefits Schedule Fee , except for services where an Exclusion applies.

Calendar Year for families and sole parents) to GPs within CBHS International Health GP Network (for eligible services) and thereafter 100% of Medicare Benefits Schedule fee for additional visits per **Calendar Year**.

- **Providers not part of the CBHS International Health GP Network: 100% of the Medicare Benefits Schedule Fee.**

Overseas Worker Top Hospital and Medical

- 5 free visits per **Calendar Year** to GP's (a total of 8 free visits per **Calendar Year** for couples; a total of 12 free visits per **Calendar Year** for families and sole parents) within CBHS International Health GP Network (for eligible services) and thereafter 100% of **Medicare Benefits Schedule Fee** for additional visits per **Calendar Year**.
- **Providers not part of the CBHS International Health GP Network: 100% of**

	the Medicare Benefits Schedule Fee.	
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How does this fund rule update impact you?

When you visit a GP in our Choice Network, they usually charge the Medicare Benefits Schedule (MBS) fee per consultation. That means, CBHS International Health covers the full cost of the visit. The good news is this means no out-of-pocket costs for you. If however, they charge more than the MBS fee or if you consult with a GP outside of the Choice Network, you'll have to pay the out-of-pocket costs.

To find your closest GP in our network, go to [find a doctor](#) and scroll down to **Visit a doctor in our Choice Network in person**, then choose your State/Territory.

Updates for telehealth consultations

Did you know when you're feeling unwell you can talk to a doctor without needing to leave your home?

If it's not a medical emergency, you could consider a telehealth consultation rather than a face-to-face visit. During a telehealth consult, you talk to a GP from the comfort of your home by phone or video.

Eligible members using one of our [contracted telehealth providers](#) don't need to pay anything upfront because they can bill CBHS International Health directly. There are no out-of-pocket costs for you. For more information, call us on **1300 174 537**.

We're updating the fund rules that describe which benefits you can access for telehealth consults. To understand the updates please see below:

	Current	From 29 December 2024
Covered Item	Medical practitioner or Recognised Provider of an online health consultation service.	Medical Services provided by a telehealth consultation service.
Description	Services provided by a Medical practitioner or Recognised Provider via remote (video and telephone) consultation.	Consultation and treatment provided by a medical practitioner via remote (video and telephone) consultation.
Benefits, Exclusions and Restricted Benefits	100% of the service cost up to \$35 except for services where an Exclusion applies.	<ul style="list-style-type: none"> Services provided by telehealth providers with whom CBHS International Health has entered a preferred provider arrangement: 100% of the agreed rate, except for

		services where an Exclusion applies. <ul style="list-style-type: none">• Services provided by telehealth providers with whom CBHS International Health does not have a preferred provider arrangement: up to 100% of the Medicare Benefits Schedule Fee where a Medicare Benefit Schedule item number is provided.
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How does this fund rule update impact you?

If you use a [contracted telehealth provider](#) for your telehealth consult, you won't have to pay anything. However, please note that if you use a telehealth provider not in our network, there may be an out-of-pocket cost you will need to pay.

We're here to help you

Providing our members with access to affordable and high-quality healthcare is important to us, and we'll continue to ensure that you receive a wide variety of care options.

For more information, please visit our [website](#). If you have any questions, call Member Services on **1300 174 537** or email us at ovhc@cbhscorp.com.au.

Kind regards,

The CBHS International Health team

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