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# Gold Hospital cover

As at 1 January 2020

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## Gold Hospital Cover (as at 1 January 2020)

### Contracted hospitals

When a hospital agreement is in place, the RBHS will rebate the agreed amount to the hospital from the date the agreement commences. Members should contact the RBHS to confirm the level of cover prior to entering the hospital.

### Non-contracted hospitals

In respect of public hospitals, Gold Hospital cover provides an additional daily benefit (of up to \$200) for costs of private room accommodation.

In respect of private hospitals, Gold Hospital cover provides an additional daily benefit of:

- up to \$245 for costs of accommodation other than in a private room;
- up to \$265 for costs of private room accommodation.

In respect of same day accommodation in hospitals and day facilities, Gold Hospital cover provides an additional benefit up to \$100.

### Other benefits payable from Gold Hospital cover:

- Theatre fees (100% of the cost);
- Intensive care (100% of the cost);
- Drugs and dressings - for items not available under the Pharmaceutical Benefits Scheme (PBS) (100% of the cost);
- Labour ward (100% of the cost);
- Recovery room (100% of the cost);
- Surgically implanted prostheses - 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;
- Special nursing required in hospital (100% of the cost).

**Exactly what is covered is summarised for you below, however if you have any questions, please contact us. Please keep in mind that waiting periods, including those for pre-existing conditions, may apply.**

Clinical Categories	Gold Hospital	Clinical Categories	Gold Hospital
Rehabilitation	✓	Heart and vascular system	✓
Hospital psychiatric services	✓	Lung and chest	✓
Palliative care	✓	Blood	✓
Brain and nervous system	✓	Back, neck and spine	✓
Eye (not cataracts)	✓	Plastic and reconstructive surgery (medically necessary)	✓
Ear, nose and throat	✓	Dental surgery	✓
Tonsils, adenoids and grommets	✓	Podiatric surgery (provided by a registered podiatric surgeon)	✓
Bone, joint and muscle	✓	Implantation of hearing devices	✓
Joint reconstructions	✓	Cataracts	✓
Kidney and bladder	✓	Joint replacements	✓
Male reproductive system	✓	Dialysis for chronic kidney failure	✓
Digestive system	✓	Pregnancy and birth	✓
Hernia and appendix	✓	Assisted reproductive services	✓
Gastrointestinal endoscopy	✓	Weight loss surgery	✓
Gynaecology	✓	Insulin pumps	✓
Miscarriage and termination of pregnancy	✓	Pain management with device	✓
Chemotherapy, radiotherapy and immunotherapy for cancer	✓	Sleep studies	✓
Pain management	✓	Common services	✓
Skin	✓	Support services	✓
Breast surgery (medically necessary)	✓		
Diabetes management (excluding insulin pumps)	✓	Ambulance	✓

Please note: waiting periods (including those for pre-existing conditions) and excesses may apply.

### Age-based discount

If you are under 30 years old, you are eligible for the age-based discount on our Gold Hospital cover of up to 10%. For more information, visit [myrbhs.com.au/agediscount](http://myrbhs.com.au/agediscount).

## Exclusions

We do not have any treatment exclusions on services eligible for Medicare benefits.

## Health programs

As part of your Hospital cover, we offer a range of programs designed to keep you healthy.

**My Health Online** provides access to a range of health and wellbeing tools through our My Health Online web portal. You can store e-health information about yourself and share it with your doctor, keep a calendar of healthcare appointments, access a health library and more.

You also have the option to complete a **Health Risk Assessment**, which asks for your health information across a range of areas and develops a personalised health report that can be updated at any time. If your assessment indicates any health risks that need to be addressed, our health professionals may contact you regarding one of the free programs mentioned below. It is your decision whether you wish to enrol in these programs or not.

Important note: The Health Risk Assessment is completely confidential. It is stored with our partners at Medikeeper, RBHS staff do not have access to your health information and it will not affect your health insurance premiums.

**Hospital @ Home** allows you to get out of hospital earlier and receive short-term personal care in your home. In some cases, you may be able to avoid a hospital stay altogether if the services you require can be provided at home.

If you and your doctor think that recovering at home is the most suitable option for you, we provide in-home nursing, wound care, health aids and assistance with meals and showering. We also provide the option of 24 hour phone access to healthcare professionals after you have left hospital.

**Strive for Health** assists members with chronic conditions manage their health at home with the help of expert telephone and face-to-face health support. This program gives you access to a registered nurse or allied health professional for support, education and advice about your health condition - 24 hours a day, 7 days a week.

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

**The Healthy Weight for Life** program is a program that can assist with heart disease, diabetes and osteoarthritis management with strategies to help you maximise your overall health, strength and quality of life. Healthy Weight for Life can help you with weight loss, strength exercises and education to improve your health.

## 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 Gold Hospital 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](mailto:info@myrbhs.com.au).

Gold Hospital services	Months
<b>Hospitalisation related to an accident</b>	<b>0</b>
<b>Most other hospital treatment</b> (excluding pre-existing ailments)	<b>2</b>
<b>Palliative care, rehabilitation and psychiatric treatment (even for pre-existing conditions)</b>	
<b>Pre-existing ailments and conditions (except rehabilitation, psychiatric services and palliative care):</b> 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.	<b>12</b>
<b>Pregnancy &amp; birth related services</b>	

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

## 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.

## How to claim

### Making 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, fax or email** – Simply complete a claim form, attach the Medicare Benefit Statement and post, fax or email them to us.

### Making 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.

## Manage your membership online

Using our Online Member Services at [www.myrbhs.com.au](http://www.myrbhs.com.au) 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:

- 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 [myrbhs.com.au/privacypolicy](http://myrbhs.com.au/privacypolicy) 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](mailto: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](mailto:phio.info@ombudsman.gov.au) or visit [www.ombudsman.gov.au](http://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](http://www.myrbhs.com.au/policies).

**Please read this document carefully and retain for future reference.**



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