



reserve bank health society
simply better benefits

January 2019

Membership Guide

simply better benefits

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About the Reserve Bank Health Society



The Reserve Bank Health Society Limited (the RBHS) is a not-for-profit private health insurer fully owned by its members.

Membership is open to:

- current and former employees of the Reserve Bank of Australia (RBA) and Note Printing Australia (NPA) and their spouse and dependent children
- their former spouse and adult children

The RBHS has been providing private health insurance products and services since 1959.

The RBHS has a strong customer focus and is committed to meeting the needs of members by providing:

- **superior health benefits**
- **personalised high priority service**
- **a national network of service providers and hospitals.**

Our benefits are simply better. RBHS Extras cover pays some of the highest benefits - covering dental, optical, physiotherapy and a range of other general treatments.

Why join the RBHS?



- **Not-for-profit:** We focus on providing the highest possible benefits at the lowest possible premiums.
- **Employer contribution:** Eligible employees of the RBA can elect to receive an employer contribution towards their premium in lieu of salary. To check if you are eligible, call us on 1800 027 299.
- **High Extras cover:** Our benefits are simply better.
- **No excess** when admitted to hospital and no co-payments in almost all instances.
- **Exceptional member service:**
The RBHS achieved a 97.7% member satisfaction result for the 2017 Member Satisfaction Survey.
- **Health programs:** Access to free programs to help you stay in the best possible health and out of hospital
- **National coverage:** Access to an extensive national network of over 520 private hospitals and day surgeries and over 30,000 doctors.
- **Dependent children** are covered at no extra cost on a family membership up to the age of 18 (or 25 if they are studying or fully dependent on the member).

So if you want the highest possible benefits at the lowest possible premiums, you want the RBHS!

Private health insurance coverage



Private health insurance can be confusing, so if you would like some help while you are reading this membership guide, our customer service specialists are just a phone call away. Simply call our freecall number **1800 027 299** and we will help you navigate the health insurance maze.

Health insurance in Australia is divided into two main cost categories – health services which are covered by Medicare and those which are not.

Medicare covers a portion of the fees charged by doctors, general practitioners and specialists, whether for treatment in surgery, in hospitals or on house calls. Medicare also covers such items as anaesthesia, pathology and optometry charges. Items covered by Medicare cannot be covered by private health funds, except when a patient is admitted to a hospital, in which case, the RBHS may pay benefits towards the hospital and medical fees.

Most other healthcare costs can be covered by private health insurance, including hospital, dental, optical, pharmaceutical services and other general healthcare expenses.

The RBHS has two types of health insurance cover:

- **Gold Hospital**
- **Extras cover**

Members can choose to have Gold Hospital only or Extras only cover, but for comprehensive coverage we recommend a combination of Gold Hospital and Extras.

Health insurance is a little different from other kinds of insurance. It is a protection against routine health costs but, more importantly, it covers members against the unpredictable and often large costs associated with hospitalisation, particularly if an extended hospital stay is necessary. RBHS membership can bring considerable peace of mind.

It's your choice

This membership guide is designed to help you choose the right private health cover for you. Following the simple steps throughout this brochure will help you understand the different types of health cover the RBHS offers and will help you make the right choice to suit your personal needs.

New to private health insurance?



We can help you

We want to make choosing private health cover for you and your family as easy as possible. Just pick up the phone and call **1800 027 299** to speak to one of our customer service specialists. They will explain everything you need to know about health cover and help you choose the right cover to suit your personal needs and budget.

The health cover provided by the RBHS is specially designed to:

- cover you against high and rising hospital, medical and other healthcare costs at very competitive rates
- give you the option to select your doctor and avoid hospital waiting lists through access to private hospitals
- cover your dependent children on your family cover until the age of 18 (or 25 if they are studying full-time, part time and/or fully dependent on the member) at no extra charge.

If you are new to health cover, there are a few important things you need to be aware of:

- **Private health cover** is designed to complement Medicare, not replace it. Private health cover contributes towards the cost of public and private hospital treatment and health services not covered by Medicare.

- The **Medicare Levy Surcharge** applies to Australian taxpayers who do not have private hospital cover and who earn above a certain income. If you take out our Gold Hospital Cover, you will avoid having to pay the MLS (see page 17 for full details).
- The **Australian Government Rebate on Private Health Insurance** was introduced as a financial incentive to assist Australians to purchase private health cover. The Rebate is income tested and applies to the standard membership payment amount of all RBHS products. The Rebate is not available for the Lifetime Health Cover loading portion of your payments (if applicable). The Rebate you receive is dependent on your household income, the age of the oldest person on your membership, inflation (CPI) and the average health fund industry increases using a complex Government formula (see page 17 for full details).
- The **Lifetime Health Cover** loading is a Government-required loading, which will increase the standard rate for hospital cover by 2% for each year that you are over the age of 31 as at the date that you take out hospital cover (see page 18 for full details).

Benefits



All RBHS Hospital and Extras benefits are paid per person for members and their dependants.

Gold Hospital benefits

Fortunately, most of us are lucky enough to avoid hospital stays. However, the need for hospital treatment can arise at any time for you or your family. Our Gold Hospital Cover can give you peace of mind to know that you are covered should you or your family ever need it. Please keep in mind that waiting periods, including those for pre-existing conditions, may apply.

Medicare Benefits Schedule

The Medicare Benefits Schedule (MBS) is a list of fees for medical services issued by the Australian Government. If you have private health cover and are admitted to hospital as a private patient, Medicare pays a benefit of 75% of the MBS and the remaining 25% is paid by the RBHS.

Access Gap

If a doctor charges you more than the MBS, the difference is known as a 'medical gap'. The RBHS has arrangements with more than 30,000 doctors Australia wide where additional benefits are payable by the RBHS to reduce or eliminate 'medical gaps' faced by members. This scheme is known as Access Gap (see page 16 for full details).

	Gold Hospital Cover
Excess	Nil
Public or private hospital – shared or private room	✓
Choice of doctor	✓
Doctors bills (in hospital)	✓
Medical Access Gap cover	✓
Same day hospital accommodation	✓
Intensive care	✓
Theatre fees	✓
Drugs & dressings	✓
Obstetrics	✓
Recovery room	✓
Special nursing in hospital	✓
Surgically implanted prostheses (refer to page 14)	✓
Hospital substitution options (refer to page 7)	✓
Health programs (refer to page 7)	✓
Other Medicare services (in hospital)	✓
Cosmetic surgery	✗
Services not covered by Medicare	✗
Co-payments	Nursing home type patients only

Benefits



Where possible, we recommend that members call the RBHS prior to admission to hospital to confirm details of their cover and any likely charges by the hospital.

What options are available for emergency or accident?

If a member or dependant is hospitalised as a result of an emergency, it is likely that admission will be to a public hospital. Members covered by our Gold Hospital cover can choose to be admitted as a private patient, have a right to choose their preferred doctor and are covered for single room accommodation.

Elective surgery

If a member enters hospital for a non life-threatening procedure or for elective surgery, they can choose either a public hospital or a private hospital with their choice of doctor and are covered for private room accommodation.

Agreement hospitals

The RBHS has agreements with most private hospitals in Australia. You can search our agreement hospitals list at www.myrbhs.com.au.

There are only a few private hospitals with which we don't have an agreement. In these cases, we may not cover the full cost of your hospitalisation.

Call us before you go into hospital and we can help you identify any out-of-pocket expenses you may incur.

What do hospitals charge?

The main costs of private hospitalisation are:

- Accommodation charges
- Theatre fees
- Doctors'/surgeons'/anaesthetists' fees
- Intensive care and other special attention charges
- Drugs and dressings
- Protheses charges (refer to page 14).

In most cases, these fees are included in our Gold Hospital cover and members can elect to be treated in a public or private hospital, with their choice of doctor.

Public hospital charges are set by the various state/territory Governments. Accommodation charges in private hospitals are based on:

- Type of service provided (i.e. medical, minor surgery or advanced surgery).
- Length of stay in hospital (generally daily charges decrease after 14 days).
- Type of accommodation (additional charge for a single room, when applicable).

The RBHS covers most public hospital stays, unless they charge over the Commonwealth default rate. Please contact us before you go into hospital for more details.

The RBHS does not pay for cosmetic surgery or any hospital treatment not covered by Medicare.

Benefits



Where possible, we recommend that members confirm details of their level of cover, check the likely charges by the hospital and what is covered by the RBHS prior to admission. If you're unsure what you're covered for, simply call us on **1800 027 299** before you're admitted and we can assist you.

Hospital substitution options

Our hospital substitution options allow you to recover where you are most comfortable – all you need is a referral from your treating doctor.

Hospital @ Home allows you to have services you would usually receive in hospital (like wound care or IV antibiotics) at home. If the healthcare services you need can be provided at home, you may be able to avoid a hospital stay altogether.

Rehab @ Home allows you to recover in the comfort of your own home with short term therapy for joint replacements, fractures, spinal conditions, stroke, respiratory conditions, cardiac conditions and mobility problems. We offer physiotherapy, occupational therapy and more.

Please note: there is a 12 month waiting period for pre-existing conditions for these options. Refer to page 15 for more information.

Health programs

These programs are designed to help you keep your health on track.

My Health Online gives you access to a range of health and wellbeing tools through our My Health Online web portal. You can store health information and

share it with your doctor, keep a calendar of healthcare appointments, access a health library and more.

Health Risk Assessment helps you discover more about your health. The online questionnaire gives you a health report showing where you are doing well and where we may be able to help.

Strive for Health has been developed to assist members with chronic conditions manage their health with the help of expert telephone or face to face support at home.

Extras benefits

Extras covers members against a wide range of dental, optical and other healthcare expenses. The RBHS benefits are mostly set at 90% of the fee charged (subject to maximum limits). This also covers purchase costs and repairs to items such as glasses, dentures and hearing aids.

Benefits are set and regularly reviewed by the RBHS, taking into consideration the costs set by associations of medical providers and other trends in health costs.

All Extras benefits are per person and are only payable for professional services provided by a registered practitioner.

To check if your service provider is registered with the RBHS, visit our website **www.myrbhs.com.au** or call us on **1800 027 299**. The table on the following page is a summary of the wide range of Extras benefits that the RBHS offers. For more detailed information, call us or download the full product description from our website, **www.myrbhs.com.au/products**.

Benefits



Service		Benefit Limit (per person)*
General dental		No annual limit
Major dental*	Surgery	\$6500 in any 5 rolling years After 1 year - \$1,300 After 2 years - \$2,600 After 3 years - \$3,900 After 4 years - \$5,200 After 5 years - \$6,500
	Crown and bridges	\$6000 in any 5 rolling years After 1 year - \$1,200 After 2 years - \$2,400 After 3 years - \$3,600 After 4 years - \$4,800 After 5 years - \$6,000
	Dentures	\$2500 in any 5 rolling years After 1 year - \$500 After 2 years - \$1,000 After 3 years - \$1,500 After 4 years - \$2,000 After 5 years - \$2,500
Endodontic		\$1,700 in any 2 years After 1 year - \$850 After 2 years - \$1,700
Orthodontic		\$4,450 lifetime limit After 1 year - \$890 After 2 years - \$1,780 After 3 years - \$2,670 After 4 years - \$3,560 After 5 years - \$4,450
Optical*	Glasses and contact lenses	\$920 in any 2 rolling years After 1 year - \$460 After 2 years - \$920
	Laser eye surgery	\$1,350 per eye in a lifetime After 1 year - \$270 per eye After 2 years - \$540 per eye After 3 years - \$810 per eye After 4 years - \$1,080 per eye After 5 years - \$1,350 per eye
	Orthoptic treatment	\$790 within 1 year

Benefits



Non-PBS pharmaceuticals	\$1,000 within 1 year
Physiotherapy	\$1,000 within 1 year
Chiropractic	\$920 within 1 year
Podiatry	\$750 within 1 year
Psychologist	\$920 within 1 year
Acupuncture	\$850 within 1 year
Naturopathy and remedial massage	\$850 within 1 year
Hearing aids	\$5,440 in any 5 rolling years After 1 year - \$1,088 After 2 years - \$2,176 After 3 years - \$3,264 After 4 years - \$4,352 After 5 years - \$5,440
Ambulance	No annual limit

*Set benefits apply per item number for dental (90% up to the set benefit). There are also set limits for Optical.

Limits

For some benefits, there is a limit on the total amount the RBHS will pay each year. Benefits that can be claimed only once a year are renewed on 1 January each year.

The two, three and five-yearly benefits are determined from the date the service is first provided. We recommend that you check with us before your service date to ensure that you will be covered. The 'service date' is defined as the date of treatment or receipt of an item.

Members planning any comprehensive and expensive health care should get a quote from the provider, including item numbers and associated costs, and ask us for details of the benefit(s) payable.

Rolling year limits

All multiple year benefits (2 years and over) are calculated on a rolling year basis, from the date of service (instead of calendar year). Multiple year benefits (2 years and over) are divided over that period of time, with lifetime limits being paid over 5 years. For example: with a lifetime limit of \$1,350, \$270 is payable each year for 5 years. All rolling years incur a benefit limitation period.

Benefits



Other important information

Yearly limits are based on a calendar year (1 January to 31 December).

Rolling year limits are based on the first date of service.

Optical benefits (glasses and contact lenses) are paid only when prescribed by a registered optometrist. Benefits will only be paid where sight correction is necessary. No benefit is payable for non-prescription sunglasses.

Pharmacy benefits apply after the standard Pharmaceutical Benefit Scheme (PBS) amount has been deducted. The PBS amount changes every year on 1 January and is \$40.30 as at 1/1/19. This means that you will pay the first \$40.30 and the RBHS pays a percentage of the balance.

Complementary therapies benefits are payable on fund recognised services and the provider must be registered with Medicare or the Australian Regional Health Group. Please contact us on [1800 027 299](tel:1800027299) before undergoing any treatment or purchasing any goods mentioned in the table on the previous page so that we can advise you of the benefits payable.

Ambulance Cover

Did you know that an ambulance ride can cost you thousands? The great news is that RBHS Extras and Combination covers include Ambulance cover Australia wide. The benefit generally covers the full cost of medically necessary ambulance charges within Australia. It also includes land, air and sea ambulance and has no annual limit. Ambulance subscriptions are not payable by the RBHS.

Rates

Premiums may vary depending on circumstances. For example, if you have a Lifetime Health Cover loading, or if you are eligible for the Australian Government Rebate on Private Health Insurance, your rates will be different (see page 17 for more information). Premiums will also be different for RBA staff who elect to take employer support in lieu of salary.

All health fund premiums are reviewed once a year and submitted to the Australian Government for approval. Health fund premiums increase on 1 April each year. As the RBHS is proudly not-for-profit and is run solely to benefit our members, we increase our rates only to cover what it costs to pay claims and run the health fund so it is sustainable. Please contact us to determine your individual premium.

How do I...?



Join the RBHS

Joining the RBHS is easy! Simply choose the best level of cover for you, either Gold Hospital only, Extras only, or a combination Gold Hospital and Extras (recommended), then choose how you'd like to join.

Online – www.myrbhs.com.au

Phone – 1800 027 299

Email – send a completed application form to info@myrbhs.com.au

Fax – send a completed application form to 1300 309 704

Mail – send a completed application form addressed to:

**Reserve Bank Health Society Ltd
Locked Bag 23
Wollongong NSW 2500**

You can download an application form from our website, or request one and we will send it out to you.

New employees of the RBA and NPA who are not insured by another health fund and who join the RBHS within 30 days of commencing their employment will have all waiting periods waived, except for any pre-existing conditions and Extras benefits with a maximum entitlement period of 2 years or more.

If you join after the 30-day grace period, you will be subject to waiting periods before you are eligible for benefits. See page 15 for a full list of waiting periods.

Transfer from another health fund

Members transferring from another registered private health insurance fund do not have to serve any waiting periods, provided that:

- You had equivalent or a higher level of cover with that fund.
- Your cover was paid up to date at the time of transfer.
- Applicable waiting periods had been completed at that fund.
- The RBHS receives a Transfer Certificate from the previous fund confirming the above information.

Some waiting periods or reductions in benefits or limits may apply in the first 12 months of your health cover. This can occur if you have used part or all of your annual limit with the previous fund, or if your previous cover had lower limits or benefit exclusions. If you are unsure, simply call **1800 027 299** and we will assist you.

Change or upgrade my cover

You can change or upgrade your cover to one that better suits your needs at any time. Simply log in to Online Member Services on our website, www.myrbhs.com.au/members/oms, email us at info@myrbhs.com.au or call us on **1800 027 299** to request a change form.

How do I...?



Apply for the Australian Government Rebate on Private Health Insurance

You may be able to reduce your health cover premium by completing the Australian Government Rebate on Private Health Insurance form included with the RBHS application form. Alternatively, email us at info@myrbhs.com.au, call us on **1800 027 299** to request the form, or download it from our website, www.myrbhs.com.au.

The RBHS will automatically reduce your premium to take out your nominated Rebate amount once you submit your Rebate application form. For more information see pages 17-18.

Receive my benefit

If you have paid for a service without using your HICAPS card, you can choose to receive your benefits by direct credit. If you provide your bank account details to the RBHS, benefits will be paid directly to your nominated bank account. The payment will usually be deposited into your account the day after it is processed. The RBHS does not charge any additional fees for this service.

or

Cheque – If you have not provided your bank account details, a cheque will be posted to you.

Find a registered service provider

To find out whether your Hospital, Access Gap doctor or Extras provider is recognised by the RBHS, go to www.myrbhs.com.au/find-a-provider, email us at info@myrbhs.com.au or call us on 1800 027 299.

Make an Extras claim

Electronic – All RBHS members are given a HICAPS membership card when they join, which they can use to claim their benefit EFTPOS style at the time of treatment. A wide variety of practitioners in Australia use HICAPS, including dentists, physiotherapists, optical dispensers, chiropractors, osteopaths, occupational therapists, psychologists and podiatrists.

Just swipe your card at the time of service, sign for the service to validate the claim and pay the gap (if applicable). This means that you do not need to lodge a claim manually, as the RBHS pays your benefit directly to the practitioner.

Please note: You must treat your HICAPS membership card like you would a credit card and sign only for services provided. Make sure that you maintain personal control over your card at all times. Additional cards are available for other members of your family upon request. Please report any lost or stolen cards to the RBHS immediately.

Online – You can claim for a range of Extras benefits at:

www.myrbhs.com.au/members/oms. See page 13 for a full list of services.

How do I...?



Email – Complete a claim form online or scan your completed claim form and a copy of all accounts and/or receipts and email them to info@myrbhs.com.au.

Mobile claim app - The RBHS mobile claiming app makes claiming even easier for members. Designed for smart phones and tablets, it is easy to use and has a user-friendly format. Simply enter your details, take a photo of the receipt for your service and submit.

The app is compatible with Apple and Android devices and is available to download from

www.myrbhs.com.au/claimapp.

Mail – Simply complete a claim form, attach all accounts and/or receipts and post them to:

Reserve Bank Health Society Ltd
Locked Bag 23
Wollongong NSW 2500

Fax – Complete a claim form, attach copies of all accounts and/or receipts and fax them to 1300 309 704.

Make a Medical claim

Access Gap – Your doctor should advise you of any amounts payable before your admission to hospital. Your doctor will usually send the claim directly to the RBHS for payment and you will receive an advice of the benefits we have paid.

Electronic – The RBHS participates in the Australian Government electronic claiming system for doctors and hospitals known as ECLIPSE. Where the ECLIPSE service is used, there is no need to submit a claim form to the RBHS.

Mail – Simply complete a claim form, attach the Medicare Benefit Statement and post them to:

Reserve Bank Health Society Ltd
Locked Bag 23
Wollongong NSW 2500

Fax – Simply complete a claim form, attach the Medicare Benefit Statement and fax them to 1300 309 704.

Email – Simply scan your completed claim form and the Medicare Benefit Statement and email them to info@myrbhs.com.au.

Make a Hospital claim

The hospital should check your level of cover and benefits with the RBHS and advise you of any amounts payable before your admission. On discharge, check your account carefully to ensure that all details are correct. The hospital will send the claim directly to the RBHS for payment, and you will receive an advice of the benefits we have paid.

Use Online Member Services

Using our online web services is an easy, convenient, cost-effective way of managing your health cover 24 hours a day, 7 days a week.

You can use our secure online services to:

- choose the cover that's right for you
- claim online (see over page)
- view or change your membership details
- make credit card payments
- view your claims history
- download forms and brochures

How do I...?



- order a HICAPS card
- find a healthcare provider (Hospital, Access Gap doctor or Extras provider where you can use your HICAPS card)
- print your annual Tax Statement
- complete a Health Risk Assessment (HRA)

Nominate or change my Rebate Tier

You can nominate or change your Rebate Tier at any time, simply:

- use our Online Member Services at www.myrbhs.com.au/members/oms
- complete our Rebate Tier Nomination Form, available on our website, and return it to:
**Locked Bag 23,
Wollongong NSW 2500**
- call us on **1800 027 299** or email **info@myrbhs.com.au**

Claim online

Claiming online is easy! You can claim up to a maximum of \$200 a day for a range of Extras services at www.myrbhs.com.au/members/oms, including:

- Dental
- Optical (glasses & contact lenses)
- Chiropractic
- Physiotherapy
- Podiatry
- Occupational Therapy
- Speech Therapy.

All you need to do is log in and fill in the details from your receipts. Your claim

is processed automatically and your fund benefit is paid straight into your account. You don't even need to send in your receipts for certain claims under \$200 (but we require you to retain your receipts as we may request them for auditing purposes at a later date). Claims that are over \$200 can still be completed online, but before payment is made you will need to send in or upload a scanned copy of your receipts.

Make a payment

Payroll deduction – is only available to members who are current employees or pensioners of the RBA and NPA. Simply call the RBHS on **1800 027 299** to set up your payroll deduction and liaise with your payroll department.

Direct debit – is an easy way for you to pay your premium and ensures that your cover is always current. The RBHS does not charge any additional fees for this service. All you need to do is complete and return the Direct Debit Request Authority included with the application form.

Credit card – You can choose to pay via credit card over the phone. Call us on 1800 027 299 to arrange a credit card payment.

Cheque – You can also pay by cheque. Please make any cheques payable to the Reserve Bank Health Society and post to:

**Reserve Bank Health Society Ltd
Locked Bag 23
Wollongong NSW 2500**

I want to know about...



Cooling-off period

A new member may cancel their policy within 30 days of joining the RBHS on the following basis:

- If the member has not made a claim in the 30 days from the commencement date of their policy, they will receive a full refund of all premiums paid.
- If the member has made a claim in the first 30 days of their policy, the cooling-off period is null and void.

Waiting periods and continuity of cover

All health funds have waiting periods to protect members by encouraging people to maintain their health cover. A waiting period is a length of time applied to each new health cover and also applies when cover is upgraded. During this period, benefits are generally not payable.

The RBHS will provide continuity of cover for anyone transferring from another registered Australian health fund provided that an equivalent or a higher level of cover was held. To be eligible for continuity of cover the transferring health cover must be financial and a Transfer Certificate must be provided by the previous health fund. If you have served part of your waiting periods with your previous health fund, you will receive waiting period credits when you transfer to RBHS for the portion you have already served.

The table overleaf outlines waiting periods for Gold Hospital and Extras cover. For more information on waiting periods, Transfer Certificates or continuity of cover, please call us on **1800 027 299** or email **info@myrbhs.com.au**.

Prostheses

Many hospital procedures include the use of prosthetic items (surgically implanted medical devices, such as hip and knee joints and heart pacemakers). You may have an out-of-pocket cost in relation to your prosthesis, depending on your doctor's billing. We will pay the benefit listed on the Government's Prostheses List, and if your doctor charges above that amount, you will be required to pay the difference as an out-of-pocket expense.

Extended Family Cover

The RBHS currently cover children on their parents' membership until they're 18 years old (or 25 if they are studying full-time and not married or living with their partner).

If your child reaches 18 and they're not studying full-time (and not married or living with their partner), our new Extended Family cover option lets you keep them on your membership until they're 25 for an extra premium of 28%, no matter how many of your children are in this age group.

For more information or to add your adult child to your policy, call us on

1800 027 299.

I want to know about...



Waiting Periods

Gold Hospital cover

Months	Type of Waiting Period
0	Accidents requiring hospitalisation
2	Most other hospital treatment (excluding pre-existing ailments)
	Palliative care, rehabilitation and psychiatric treatment
12	Pre-existing ailments and conditions (any ailment, illness or condition that you had signs or symptoms of (in the opinion of a medical practitioner appointed by the health insurer) that existed during the 6 months before you joined a hospital cover. It is not necessary that you or your doctor knew what your condition was or that the condition had been diagnosed. A condition can still be classed as pre-existing even if you hadn't seen your doctor about it before joining hospital cover).
	Obstetrics & IVF services (including midwifery)

Extras cover

Months	Type of Waiting Period
2	Ambulance
	Physiotherapy
	Chiropractic & osteopath
	General dental
	Approved health management programs
	Other general treatment
12	Optical & laser eye
	Major dental
	Health aids & screening

Please note that not all items are listed and other waiting periods may apply. Please contact the fund for more information.

I want to know about...



Excess and co-payments

The RBHS has contracts in place with most hospitals throughout Australia. As a result, members of the RBHS are not required to contribute an excess or co-payment sum for a hospital admission in the majority of cases. (**Note:** some hospital admissions for nursing home type patients will attract a co-payment.) For the small number of non-contracted hospitals, the RBHS may also provide benefits towards some of the costs incurred by members in accordance with its rules and the member's level of cover. For more information, give us a call on **1800 027 299** and speak with one of our customer service specialists.

Medicare Benefits Schedule

The Medicare Benefit Schedule (MBS) is a list of fees for medical services issued by the Australian Government. If you have private health cover and are admitted to hospital as a private patient, Medicare pays a benefit of 75% of the MBS and the remaining 25% is paid by the RBHS.

Access Gap

If a doctor charges you more than the MBS, this amount is known as a 'medical gap'. The RBHS has arrangements with more than 30,000 doctors Australia wide where additional benefits are payable by the RBHS to reduce or eliminate 'medical gaps' faced by members. This scheme is known as Access Gap. Doctors may charge more than the Medicare Schedule Fee, leaving you with out-of-pocket expenses. Access Gap

Cover allows the RBHS to pay above the schedule fee, potentially covering the entire doctor's charge or leaving you with a reduced out-of-pocket expense.

With Access Gap Cover, your doctor can bill the RBHS directly. If your doctor charges the Access Gap Cover agreed fee, you will have nothing extra to pay. If your doctor charges above the Access Gap Cover fee, you may be able to find out what gap you may have to pay before receiving treatment.

Doctors can choose to participate in Access Gap Cover on a patient-by-patient basis. In order to reduce the likelihood of paying medical gaps, it is important that you discuss Access

Gap Cover with your doctor prior to the treatment.

Before admission to hospital you should ask your doctor/s to inform you of all medical fees that may be charged and whether they participate in our Access Gap scheme. If the doctor elects not to participate in the Access Gap scheme and charges a fee above the MBS, this additional amount will need to be paid by you. Before any hospital treatment, you should confirm all charges with your doctor/s. We can help you to identify whether your doctor participates in the Access Gap scheme. Simply call us on **1800 027 299**.

I want to know about...



Medicare Levy Surcharge

The Medicare Levy Surcharge (MLS) applies to Australian taxpayers who do not have private hospital cover and who earn above a certain income (\$90,000 for singles and \$180,000 for couples and families in the 2018/19 financial year). The surcharge aims to encourage individuals to take out private Hospital cover and, where possible, to use the private system to reduce the demand on the public system.

The surcharge is calculated between 1% and 1.5%, dependent on your household income. It is in addition to the Medicare Levy of 2%, which is paid by most Australian taxpayers. The MLS is imposed on individuals earning over the income threshold who do not have an appropriate level of Hospital cover. The income threshold changes each financial year. You do not have to pay the surcharge if your household income is below the income threshold.

The RBHS Hospital cover exempts you from the Medicare Levy Surcharge.

Australian Government Rebate on Private Health Insurance

The Australian Government Rebate on Private Health Insurance was introduced as a financial incentive to help Australians afford private health cover. The Rebate is income tested and applies to the standard membership payment of all RBHS products. The Rebate is not available for the Lifetime Health Cover

loading portion of your premium (if applicable).

The amount of Rebate you are entitled to receive is dependent on your household income, the age of the oldest person on your membership, inflation (CPI) and the average health fund industry increases using a complex Government formula. If you wish to receive your Rebate as a reduced premium, you will need to register for the Rebate and nominate a Tier. If you do not nominate a Tier, or nominate the wrong Tier, the Australian Taxation Office will reconcile any differences at the time you lodge your annual tax return.

Most members elect to receive their Rebate as a reduced premium; however, if preferred, the Rebate can be claimed as a lump sum at the end of the financial year by paying the full rate.

If you are unsure which Rebate Tier you should nominate, please contact your tax agent, financial advisor, the Australian Taxation Office or visit

www.health.gov.au. The next page includes a table to assist you in determining your Rebate Tier.

I want to know about...



	Step 1: Income threshold (for 2018/19 financial year)	Step 2: Age and Rebate amount (age of the oldest person on your membership)			Medicare Levy Surcharge (this will apply if you do not have private hospital cover)
		Under 65 years	65–69 years	70+ years	
Base Tier	Single \$90,000 or less Family* \$180,000 or less	25.415%	29.651%	33.887%	0%
Tier 1	Single \$90,001–105,000 Family* \$180,001–210,000	16.943%	21.180%	25.415%	1%
Tier 2	Single \$105,001–140,000 Family* \$210,001–280,000	8.471%	12.707%	16.943%	1.25%
Tier 3	Single \$140,001 or more Family* \$280,001 or more	0%	0%	0%	1.5%

*If you are a family with children, the income threshold for each tier is increased by \$1,500 for every child after your first. Family includes couples and single parent families.

For the most up-to-date information, visit www.myrbhs.com.au/reb

I want to know about...

Lifetime Health Cover (LHC)

Lifetime Health Cover (LHC) commenced on 1 July 2000 as an Australian Government initiative to reward people who maintain Hospital cover. LHC recognises the length of time a person has had private Hospital cover with a registered health fund. If you start your cover earlier in life and maintain your Hospital cover you will pay a lower premium each year compared with someone who starts their cover at a later age. **The main points to remember are:**

- People who purchase Hospital cover for the first time after 1 July following their 31st birthday will pay a Lifetime Health Cover loading.
- This loading is based on the person's Lifetime Health cover age.
- The loading is 2% for each year the person's Lifetime Health Cover age is over 30 years old.
- Once you take out Hospital Cover, your

loading is locked in at the same rate, rather than increasing 2% each year.

- The loading applies only to Hospital cover.
- The maximum loading is 70%, which applies to those aged 65 years or over.
- Lifetime Health Cover loadings revert to nil after 10 years of continuous Hospital cover.

The Australian Government Rebate is not available for the LHC loading portion of your premium.

I want to know about...

Code of Conduct



This Code was developed by Private Healthcare Australia (PHA) and Members Health Funds Alliance (representing restricted and regional health funds). As well as promoting improved standards in clarity of information given to members, it aims to solve problems between members and the RBHS through internal dispute resolution. The Code also ensures that funds inform their members of their entitlement to seek assistance from an external dispute resolution body, such as the Private Health Insurance Ombudsman (PHIO).

Privacy Policy

The RBHS complies with the requirements of the Privacy Act 1988 and Australian Privacy Principles. To view our full Privacy Policy, go to

www.myrbhs.com.au/policies.

Complaints policy

The RBHS is committed to the efficient and fair resolution of all complaints and has a policy to ensure this. If you have a complaint that you wish to discuss, please contact us on **1800 027 299** or **info@myrbhs.com.au**.

We will promptly respond or direct you to the appropriate individual or manager to handle the complaint. If we are unable to assist you, you can contact the Private Health Insurance Ombudsman (PHIO). PHIO is free, independent and protects the rights of private health fund members. You can call PHIO on

1300 362 072, email

phio.info@ombudsman.gov.au or send mail to:

Private Health Insurance Ombudsman
Commonwealth Ombudsman
GPO Box 442
Canberra, ACT 2601

For more information, visit their website **ombudsman.gov.au**.

If you would like a copy of our Complaints Handling Policy, you can download it from **www.myrbhs.com.au/policies**.

Please read this document carefully and retain for future reference.

The information in this brochure is subject to change. For the most up-to-date information, visit www.myrbhs.com.au.



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