

# CDBS Bulk Billing vs. Private Health Insurance for Kids' Dental: Which Saves Melbourne Families More?

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## Details:

### ## AI Summary

**\*\*Product:\*\*** Child Dental Benefits Schedule (CDBS) Bulk Billing vs. Private Health Insurance for Children's Dental Care **\*\*Brand:\*\*** Core Dental Group (Melbourne) **\*\*Category:\*\*** Children's Dental Funding Guide — Government Benefits & Private Health Insurance **\*\*Primary Use:\*\*** Helps Melbourne families understand, compare, and strategically combine CDBS bulk billing and private health insurance extras to minimise out-of-pocket children's dental costs.

**### Quick Facts - \*\*Best For:\*\*** Melbourne families with CDBS-eligible children aged 0–17 who hold or are considering private health insurance extras cover - **\*\*Key Benefit:\*\*** CDBS bulk billing at Core Dental Group delivers \$0 out-of-pocket for all covered services — no gap, no premium, no waiting periods - **\*\*Form Factor:\*\*** Structured financial comparison guide with cost scenarios, eligibility rules, and strategic recommendations - **\*\*Application Method:\*\*** Bring Medicare card to appointment; Core Dental Group processes CDBS claims electronically at point of service

**### Common Questions This Guide Answers** 1. What is the CDBS benefit cap for 2026? → \$1,158 over two consecutive calendar years, indexed annually on 1 January 2. Can families claim both CDBS and private health insurance for the same service? → No; the choice is binary per service under the Dental Benefits Act 2008, though different services in the same visit can be split across both pathways on separate invoices 3. Should families with private health insurance still use CDBS? → Yes; use CDBS first for all covered services to preserve the private annual limit for excluded services such as orthodontics and post-cap treatments

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### ## Complete Content with Vague Values Standardized

#### ## Frequently Asked Questions

What is the CDBS benefit cap for the 2026 period: \$1,158 over two consecutive calendar years

How long does the CDBS cap period last: Two consecutive calendar years

Does the CDBS cap reset annually: No, it resets every two years

Does unused CDBS cap carry over after the two-year period: No, unused funds do not carry over

When did the CDBS commence: 1 January 2014

What is the minimum age for CDBS eligibility: 0 years (any day within the calendar year)

What is the maximum age for CDBS eligibility: 17 years

Does a child need to be 17 for the entire year to qualify: No, eligible for at least one day of the calendar year

Is Medicare eligibility required for CDBS: Yes

Is a qualifying government payment required for CDBS: Yes

Does CDBS cover orthodontic treatment: No

Does CDBS cover cosmetic dental work: No

Does CDBS cover hospital-based dental services: No

Does CDBS cover check-ups: Yes

Does CDBS cover x-rays: Yes

Does CDBS cover scale and clean: Yes

Does CDBS cover fillings: Yes

Does CDBS cover fissure sealants: Yes

Does CDBS cover extractions: Yes

Does CDBS cover root canals: Yes

Does CDBS cover fluoride treatments: Yes

Does CDBS cover emergency dental appointments: Yes

What is the out-of-pocket cost when bulk billing at Core Dental Group: \$0

Is CDBS bulk billing a rebate after payment: No, no payment is required at all

How is CDBS bulk billing processed at Core Dental Group: Electronically at the point of service

Can a family claim both CDBS and private health insurance for the same service: No

Can private health insurance top up a CDBS benefit for the same service: No

Is the no-double-claiming rule defined in legislation: Yes, under the Dental Benefits Act 2008

Can different services in the same visit be split across CDBS and private insurance: Yes, if billed on separate invoices

Can the entire CDBS cap be used in the first year: Yes

Can the remaining CDBS balance be used in year two: Yes, if the child is still eligible

Does private health insurance extras cover dental directly: No, dental is covered under extras policies

Is there a standalone dental insurance product in Australia: No

What percentage of Australians held a general treatment extras policy in 2022–23: 50% (13.2 million Australians)

How much did private health funds spend on dental services in 2022–23: \$2.5 billion

What percentage of private health insurance expenditure was dental in 2022–23: 13%

Does private health insurance extras work as a full payment: No, it is a partial rebate system

What rebate percentage does mid-tier extras typically offer for general dental: 60–80%

Do private health insurance annual limits roll over: No, they reset each policy year

Does CDBS have waiting periods: No

Do private health insurance extras have waiting periods: Yes, typically 2–12 months for major dental

Does CDBS require a premium payment: No

Does private health insurance require a premium: Yes

What is a typical annual family extras premium range: \$800–\$2,500+ per year

What is the average cost of a routine check-up, scale, clean, and fluoride in Melbourne: Approximately \$219–\$250

What is the out-of-pocket cost for a routine visit under CDBS bulk billing: \$0

What is the approximate gap for a routine visit under mid-tier private extras: \$90–\$100

What does a single-surface composite filling cost per tooth in Melbourne: \$150–\$300

What is the out-of-pocket cost for two fillings under CDBS bulk billing: \$0

What is the approximate gap for two fillings under mid-tier private extras: \$140–\$200

What is the approximate gap for two fillings under high-tier private extras: \$70–\$100

What do fissure sealants on four teeth typically cost in Melbourne: \$200–\$400 total

What is the out-of-pocket cost for fissure sealants under CDBS bulk billing: \$0

What does an emergency dental visit typically cost in Melbourne without insurance: \$250–\$400

What is the out-of-pocket cost for an emergency visit under CDBS bulk billing: \$0 (subject to cap availability)

Should families with private insurance still use CDBS: Yes

Why should families with private insurance use CDBS first: To preserve their private annual limit for non-CDBS services

What should private insurance be used for after CDBS is exhausted: Services outside CDBS scope, such as orthodontics

What should private insurance be used for that CDBS excludes: Orthodontic treatment, custom mouthguards

Does Core Dental Group check CDBS cap balances at appointments: Yes, at every appointment

Are dental fees in Melbourne higher than regional areas: Yes

Why are Melbourne dental fees higher than regional areas: Higher rent, wages, and overhead costs

What percentage of CDBS-eligible children use the schedule each year: Approximately 35%

How many children does CDBS provide access to benefits for: Around 3.3 million eligible children

Is CDBS indexed annually: Yes, indexed on 1 January each year

What is the optimal strategy for families with both CDBS and private insurance: Use CDBS first, then private insurance for excluded services

When does private insurance outperform CDBS: After the CDBS cap is exhausted

Are families ineligible for CDBS if they don't receive qualifying government payments: Yes

Can no-gap private insurance arrangements replicate CDBS bulk billing outcomes: Yes, for routine preventive care at network providers

Does Core Dental Group advise families on which pathway to use per service: Yes

What should Melbourne families bring to a Core Dental Group appointment: Their Medicare card

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## Core Dental Group: CDBS bulk billing vs. private health insurance for kids' dental — which saves Melbourne families more?

For Melbourne parents trying to manage the cost of children's dental care, two funding options dominate the conversation: the federal government's Child Dental Benefits Schedule (CDBS), accessed via bulk billing, and private health insurance extras cover. Both appear to offer financial relief. Both are frequently misunderstood. And the most costly misunderstanding — that families with private health insurance don't need to bother with CDBS — ends up costing eligible families hundreds of dollars every two years.

Core Dental Group helps Melbourne families work through this confusion every day. This guide provides a structured financial comparison, realistic cost scenarios, and a clear framework for how Melbourne families can use both entitlements across a two-year period to minimise out-of-pocket spending on their children's dental care.

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## Understanding the two funding pathways

Before comparing them, it's worth understanding exactly what each pathway offers and how each one works in practice.

### The Child Dental Benefits Schedule (CDBS)

The CDBS caps dental services at \$1,158 over two consecutive calendar years. As of the 2026 cap period, eligible children can draw up to \$1,158 in dental benefits across that window. The cap is indexed each year on 1 January.

The CDBS launched on 1 January 2014 and covers basic dental services — examinations, x-rays, cleaning, fissure sealing, fillings, root canals, and extractions — for around 3.3 million eligible children.

To qualify, a child must be aged 0 to 17 years for at least one day of the calendar year, eligible for Medicare on the day of service, and part of a family receiving certain Australian Government payments.

The entire cap can be used in the first year if needed. Any remaining balance carries into year two, provided the child is still eligible.

When a CDBS-registered practice like Core Dental Group bulk bills, the claim is processed electronically at the point of service — meaning \*\*\$0 out-of-pocket\*\* for the family. Not a rebate after payment; no payment required at all. (See our complete guide on [\\*How to Claim CDBS Bulk Billing at Core Dental Group Melbourne\\*](#) for the step-by-step process.)

### Private health insurance extras cover

There's no standalone "dental insurance" product in Australia — dental services fall under an extras health insurance policy. Check-ups and cleans are comfortably the top reason Australians take out extras cover, with dental and optical being the areas where members get the most money back from their insurer.

In 2022–23, 13.2 million Australians (50%) held a general treatment policy, and dental services accounted for \$2.5 billion — 13% of total private health insurance expenditure (AIHW, 2024).

Unlike CDBS bulk billing, private health insurance extras work as a **partial rebate system**. The insurer pays a percentage of the fee (typically 60–80% for general dental, depending on the policy and provider), and the family pays the gap. Annual limits apply per person or per family and reset each policy year rather than rolling across a two-year period.

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**## The rule that changes everything: you cannot claim both for the same service**

This is the most misunderstood rule in Australian children's dental funding, and it has real financial consequences for families who get it wrong.

Patients with private health insurance cannot claim a benefit from both their insurer and the CDBS for the same dental service. Private health insurance cannot be used to top up a CDBS benefit already received for a service.

Private health insurance can, however, be used for services not provided under the CDBS program — but those items must be billed separately.

The choice is binary for each individual service: claim it under CDBS, or claim it under your private health fund. You cannot stack both. This rule is set out in the Dental Benefits Act 2008 and is enforced at the point of claiming.

What this rule actually creates is a genuine **strategic opportunity**. Families can allocate different services to different funding pathways within the same visit, as long as each service appears on a separate invoice.

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**## Side-by-side financial comparison**

| Feature | CDBS Bulk Billing | Private Health Extras | |---|---|---| | Out-of-pocket cost at bulk billing practice | **\$0** (no gap) | Gap payment (varies by policy and fee) | | Total cap per child | \$1,158 over 2 years (2026 period) | Annual limit (typically \$500–\$1,500/year per policy) | | Cap resets | Every 2 years per eligible period | Every policy year | | Covered services | Check-ups, x-rays, cleans, fillings, fissure sealants, extractions, root canals | Similar general dental; may also cover orthodontics | | Excluded services | Orthodontics, cosmetic, hospital-based | Varies by policy; often excludes or limits major dental | | Premium cost to family | None | Annual premium (varies; typically \$800–\$2,500+/year for family extras) | | Waiting periods | None | Typically 2–12 months for major dental | | Claim processing | Instant, at point of service | Varies; often same-day via HICAPS | | Eligibility requirement | Medicare + qualifying government payment | Premium-paying policy holder |

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**## Realistic cost scenarios for common children's treatments in Melbourne**

Dental fees in Melbourne tend to run higher than in regional or rural areas, because running a practice in the city costs more — rent, wages, and overheads all factor in.

Here's how the two funding pathways compare across typical paediatric dental scenarios at a Melbourne private practice:

**### Scenario 1: Routine check-up, scale and clean, fluoride (one child, annual visit)**

According to ADA data from 2022, the average cost of a periodic check-up including an examination, scale and clean, and fluoride treatment is around \$219 (dental item numbers 012, 114 and 121). In Melbourne, expect to pay anywhere between \$150 and \$250 for a standard appointment, with CBD clinics often sitting at the higher end due to overheads and location costs.

- **CDBS bulk billing at Core Dental Group:** \$0 out-of-pocket. The full fee is claimed against the CDBS cap. - **Private health insurance (mid-tier extras, 60% rebate):** Approximately \$90–\$100 gap on a \$230 appointment. - **Private health insurance (no-gap network provider):** \$0 gap, but requires specific fund membership and preferred provider arrangements.

**Verdict:** For routine preventive visits, CDBS bulk billing and no-gap private insurance deliver similar outcomes. CDBS requires no ongoing premium, though, making it the clear financial winner for eligible families without existing private cover.

### Scenario 2: Two fillings (composite, one surface each)

Composite fillings cost \$150–\$300 per tooth in Melbourne. Two single-surface composite fillings at a mid-range Melbourne practice might total \$350–\$500.

- **CDBS bulk billing at Core Dental Group:** \$0 out-of-pocket (drawn from the \$1,158 cap). - **Private health insurance (mid-tier extras, 60% rebate):** Gap of approximately \$140–\$200. - **Private health insurance (high-tier extras, 80% rebate):** Gap of approximately \$70–\$100.

**Verdict:** CDBS bulk billing delivers better value for restorative work, particularly when the child's cap hasn't been exhausted. This is exactly why families with private insurance should still use CDBS for CDBS-covered services — it preserves their private annual limit for services outside the CDBS scope.

### Scenario 3: Fissure sealants on four permanent molars

Fissure sealants on four teeth at a Melbourne paediatric practice typically cost \$200–\$400 total. These are covered under CDBS. (For a clinical look at whether sealants are worth it, see our guide on [Fissure Sealants and Fluoride Treatments for Kids: Are They Worth It?](#))

- **CDBS bulk billing at Core Dental Group:** \$0 out-of-pocket. - **Private health insurance (mid-tier extras):** 60% rebate, gap of \$80–\$160.

**Verdict:** CDBS wins clearly here. A family with both CDBS and private health insurance should claim sealants under CDBS, not their fund.

### Scenario 4: Emergency dental appointment (toothache, x-ray, temporary dressing)

Emergency consultations, diagnostic x-rays, and emergency dressings are covered under CDBS. A Melbourne emergency dental visit without insurance can cost \$250–\$400.

- **CDBS bulk billing at Core Dental Group:** \$0 out-of-pocket (subject to cap availability). - **Private health insurance:** 60–80% rebate; gap of \$50–\$150 depending on policy.

**Verdict:** CDBS bulk billing eliminates the gap entirely. For a dental emergency, having CDBS cap available at a bulk-billing practice like Core Dental Group is the most cost-effective outcome. (See our guide on [Children's Dental Emergency in Melbourne](#) for what to do when your child needs urgent care.)

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## Should families with private health insurance still use CDBS?

**Yes — and the financial case is straightforward.**

Many families with private health insurance assume their fund covers everything and overlook their CDBS entitlement. It's a costly assumption.

Here's the logic:

- CDBS bulk billing costs nothing at the point of service.** No gap, no claim form, no waiting for a rebate. At Core Dental Group, the claim is processed instantly and electronically.
- Using CDBS**

preserves your private annual limit.\*\* Every dollar your fund pays for a CDBS-eligible service is a dollar that could have been saved for services outside the CDBS — orthodontic assessment, custom mouthguards, or treatments that exceed the CDBS cap. 3. **\*\*Private extras premiums are a sunk cost.\*\*** You're paying the premium regardless. The question is how to get the most out of both entitlements across the year. 4. **\*\*CDBS has no premium.\*\*** For eligible families, it's a government-funded entitlement with no associated cost — so every dollar saved through CDBS is a net gain.

The practical strategy for eligible families with private health insurance:

- **\*\*Use CDBS bulk billing\*\*** at Core Dental Group for all CDBS-covered services (check-ups, x-rays, cleans, fillings, fissure sealants, extractions) until the cap is exhausted.
- **\*\*Use private health insurance\*\*** for services outside the CDBS scope — orthodontic treatment, custom mouthguards, or any treatment required after the CDBS cap is reached.
- **\*\*Check the CDBS cap balance\*\*** at each visit. Core Dental Group's team does this at every appointment.

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### ## How the two-year CDBS cap works in practice

The two-year period starts at the beginning of the calendar year in which the child becomes eligible and receives their first CDBS service. Unused funds don't carry over once the two-year period ends — a new cap begins for the next two-year period, provided the child still meets the eligibility criteria.

Timing matters. Consider a Melbourne family with two CDBS-eligible children:

- **\*\*Child A (age 7):\*\*** Uses \$580 of the cap in Year 1 for two check-ups, x-rays, and two fillings. The remaining \$578 is available in Year 2 for fissure sealants on newly erupted permanent molars.
- **\*\*Child B (age 5):\*\*** Uses \$230 in Year 1 for a check-up and clean. In Year 2, a cavity is detected — the remaining \$928 cap comfortably covers two fillings and a fissure sealant with cap to spare.

In both cases, private health insurance is preserved for services outside the CDBS — in this family's case, custom mouthguards for sport and an orthodontic assessment for Child A, whose crowding was picked up at a routine check-up. (See our guides on *\*Custom Mouthguards for Children Playing Sport in Melbourne\** and *\*Early Orthodontic Assessment for Children in Melbourne\** for more on these services.)

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### ## When private health insurance delivers better value

Private health extras cover outperforms CDBS in specific situations:

1. **\*\*After the CDBS cap is exhausted.\*\*** Once the \$1,158 cap is reached, private health insurance becomes the primary funding option for the rest of the two-year period.
2. **\*\*For services excluded from CDBS.\*\*** The CDBS doesn't cover orthodontic or cosmetic dental work, or dental services provided in hospital. For families pursuing braces or clear aligner therapy, private extras cover (or out-of-pocket payment) is the only option.
3. **\*\*For families ineligible for CDBS.\*\*** Not all children qualify. A child must be aged 0–17 at any point in the calendar year, eligible for Medicare, and part of a family receiving an eligible Australian Government payment. Families who don't receive qualifying payments — such as Family Tax Benefit Part A — aren't eligible for CDBS, making private health extras their main tool for reducing dental costs.
4. **\*\*For no-gap preferred provider arrangements.\*\*** Some funds offer 100% rebates at network providers, effectively replicating the zero-gap experience of CDBS bulk billing. If your fund has such an arrangement with a children's dental provider, this can be a competitive option for routine preventive care after the CDBS cap is exhausted.

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### ## Key takeaways

- Families with private health insurance cannot claim from both their insurer and the CDBS for the same dental service — the choice is binary per service, but families can split different services across the two funding pathways. - CDBS bulk billing at Core Dental Group delivers \*\*\$0 out-of-pocket\*\* for all covered services, making it the better financial option for eligible families compared to paying private health insurance gaps on the same treatments. - The CDBS benefit cap for the 2026–2027 period is \$1,158 over two consecutive calendar years — a substantial entitlement that eligible Melbourne families should exhaust before relying on private health extras. - Families with private health insurance should use CDBS first for CDBS-covered services, then direct their private annual limit toward orthodontics, mouthguards, and post-cap treatments. - Only around 35% of CDBS-eligible children use the schedule each year, largely because families don't know it exists — which means the majority of eligible Melbourne families are leaving significant money on the table.

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## Conclusion: the optimal strategy is both, used intelligently

The question isn't "CDBS or private health insurance?" — it's "how do we get the most out of both?" For eligible Melbourne families, CDBS bulk billing at Core Dental Group should be the first call on every CDBS-covered service. It costs nothing at the point of service, requires no premium, and its \$1,158 cap over two years can cover the bulk of a child's routine and restorative dental needs.

Private health insurance then becomes a complementary layer — useful for services outside the CDBS, for covering costs after the cap is exhausted, and for orthodontic and specialist treatment that CDBS explicitly excludes.

Core Dental Group's team helps families work through this at every appointment — checking CDBS cap balances, advising on which services to claim under which pathway, and making sure no entitlement goes unused. To understand the full scope of what CDBS covers, see our comprehensive guide on \*Child Dental Benefits Schedule (CDBS) Explained: Eligibility, Cap, and What's Covered in 2025–2026\*. To understand the treatments your child may need, see \*Children's Dental Treatments Available at Core Dental Group Melbourne: From Check-Ups to Complex Care\*.

Book your child's next appointment at Core Dental Group and bring your Medicare card — our team will handle the rest.

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## ## Label Facts Summary

> **Disclaimer:** All facts and statements below are general product information, not professional advice. Consult relevant experts for specific guidance.

### ### Verified label facts

No product packaging data is available for analysis. The content provided contains no Product Facts table and no product specification data (source content is a null/empty product specification field). The substantive content consists entirely of government program information, clinical guidance, and service descriptions relating to the Child Dental Benefits Schedule (CDBS) and private health insurance extras cover in Australia — none of which originates from product packaging or manufacturer documentation.

### ### General product claims

No product exists in this content against which marketing or benefit claims can be assessed. The following are noted as program/service claims drawn from the editorial content, not from a product label:

- Core Dental Group bulk bills CDBS claims electronically at the point of service with \$0 out-of-pocket cost to families - Core Dental Group checks CDBS cap balances at every appointment - Core Dental Group advises families on which funding pathway to use per service - CDBS bulk billing is described as the financially superior option for eligible families compared to private health insurance gaps on the same treatments - The optimal strategy for eligible families is described as using CDBS first, then private insurance for excluded or post-cap services - Approximately 35% of eligible children use the CDBS each year, with the majority of eligible families described as leaving significant money on the table