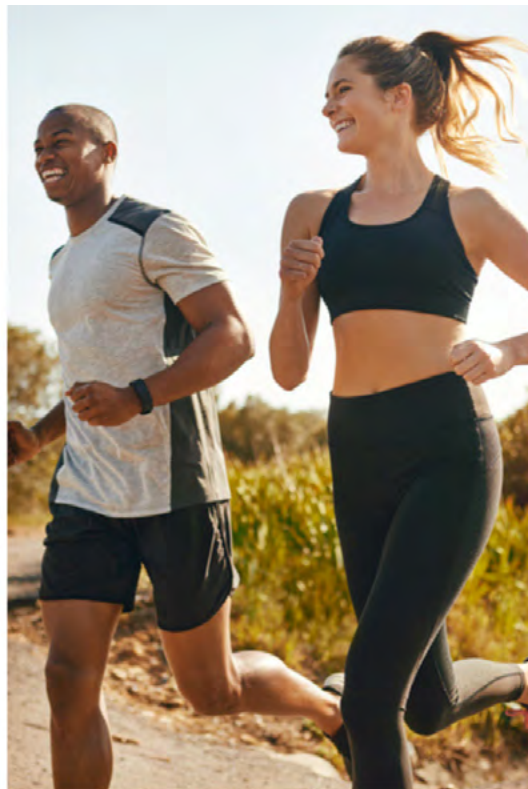




reserve bank health society
simply better benefits

July 2025

Membership Guide



simply better benefits



About the Reserve Bank Health Society

The Reserve Bank Health Society Limited (RBHS) is a not-for-profit private health insurer 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

RBHS has been providing private health insurance products and service since 1959 and prides itself on having a strong customer focus and committed to meeting the needs of members by providing:

- exceptional health benefits; and personalised high priority service
- a national network of service providers and hospitals.

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



RBHS has three types of health insurance covers:

- **Gold Hospital**
- **Bronze Plus Hospital**
- **Premium Extras Cover**

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

Why Join the RBHS?

- **Employer contribution***

Eligible employees of the RBA who take out Gold Hospital cover may elect to have an employer contribution applied directly towards their premium in lieu of receiving it as part of their remuneration (Employer Contribution). There will be additional amounts payable for the remainder of the premium. If you would like to find out more about the Employer Contribution, including all applicable conditions, please refer to the materials made available by the RBA to its employees about the RBA's contribution to a health benefit, or contact the RBA People Department.

*Employer contribution only applies to Gold Hospital cover.

- **Reward Loyalty**

We provide higher extras limits for each year of continuous cover up to your fifth year, allowing you to claim much more than other funds.

- **Provide Surperb Extras Cover**

Exceptional annual limits and a generous 90% back on most services.

- **Cover you nationwide**

Over 535 private hospitals and day surgeries and over 40,000 doctors.

- **Deliver exceptional customer service**

We achieved a 96% member satisfaction result, in the 2023 annual Member Satisfaction Survey by IPSOS.

- **Answer your call in person**

Plus, you get straight through without having to deal with those irritating keypad menus.

- **Reduce your out-of-pocket**

Doctor expenses with our Access Gap scheme.

- **Keep your children on your cover for longer**

Add children to your health cover for no additional charge, regardless of how many children you have. Plus our Extended Family Cover* option allows you to keep your children on your policy up to age 25.

*Gold Hospital only

- **Provide 24/7 service**

With our mobile app and our Online Member Services.

Members Health Fund Alliance

Reserve Bank Health Society is proud to be part of Members Health Fund Alliance, the peak industry body for not-for-profit health funds that all share a common value of putting our members' health and wellbeing before profit.

Proudly not-for-profit

Reserve Bank Health Society is a not-for-profit and member-owned health fund.

We work for you, not corporate shareholders. We'll always put your needs ahead of profits so we can better look after you and your health.



Why Have Private Health Insurance?

LESS TIME WAITING

If you rely on the public system, you'll be put onto the public hospital waiting list, which could mean waiting months (or more) for your procedure. On the day of your planned surgery, you could be bumped if there are any emergency admissions that need your theatre room.

You could be waiting:

- 77+ days for a hysterectomy
- 118+ days for cataract extraction
- 189+ days to have varicose vein surgery
- 135+ days for a total hip replacement
- 187+ days to remove tonsils
- 265+ days for a total knee replacement

And 50% of people will wait even longer than that. With private hospital cover, you'll be in hospital as soon as your doctor's ready, provided your waiting periods have already been served.

**Source: Australian Institute of Health and Welfare, Elective surgery waiting times 2023-24: data tables, Table 4.6*

CHOOSE YOUR DOCTOR

It's important to feel comfortable with your doctor, and private hospital cover lets you choose who treats you. In a public hospital, you'll be treated by the doctor on duty, unless you go in as a private patient (when you can choose).

ACCESS TO MORE HEALTHCARE OPTIONS

Your choice of both public and private hospitals so that you can have access to the latest and greatest facilities and technology when you need them most.

SAVE ON TAX

High income earners could save tax by taking out hospital cover. See information on the Medicare Levy Surcharge on page 16 for more information.

AVIOD PAYING A LOADING

Lifetime Health Cover Loading is a government imposed charge for not taking out hospital cover by 1 July after your 31st birthday. See page 16 for details.

AUSTRALIAN GOVERNMENT REBATE

The Government offers people a rebate to help you cover the cost of your private hospital and extras cover. See page 15 to see if you're eligible.

AVOID PAINFUL FULL-COST PRIVATE HOSPITAL BILLS

You might be surprised by how much it costs to pay for a private hospital procedure without private hospital insurance. To give you an idea, these are the highest hospital costs for individual members we paid in the 2024 financial year:

ADMISSION REASON	TOTAL BENEFIT PAID
Heart and Vascular System	\$65,033
Brain and Nervous System	\$61,426
Psychiatric Services	\$59,875
Rehabilitation	\$53,198
Digestive System	\$49,232

Gold Hospital Cover

CLINICAL CATEGORIES	WAITING PERIOD	GOLD
Rehabilitation	2 months	✓
Hospital psychiatric services	2 months	✓
Palliative care	2 months	✓
Brain and nervous system	2 months	✓
Eye (not cataracts)	2 months	✓
Ear, nose and throat	2 months	✓
Tonsils, adenoids and grommets	2 months	✓
Bone, joint and muscle	2 months	✓
Joint reconstructions	2 months	✓
Kidney and bladder	2 months	✓
Male reproductive system	2 months	✓
Digestive system	2 months	✓
Hernia and appendix	2 months	✓
Gastrointestinal endoscopy	2 months	✓
Gynaecology	2 months	✓
Miscarriage and termination of pregnancy	2 months	✓
Chemotherapy, radiotherapy and immunotherapy for cancer	2 months	✓
Pain management	2 months	✓
Skin	2 months	✓
Breast surgery (medically necessary)	2 months	✓

Anything within the above table that is a pre-existing condition has a 12-month waiting period except for rehabilitation, hospital psychiatric services, palliative care and ambulance.

CLINICAL CATEGORIES	WAITING PERIOD	GOLD
Diabetes management (excluding insulin pumps)	2 months	✓
Heart and vascular system	2 months	✓
Lung and chest	2 months	✓
Blood	2 months	✓
Back, neck and spine	2 months	✓
Plastic and reconstructive surgery (medically necessary)	2 months	✓
Dental surgery (surgeon fees excluded)	2 months	✓
Podiatric surgery* (provided by a registered podiatric surgeon)	2 months	✓
Implantation of hearing devices	2 months	✓
Cataracts	2 months	✓
Joint replacements	2 months	✓
Dialysis for chronic kidney failure	2 months	✓
Pregnancy and birth	12 months	✓
Assisted reproductive services	2 months	✓
Weight loss surgery	2 months	✓
Insulin pumps	2 months	✓
Pain management with device	2 months	✓
Sleep studies	2 months	✓
Ambulance	2 months	✓

*Benefits for theatre, accommodation and medical devices and human tissue products as an inpatient in hospital are covered, however no benefits are payable to the surgeon or anaesthetist.

✓ - Included

Please keep in mind that this isn't the full list of services covered. If you're planning a trip to hospital, it's always a good idea to call us and check what you are covered for before being admitted.

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. Visit myrbhs.com.au/health-insurance/hospitalcover/gold-hospital/ to find out more.

EXTENDED FAMILY COVER[^]

RBHS currently covers children on their parents' membership until they're 18 years of age, 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), RBHS Extended Family cover option lets you keep them on your membership until they're 25 for an additional premium. For more information or to add your adult child to your policy, call us on 1800 027 299.

[^]Extended family cover is only available on Gold Hospital cover.

ACCESS GAP

If a doctor charges you more than the MBS, the difference is known as a 'medical gap'. 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. To find out more about Access Gap and which specialists have taken part in the past, visit myrbhs.com.au.

Bronze Plus Hospital Cover

CLINICAL CATEGORIES	WAITING PERIOD	BRONZE PLUS
Rehabilitation	2 months	R
Hospital psychiatric services	2 months	R
Palliative care	2 months	✓
Brain and nervous system	2 months	✓
Eye (not cataracts)	2 months	✓
Ear, nose and throat	2 months	✓
Tonsils, adenoids and grommets	2 months	✓
Bone, joint and muscle	2 months	✓
Joint reconstructions	2 months	✓
Kidney and bladder	2 months	✓
Male reproductive system	2 months	✓
Digestive system	2 months	✓
Hernia and appendix	2 months	✓
Gastrointestinal endoscopy	2 months	✓
Gynaecology	2 months	✓
Miscarriage and termination of pregnancy	2 months	✓
Chemotherapy, radiotherapy and immunotherapy for cancer	2 months	✓
Pain management	2 months	✓
Skin	2 months	✓
Breast surgery (medically necessary)	2 months	✓
Diabetes management (excluding insulin pumps)	2 months	✓

CLINICAL CATEGORIES	WAITING PERIOD	BRONZE PLUS
Heart and vascular system	2 months	✗
Lung and chest	2 months	✓
Blood	2 months	✓
Back, neck and spine	2 months	✗
Plastic and reconstructive surgery (medically necessary)	2 months	✗
Dental surgery (surgeon fees excluded)	2 months	✓
Podiatric surgery* (provided by a registered podiatric surgeon)	2 months	✓
Implantation of hearing devices	2 months	✗
Cataracts	2 months	✗
Joint replacements	2 months	✗
Dialysis for chronic kidney failure	2 months	✗
Pregnancy and birth	12 months	✗
Assisted reproductive services	2 months	✗
Weight loss surgery	2 months	✗
Insulin pumps	2 months	✗
Pain management with device	2 months	✗
Sleep studies	2 months	✓
Ambulance	2 months	✓

✓ - Included ✗ - Excluded R - Restricted

Anything within the above table that is a pre-existing condition has a 12-month waiting period except for rehabilitation, hospital psychiatric services, palliative care and ambulance.

*Benefits for theatre, accommodation & medical devices & human tissue products as an inpatient in hospital are covered, however no benefits are payable to the surgeon or anaesthetist.

Please keep in mind that this isn't the full list of services covered. If you're planning a trip to hospital, it's always a good idea to call us and check what you are covered for before being admitted.

RESTRICTIONS AND EXCLUSIONS

A Restricted service is a treatment or service that we'll pay a limited benefit towards your treatment. The benefit won't cover the full cost of your treatment.

If you are admitted to a private hospital for one of these services, the hospital may, at their discretion, charge you an additional out-of-pocket amount above what the RBHS pays. Please contact the hospital before your admission as they will need to advise you of any additional charges for your stay.

All of our Hospital products exclude cosmetic surgery and services not covered by Medicare except for Podiatric Surgery (by a registered Podiatric surgeon). An excluded service means you have no cover at all.

WHAT'S NOT COVERED

There are a few things that aren't covered by your hospital cover. They include treatments and services that:

- ✗ are received within your waiting periods
- ✗ Medicare doesn't cover (like cosmetic surgery) except for Podiatric Surgery (by a registered Podiatric surgeon)
- ✗ are received outside Australia
- ✗ are covered by compensation or another type of insurance (like third party or sports club insurance)
- ✗ were received more than 2 years ago
- ✗ Outpatient treatment & services (unless there's a special agreement between us and the hospital) and:
- ✗ Some high cost drugs (non PBS/TGA approved)
- ✗ Some medical devices and consumables
- ✗ Experimental treatments

✗ Pharmacy – most pharmacy items that you're given while you're in hospital are covered by your hospital bill. The hospital may charge you extra for pharmacy items that you take home with you and this isn't covered by your hospital cover, e.g. regular medication.

✗ Medical devices and human tissue products that aren't listed on the Government's Medical Devices and Human Tissue Products List. (A medical device and human tissue product is an artificial substitute for a body part.)

Please contact us if you are planning a hospital admission so we can talk you through your cover and any out-of-pocket costs you might have.

Waiting Periods and Important Information

WAITING PERIODS

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. RBHS will provide continuity of cover for anyone transferring directly 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. Any waiting periods already served will be recognised. 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.

HOSPITAL COVER

MONTHS	TYPE OF WAITING PERIOD
0	Accidents requiring hospitalisation
2	Rehabilitation, Psychiatric treatment and Palliative Care (even for pre-existing conditions)
	Most other hospital treatment (excluding pre-existing ailments)
12	Pre-existing ailments and conditions (except Rehabilitation, Psychiatric treatment and Palliative Care)
	Pregnancy and Birth related services*

*Gold Hospital cover only

PREMIUM EXTRAS COVER

MONTHS	TYPE OF WAITING PERIOD
2	Ambulance
	Physiotherapy
	Chiropractic and osteopath
	General dental
	Approved health management programs
12	Other general treatment
	Major dental
	Health aids (including Orthotics) and screening

Please note that not all items are listed and other waiting periods may apply. For a complete list of services and their waiting periods, please visit myrbhs.com.au.

PRE-EXISTING CONDITION

A pre-existing condition is 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 or upgraded to a higher 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 the hospital cover or upgrading to a higher hospital cover. Please contact us before any hospital admission to confirm your cover.

EXCESS

The excess applies to each person on your cover and there is a maximum amount for each person per calendar year. There are different excess options, depending on the product. These include:

- \$500 per person or \$1,000 per couple/family per calendar year.
- \$750 per person or \$1,500 per couple/family per calendar year.

Day surgery: you only pay half the excess per admission.

If you want to change your excess, there is a 2-month waiting period (except for pre-existing conditions and pregnancy and birth, which is 12 months).

Please note: If the charge for your first admission is less than the excess amount, any remaining excess must be paid if you're admitted again in the same Membership Year.

Hospital Cover - What Is and Isn't Covered?

HOSPITAL COVER – WHAT'S COVERED

- ✓ Public or private hospital bed
 - shared or private room (if available)
- ✓ Same-day surgery
- ✓ Theatre fees
- ✓ Special unit accommodation
- ✓ In-hospital psychiatric treatment*
- ✓ In-hospital rehabilitation treatment*
- ✓ In-hospital pharmacy
- ✓ Surgical medical devices and human tissue products, up to the benefit listed on the Government's Medical Devices and Human Tissue Products List (medical devices and human tissue products are an artificial substitute for a body part)
- ✓ Ambulance services Australia wide
- ✓ Emergency ambulance treatment and transport to hospital via road, air and sea by a state ambulance provider
- ✓ Non – emergency road and air ambulance transport
- ✓ Emergency ambulance treatment without transport
- ✓ Emergency ambulance transport between private hospitals
- ✓ Hospital substitution programs (read more on page 10)
- ✓ Health programs (read more on page 10)

**Gold Hospital only*



HOSPITAL COVER – WHAT'S NOT COVERED

There are a few things that aren't covered by your hospital cover. They include treatments and services that:

- ✗ are received within your waiting periods (see pages 5-7)
- ✗ Medicare doesn't cover (like cosmetic surgery)
- ✗ are received outside Australia
- ✗ are covered by compensation or another type of insurance (like third party or sports club insurance)
- ✗ were received more than 2 years ago
- ✗ Outpatient treatment and services (unless there's a special agreement between us and the hospital) and:
- ✗ High cost (non PBS/TGA approved) drugs.
- ✗ Pharmacy – most pharmacy items that you're given while you're in hospital are covered by your hospital bill. The hospital may charge you extra for pharmacy items that you take home with you and this isn't covered by your hospital cover, e.g. regular medication. See our Extras cover on page 11 for pharmacy benefits
- ✗ Medical devices and human tissue products that aren't listed on the Government's Medical Devices and Human Tissue Products List. (Medical devices and human tissue products are an artificial substitute for a body part)
- ✗ General patient transport, e.g. hospital to home, nursing home, medical appointments
- ✗ Ambulance subscriptions, fees and state-based levies
- ✗ Ambulance services that are paid for by the Government, compensation or other kinds of insurance
- ✗ Any transport provided by a non-recognised state ambulance provider
- ✗ Some medical devices and consumables
- ✗ Experimental treatments
- ✗ Incidental fees such as Foxtel and newspapers

Hospital Cover - What Is and Isn't Covered?

MAKE A MEDICAL CLAIM

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 – 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.

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 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 RBHS for payment, and you will receive an advice of the benefits we have paid.

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 hospital cover can choose to be admitted as a private patient in a public hospital.

AGED BASED DISCOUNT

If you are under 30 years old, you are eligible for the aged-based discount on our Gold Hospital cover of up to 10%. For more information, visit myrbhs.com.au/ageddiscount.

AGREEMENT HOSPITAL

RBHS has agreements with most private hospitals in Australia. You can search our agreement hospitals list at 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.

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.

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.



Health Programs & Support

Our Health and Hospital Substitution programs are designed to support our members on their health journey or on their road to recovery. We have a number of programs to suit a variety of health and recovery needs.

HEALTH PROGRAMS

Our health programs are designed to help you keep on top of your health and live a healthier life. We have a range of health programs to help you manage a number of different health conditions. The waiting period to receive health programs is 2 months of continuous cover.

HOSPITAL SUBSTITUTION PROGRAMS*

Our Hospital substitution programs allow you and/or your family members to recover in the comfort of your own home with a range of in home hospital treatments, so you can have the choice of treatments that suit your needs. You'll need to have served your 2-month waiting period and have a referral from your treating doctor to be eligible. Please note, anything that is a pre-existing condition will have a 12-month waiting period.

*Hospital substitution programs Hospital at Home and Rehab at Home can ONLY substitute hospital treatments you are covered for. Exclusions and restrictions apply. Please contact us on 1800 027 299 for more information.



HOSPITAL AT HOME

Going to hospital and want to be back in your own home as soon as possible? Hospital at Home is a program that lets you receive short-term therapy services such as IV antibiotics and wound care at home. A referral is required from your treating doctor to be eligible. Please note that anything that is a pre-existing condition will have a 12-month waiting period.



CHEMO AT HOME

Did you know RBHS hospital cover gives you access to chemotherapy treatment at home? Our trusted provider, View Health, have a program called Chemo at Home that allows you to get the treatment you need (if it's covered by Medicare) delivered in your home including chemotherapy, targeted cancer therapies and targeted therapies for inflammatory bowel disease.



REHAB AT HOME

Rehab at Home helps you 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 cover physiotherapy, occupational therapy and more. Please note that waiting periods may apply for these health programs.

WANT EXPERT HELP?

Ask our friendly team of experts! Our resident health program experts love a chat. They know you don't need any extra stress and make our health programs and hospital options easy. If you're a member who would like to know more about our health programs or hospital treatment options, we're here to help. Ask one of our experts on our website at myrbhs.com.au/askourexerts or call us on 1800 027 299.

Premium Extras

SERVICE		BENEFIT LIMIT (PER PERSON)*
General Dental		No annual limit
Major Dental*	Surgery	<i>\$6500 in any 5 rolling years</i> 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
	Crowns and bridges	<i>\$6000 in any 5 rolling years</i> 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	<i>\$2500 in any 5 rolling years</i> 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		<i>\$1,700 in any 2 rolling years</i> After 1 year - \$850 After 2 years - \$1,700
Orthodontic		<i>\$4,450 lifetime limit</i> 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	<i>\$920 in any 2 rolling years</i> After 1 year - \$460 After 2 years - \$920
	Laser Surgery	<i>\$1,350 per eye in a lifetime</i> 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 in any 1 calendar year
Pharmacy		\$1,000 in any 1 calendar year
Physiotherapy		\$1,000 in any 1 calendar year
Chiropractic		\$920 in any 1 calendar year
Podiatry^		\$750 in any 1 calendar year
Psychologist		\$920 in any 1 calendar year
Acupuncture		\$850 in any 1 calendar year
Complementary Therapies		\$850 in any 1 calendar year
Hearing aids		<i>\$5,440 in any 5 rolling years</i> 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

Extras cover gives you benefits for things that aren't covered by Medicare, like dental, optical, physiotherapy and more. You can take extras cover on its own however adding hospital cover will cover you for hospital and medical costs.

Benefits are rebated at 90% of the fee charged for each service/item (except where otherwise indicated), up to the maximum benefit payable. Visit myrbhs.com.au/health-insurance/extras-cover/premium-extras to find out more.

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.



*Set benefits apply per item number for dental (90% up to set benefit). ^Consults only. Sub limits pay apply (contact the fund for the full list of benefits).

IMPORTANT INFORMATION: EXTRAS

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.

HOW TO 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.

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.



Other Important Information

FIND A REGISTERED SERVICE PROVIDER

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

RECEIVE MY BENEFIT

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

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

Rolling Year Limits are based on the first date of service.

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 15 for more information).

OPTICAL BENEFITS

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 nonprescription sunglasses.

PHARMACY BENEFITS

Pharmacy Benefits apply after the standard Pharmaceutical Benefit Scheme (PBS) amount has been deducted. The PBS amount changes every year on 1 January. This means that you will pay the first PBS amount and the RBHS pays a benefit up to \$160 per claim on the balance. Annual limits apply. Further details are available at pbs.gov.au.

COMPLEMENTARY THERAPIES BENEFITS

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 before undergoing any treatment or purchasing any goods mentioned in the table on page 11 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 all of our covers include Australia wide Ambulance cover. The benefit generally covers the full cost of medically necessary ambulance charges within Australia. It also includes land, air and sea ambulance by a state ambulance provider and has no annual limit. Ambulance subscriptions are not payable by the RBHS.



Who Pays?

MEDICARE BENEFIT 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.

Between Medicare, private health insurance and out-of-pocket costs, it's important to understand who pays for what. Benefits depend on your level of cover and any restrictions, exclusions or waiting periods you have. You can check what you're covered for and your waiting periods using our app, or by calling us on 1800 027 299.

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.

	MEDICARE	RBHS		YOU
		HOSPITAL	EXTRAS	
Ambulance Emergency and/or non-emergency	✗	✓	✓	✗
Doctors fees outside hospital (outpatient) Things like GP, specialist, radiology and pathology fees	✓	✗	✗	✓
Doctor fees in hospital (inpatient) Things like specialists, radiology and pathology fees.	✓	✓	✗	✓
Public hospital charges If you're admitted as a public patient	✓	✗	✗	✗
Public hospital charges If you're admitted as a private patient	✓	✓	✗	✓
Private hospital charges Like accommodation and theatre fees	✗	✓	✗	✓
Other services Things like dental, optical and physiotherapy	✗	✗	✓	✓

Government Incentives

There are a few government rules and incentives that apply to health insurance.

AUSTRALIAN GOVERNMENT REBATE ON PRIVATE HEALTH INSURANCE

The Federal Government offers a rebate to help with the cost of private health insurance (so that more people would take out private cover), and to help take the pressure off the public hospital system. There are a few things to know about the Government Rebate:

- Its income tested
- It's only applied to the standard cost of your cover. If you have a Lifetime Health Cover loading, the Rebate isn't applied to that portion of your payments
- The Rebate you get is based on the age of the oldest person of your membership, your taxable household income (for Medicare Levy Surcharge purposes), CPI (inflation) and the average health fund industry increase in premiums
- It's up to you to let us know your Rebate Tier. But don't worry – if you don't tell us (or choose the wrong one) the ATO will work out any difference when you do your tax
- If you aren't sure which Tier to choose, head to privatehealth.gov.au or ask your tax agent, financial advisor or the ATO
- You don't have to take the Rebate as a reduced premium, you can pay the full cost of your health cover and claim any Rebate back at tax time

	STEP 1: INCOME THRESHOLD (For 2025/26 financial year)	STEP 2: AGE AND REBATE AMOUNT AGE OF OLDEST PERSON ON YOUR MEMBERSHIP			MEDICARE LEVY SURCHARGE This will only apply if you don't have private hospital cover
		UNDER 65 YEARS	65-69 YEARS	70+ YEARS	
Base Tier	Single \$101,000 or less Family* \$202,000 or less	24.288%	28.337%	32.385%	0%
Tier 1	Single \$101,001 - 118,000 Family* \$202,001 - 236,000	16.192%	20.240%	24.288%	1%
Tier 2	Single \$118,001 - 158,000 Family* \$236,001 - 316,000	8.095%	12.143%	16.192%	1.25%
Tier 3	Single \$158,001 or more Family* \$316,001 or more	0%	0%	0%	1.5%

*If you are a family with children, the income 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 and to apply for the Australian Government Rebate, visit myrbhs.com.au/rebate.

LIFETIME HEALTH COVER (LHC)

Lifetime Health Cover loading is designed by the government to encourage people to take out hospital cover at a young 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. There are some other exemptions:
 - a) If you migrated to Australia in the last 12 months or were overseas. Visit privatehealth.gov.au for details
 - b) People who were born on or before 1 July 1934
- If you decide to get hospital cover later, you'll pay 2% more for cover for every year you're over 30. Once you take out Hospital Cover, your loading is locked in at the same rate.
- The maximum LHC loading you can have is 70% at 65 years old
- LHC loadings stay on your cover for 10 years. Once you've had hospital cover for 10 years straight the loading is removed (some conditions apply)

Please visit myrbhs.com.au/help-centre/government-rules/lifetime-health-cover-lhc-loading/ for more info about Lifetime Health Cover hospital, in which case, the RBHS may pay benefits towards the hospital and medical fees.

MEDICARE LEVY SURCHARGE

The Medicare Levy Surcharge (MLS) applies to Australian taxpayers who do not hold private hospital cover for the full financial year and who earn above a certain income (\$101,000 for singles and \$202,000 for couples and families in the 2025/26 financial year).

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. RBHS Hospital covers exempts you from the Medicare Levy Surcharge.



Join the RBHS

JOINING THE RBHS IS EASY

Simply choose the best level of cover for you then choose how you'd like to join.

Online – myrbhs.com.au

Phone – 1800 027 299

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

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

SWITCHING IS EASY

Members transferring from another registered private health insurance fund do not have to serve any waiting periods that have already been served, 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.
- You transfer to the RBHS within 2 months of leaving your previous fund.

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 MY COVER

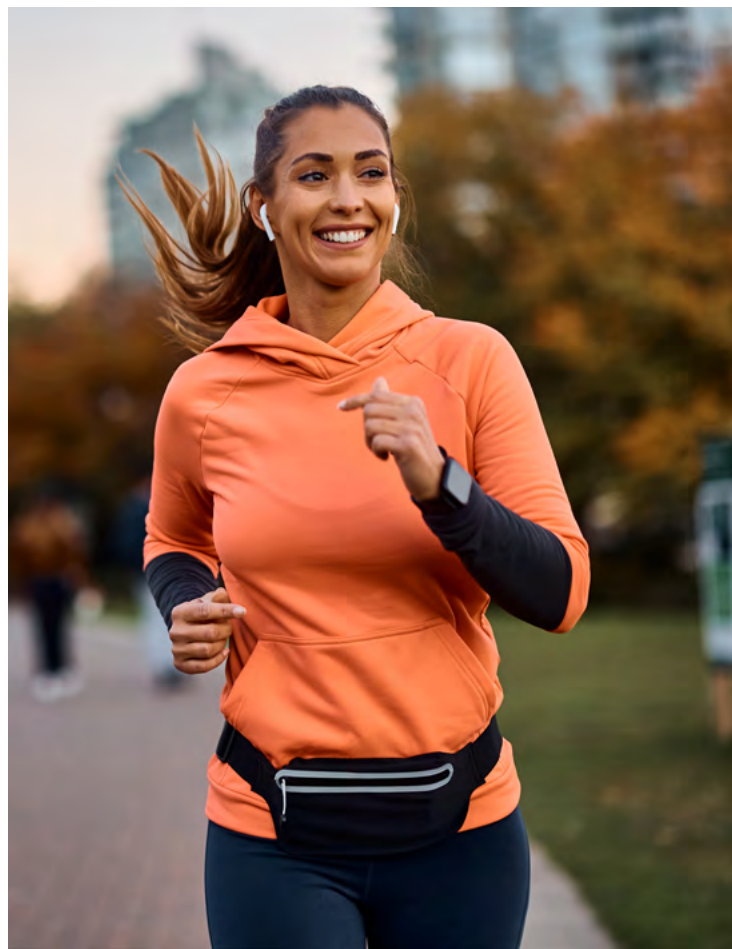
You can change or upgrade your cover to one that better suits your needs at any time. Simply email us at info@myrbhs.com.au or call us on 1800 027 299 to request a change form.

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.





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).



Each health fund has a short summary of every product in a standard format to help you compare them side by side. They are called Private Health Information Statements (PHIS) and you can easily get them from the Private Health Insurance Ombudsman's website by visiting health.gov.au/resources/apps-and-tools/compare-health-insurance-policies.

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 or call us on 1800 027 299.

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.

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 or visit 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 myrbhs.com.au/policies. For general information about private health insurance, please visit privatehealth.gov.au.

POLICY INFORMATION

This document provides information to help you understand what you will and will not be covered for under your policy. These details are in conjunction with the fund and policy rules at the date of this guide. It is important that you read this document carefully and retain a copy for your reference. For more information about your specific needs, please contact us or visit our website.

Use Online Member Services

With our member self-service you can manage your membership when and how it suits you: download the mobile app on your smart phone, or log in using your browser, it's your choice. Self-service features include:

- Quick and easy claiming
- Manage your cover details, including contact details and payments
- Check your remaining extras benefit limits or view the clinical categories you are covered for under your hospital cover
- View your claims history
- Access member communications through the secure inbox
- Safely upload important documents when needed
- Manage Medicare card details and update your income tier when needed
- Order a new membership card



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 myrbhs.com.au.



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