

Premium Extras cover

As at 1 February 2019

Premium Extras Cover (as at 1 April 2018)

Benefits are rebated at 90% of the fee charged for each service/item, up to the maximum benefit payable. Item numbers have been shown where possible to help members calculate rebates. There may be additional rules when claiming the below services/items, please contact the fund prior to the service so you can find out the exact benefit amount available to you.

Item number	Item description	Max	ximum benefit \$	
	DENTAL BENEFITS			
011 012 013	Oral examination - initial - periodic - limited	\$57 \$50 \$46	each item	
014 015 016 017	Consultation - regular - extended - referral - extended on referral	\$55 \$104 \$105 \$120	each item	
018	Written report	\$40	each item	
019	Letter of referral	\$25	each item	
022 025, 031, 033, 035, 072-073 036-037 038 039	X-rays (daily x-ray limit of \$200)	\$37 \$35 \$147 \$20 \$150	each film each film full mouth/skull full wrist/hand full skull	
041-044, 047-048, 051-053, 055-056	Other diagnostic services	\$25	each item	
071	Diagnostic cast	\$92	each item	
074	Diagnostic wax-up	\$125	each item	
085-086	Electromyographic recording/analysis	\$95	each item	
	RESTORATIONS			
511 512 513 514 515 541 542 543 544 545	Metallic restorations	\$140 \$160 \$180 \$200 \$220 \$350 \$525 \$575 \$675 \$700	each item	
521 522 523 524 525 531 532 533 534 535	Adhesive restorations	\$135 \$160 \$185 \$210 \$235 \$125 \$164 \$185 \$202 \$220	each item	
551 552 553 554 555	Tooth coloured restorations	\$565 \$740 \$805 \$885 \$900	each item	
572, 574, 577-579, 595-596 597	Other fillings - restorations	\$121 \$125	each item	
575 582	Other restorative services	\$31 \$260	each item	
PREVENTIVE SERVICES				
131	Dietary advice	\$30	each item	
141	Oral hygiene instruction	\$30	each item	
151, 153	Mouthguard, when fitted by a dentist	\$147	each item	
161	Fissure sealing	\$121	each item	

Item number	Item description	Maximum benefit \$	
165	Desensitising procedure	\$33	each item
171	Odontoplasty	\$40	each item
(213, 221-222, 225, 231-232, 235-236, 241-245, 281-282, 414-419, 421, 431-432, 434, 436-438, 445, 451-453, 455, 457-458) 061 411 237-238, 412, 433	Gum, root or nerve treatment	\$850 \$35 \$45 \$1,700	Limit of \$1,700 in any 2 rolling years
(351-355, 359, 361, 363, 365-366, 371, 373, 375-379, 381-382, 384-389, 391-395, 399) (083, 331-332, 337-338, 341, 343-345, 661, 663-664, 666, 669, 671-673, 678-679, 684, 688-689, 691)	Oral surgery, including implant prostheses	\$5,280 \$6,500	Limit of \$6,500 in any 5 rolling years
583 (576, 611, 613, 615, 618, 625, 627, 629, 631-632, 642-643) (644-645, 649, 651-653, 655-656, 658, 659)	Crown and bridge	\$950 \$1,360 \$900	Limit of \$6,000 in any 5 rolling years
719 (711-712, 716, 721-722, 727-728, 731-739, 741, 743-746, 751-754, 761-765, 768-769, 771-779)	Dentures, including repairs	\$2,400 \$1,200	Limit of \$2,500 in any 5 rolling years
(081-082, 811, 821, 823, 825, 829, 831, 841-843, 845-846, 851, 862, 871, 875-878, 881)	Orthodontia	\$890 \$1,780 \$2,670 \$3,560 \$4,450	\$4,450 lifetime limit after 1 year after 2 years after 3 years after 4 years after 5 years
	OTHER SERVICES		
311 314 322-323 324	Extraction Extraction - surgical	\$157 \$200 \$340 \$460	each item
111, 113, 116 114-115	Prophylaxis (scale and clean) - minimal - extensive	\$83 \$100	each item
117-118 119	Bleaching	\$99 \$120	each per arch
122 121, 123	Fluoride treatment	\$50 \$33	each item
911	Palliative care	\$75	each item
941-944	Local anaesthesia, sedation, relaxation therapy	\$70	each item
915	After hours call out	\$90	each
916	Travel to provide services	\$95	each item
926-927, 982	Drug therapy and enamel stripping	\$121	each item
928	Intravenous cannulation	\$135	each item
949	Treatment under anaesthesia	\$150	each item
961, 963-964, 967-968, 972 971	Occlusal adjustment, analysis and therapy	\$114 \$100	each item
965 966, 981	Occlusal splint	\$550 \$435	each item
986	Post operative care	\$40	each item
983-984	Oral appliance for diagnosed snoring	\$850	each item
990	Treatment not otherwise included	\$40	each item

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 \$		
	0	PTICAL		
Glasses	Glasses - frames (A)	\$180 \$360	after 1 year after 2 years	Notes:
	Glasses - lenses, single vision (A)	\$185 \$370	after 1 year after 2 years	A combined limit of \$920 in any 2 rolling years applies to glasses
	Glasses - lenses, bifocal (A)	\$200 \$400	after 1 year after 2 years	and contact lenses.
	Glasses - frames, multifocal (A)	\$280 \$560	after 1 year after 2 years	Combined limit after 1 year = \$460
Contact lenses	Contact lenses - toric (A)	\$450 \$900	after 1 year after 2 years	Combined limit after 2+ years = \$920
	Contact lenses - other (A)	\$450 \$900	after 1 year after 2 years	
	nt and eye therapy, when referred by a		\$790 limit in any	1 calendar year
- initial/extended co	registered optometrist or opthamologist - initial/extended consultation - subsequent consultation		per visit per visit	
Excimer laser trea	ger laser treatment \$2,700 lifetime limit (\$1,350 per 8) \$270 after 1 year, per eye \$540 after 2 years, per eye \$810 after 3 years, per eye \$1,080 after 4 years, per eye \$1,350 after 5 years, per eye		, per eye s, per eye s, per eye s, per eye	
	MISCELLAN	IEOUS SE	RVICES	
Acupuncture (D) - initial/extended co - subsequent consu		\$850 limit in any 1 calendar year \$80 per visit \$55 per visit		isit
Antenatal classes	Antenatal classes		In any 1 calendar year	
Ambulance (F) - no	ote: ambulance subscriptions not rebateable	pateable 100% of the cost, no annual limit		nual limit
Artifical aids (D) - v	cal aids (D) - when prescribed \$1,040 In any 3 rolling years		lling years	
initial/extended cosubsequent consudiagnostic services	popody/Podiatry (D) al/extended consultation sequent consultation sequent consultation sper visit gnostic services figure (In the following per visit) sper visit sprostic services sprostic ser		visit visit visit	
Chiropractic/Oste - initial/extended co - subsequent consu	nsultation	\$80 \$50	Limit of \$920 in any 1 calendar year per visit per visit	
Chiropractic/Oste	opathy x-rays	\$140	Limit of \$300 in any 1 calendar year each occasion	
CPAP machine		\$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	
Diabetic supplies		\$500	In any 1 cal	endar year
Dietician (D) - initial/extended co - subsequent consu		\$107 \$65	Limit of \$425 in any 1 calendar year per visit per visit	

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

*As of 1 April 2019, there will be government changes to coverage of some natural therapy services.

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 (\$40.30 as at 1 January 2019). The RBHS will pay 100% of the remaining cost up to a benefit of \$160.00.

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

Notes

Please keep in mind that each service has a limit and waiting periods may apply.

- (A) When prescribed by a registered optometrist or opthalmologist. The cost of repairs may also be claimed under this item.
- (B) This benefit is payable in respect of a particular illness or condition requiring treatment of the patient at home for which the services of a registered nurse, as directed by a medical practitioner, are necessary.
- Rebated at the maximum benefit level set by legislation. (C)
- (D) Where the practitioner is registered under a state law or is a member of an accredited professional association.
- (E)Rebated at 90% of the fee charged for each service/item up to the maximum benefit payable.
- (F) Rebated at 100% of the fee charged for each trip, including non-emergency travel, transfer between hospitals, travel in a private ambulance and air travel when authorised by a doctor.
- (G) When accompanied by a doctor's certificate stating that the machine is required for a specific ailment or condition.
- Items not included on Government's Prostheses List rebated as per Australian Health Services Alliance (AHSA) (H) recommendations and/or individual Board approval.
- Rolling year limits are based on date of first service once benefit limitation periods have been served. (l)

Waiting periods and continuity of cover

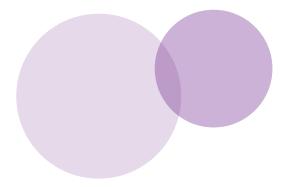
All health funds have waiting periods to protect members by encouraging people to maintain their health cover.

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 or changing from another RBHS product 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 following table outlines waiting periods for Premium 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.

Premium Extras services	Months
Ambulance	
Physiotherapy	
Chiropractic & osteopath	,
General dental	_
Approved health management programs	
Other general treatment	
Optical & laser eye	40
Major dental	12
Health aids & screening	



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

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

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.

How to claim

Making an Extras claim

- **Electronic** Just swipe your membership 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.
- **Claim app** Download the claim app from www.myrbhs.com.au/claimapp or directly from the App store or Google Play store. Designed for smart phones and tablets, it is simple to use and has a user-friendly format. Simply enter your details, take a photo of the receipt(s) for your claim and submit.
- Online You can claim for a range of extras benefits at www.myrbhs.com.au.
- Mail or fax Simply complete a claim form, attach all accounts and/or receipts and

Post to: Reserve Bank Health Society Ltd

Locked Bag 23

Wollongong NSW 2500

Fax to: 1300 309 704

• **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.



Claiming 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, including:

- Dental
- Optical (glasses & contact lenses)
- Chiropractic
- Physiotherapist
- 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 you do need to keep all your receipts as we may ask for them later to check some of the information).

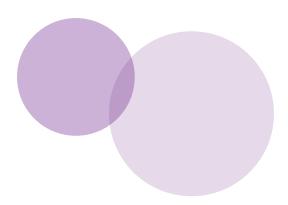
Claims that are over \$200 can still be completed online, but before payment is made you will need to send in or upload a scanned copy of your receipts.

Manage your membership online

Using our Online Member Services at <u>www.myrbhs.com.au</u> 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 is right for you
- claim online
- · check your Extras benefit limits usage
- · view or change your membership details
- make credit card payments
- view your claims history
- download forms and brochures
- 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



Code of Conduct

This Code was developed by Private Healthcare Australia (PHA) and HIRMAA (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 is subject to the Privacy Act 1988 and aims to comply fully with its obligations under this Act. The Act also contains a number of Privacy Principles, which the RBHS adheres to.

To obtain a full copy of the RBHS privacy policy, visit our website www.myrbhs.com.au or call us on 1800 027 299.

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) on **1300 362 072**, email phio.info@ombudsman.gov.au or visit www.ombudsman.gov.au. PHIO is free, independent and protects the rights of private health insurance members.

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.



reserve bank health society simply better benefits

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