

## Optical and miscellaneous benefits

Except where otherwise indicated, benefits are rebated at **90%** of the fee charged for each service/item up to the maximum benefit shown.

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.

**Please contact the fund prior to the service so you can find out the exact benefit amount available to you.**

Item description		Maximum benefit \$	
<b>OPTICAL</b>			
<b>Glasses</b>	<b>Glasses</b> - frames (A)	\$180 \$360	after 1 year after 2 years
	<b>Glasses</b> - lenses, single vision (A)	\$185 \$370	after 1 year after 2 years
	<b>Glasses</b> - lenses, bifocal (A)	\$200 \$400	after 1 year after 2 years
	<b>Glasses</b> - frames, multifocal (A)	\$280 \$560	after 1 year after 2 years
<b>Contact lenses</b>	<b>Contact lenses</b> - toric (A)	\$450 \$900	after 1 year after 2 years
	<b>Contact lenses</b> - other (A)	\$450 \$900	after 1 year after 2 years
<b>Orthoptic treatment and eye therapy</b> , when referred by a registered optometrist or ophthalmologist			
- initial/extended consultation		\$95	per visit
- subsequent consultation		\$73	per visit
<b>Excimer laser treatment</b>		\$270 \$540 \$810 \$1,080 \$1,350	<b>\$2,700 lifetime limit (\$1,350 per eye)</b> after 1 year, per eye after 2 years, per eye after 3 years, per eye after 4 years, per eye after 5 years, per eye
<b>MISCELLANEOUS SERVICES</b>			
<b>Acupuncture (D)</b>			
- initial/extended consultation		\$80	per visit
- subsequent consultation		\$55	per visit
<b>Antenatal classes</b>		\$260	In any 1 calendar year
<b>Ambulance (F)</b> - note: ambulance subscriptions not rebateable			100% of the cost, no annual limit
<b>Artificial aids (D)</b> - when prescribed		\$1,040	In any 3 rolling years
<b>Chiropody/Podiatry (D)</b>			
- initial/extended consultation		\$80	per visit
- subsequent consultation		\$57	per visit
- diagnostic services		\$70	per visit
- podiatry surgery (non Medicare rebateable)		\$200	each item
<b>Chiropractic/Osteopathy (D)</b>			
- initial/extended consultation		\$80	per visit
- subsequent consultation		\$50	per visit
<b>Chiropractic/Osteopathy x-rays</b>		\$140	Limit of \$300 in any 1 calendar year each occasion
<b>CPAP machine</b>		\$360 \$720 \$1,080 \$1,440 \$1,800	Limit of \$1,800 in any 5 rolling years after 1 year after 2 years after 3 years after 4 years after 5 years
<b>Diabetic supplies</b>		\$500	In any 1 calendar year
<b>Dietician (D)</b>			
- initial/extended consultation		\$107	per visit
- subsequent consultation		\$65	per visit

Item description	Maximum benefit \$	
<b>Health Screening</b>	\$610	In any 3 rolling years
<b>Health Management Programs</b> - Fitness programs - Improvement programs	\$200 \$200	<i>Limit of \$200 in any 1 calendar year</i>
<b>Hearing aids (D)</b> - when prescribed	\$1,088 \$2,176 \$3,264 \$4,352 \$5,440	<i>Limit of \$5,440 in any 5 rolling years</i> after 1 year after 2 years after 3 years after 4 years after 5 years
<b>Home nursing</b> - visits to a home by a registered nurse	\$1,500	In any 1 calendar year
<b>IVF treatment</b> - the RBHS rebates 90% of non-Medicare costs	\$560 \$1,120 \$1,680 \$2,240 \$2,800	<i>\$2,800 lifetime limit</i> after 1 year after 2 years after 3 years after 4 years after 5 years
<b>Mammography</b> - not covered by Medicare	\$210	In any 2 rolling years
<b>Naturopathy (D)</b> - includes remedial massage, myotherapy, homeopathy, naturopathy, Chinese and Western herbal medicine consult, exercise physiology, hydrotherapy, reflexology and Bowen therapy  - initial/extended consultation - subsequent consultation	\$82 \$64	<i>Limit of \$850 in any 1 calendar year</i>  per visit per visit
<b>Occupational therapy (D)</b> - initial/extended consultation - subsequent consultation	\$97 \$80	<i>Limit of \$790 in any 1 calendar year</i> per visit per visit
<b>Outpatient theatre fee</b> - clinic	\$1,000	<i>No annual limit</i>
<b>Patient support accommodation (E)</b>	\$60	<i>Limit of \$550 in any 1 calendar year</i> per day
<b>Physiotherapy (D)</b> - initial/extended consultation - subsequent consultation	\$82 \$62	<i>Limit of \$1,000 in any 1 calendar year</i> per visit per visit
<b>Prosthesis</b> - non-surgically implanted (H)	90% of the cost.	<i>Limit of \$5,000 in any 1 calendar year.</i> <i>*(Sub-Limit - no more than 2 prosthetic wigs per limit year).</i>
<b>Prosthesis</b> - ex gratis (C)		Set by legislation
<b>Psychologist (D)</b>	\$170	<i>Limit of \$920 in any 1 calendar year</i> per visit
<b>Serum and vaccine</b>	90% of the cost	<i>No annual limit</i>
<b>Social worker (D)</b>	\$53	<i>Limit of \$500 in any 1 calendar year</i> per visit
<b>Speech therapy (D)</b>	\$103	<i>Limit of \$1,000 in any 1 calendar year</i> per visit

## Pharmaceuticals and miscellaneous medicines

- The RBHS will pay benefits for prescriptions where the medication is not available under the Pharmaceutical Benefits Scheme (PBS) and when the medication is only available on prescription. The RBHS does not cover products available over the counter in the normal course.
- For each item prescribed and each repeat, the member is required to pay the equivalent of the maximum PBS cost (**\$38.80 as at 1 January 2017**). The RBHS will pay 100% of the remaining cost up to a benefit of \$160.00.

Item description	Maximum benefit \$	
<b>Pharmaceuticals and miscellaneous medicines</b>		
<b>Pharmaceuticals and miscellaneous medicines</b> - per script (in excess of the PBS amount)	\$160	<i>Limit of \$1,000 in any 1 calendar year</i>