



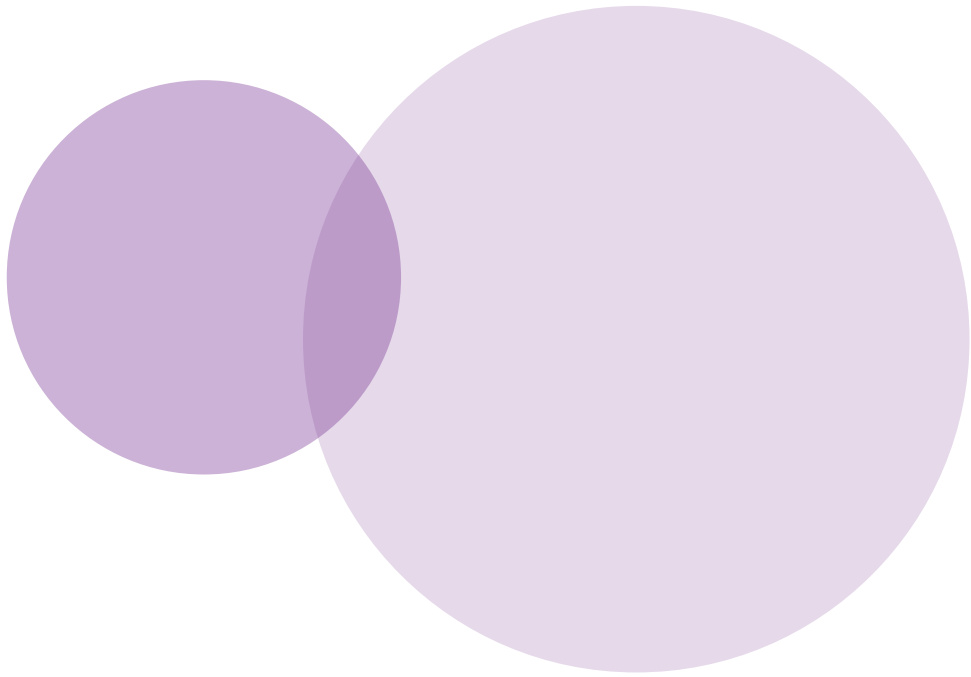
reserve bank health society
simply better benefits

Gold Hospital and Premium Extras cover

As at 1 April 2023

simply better benefits

Please read this document carefully and retain for future reference.



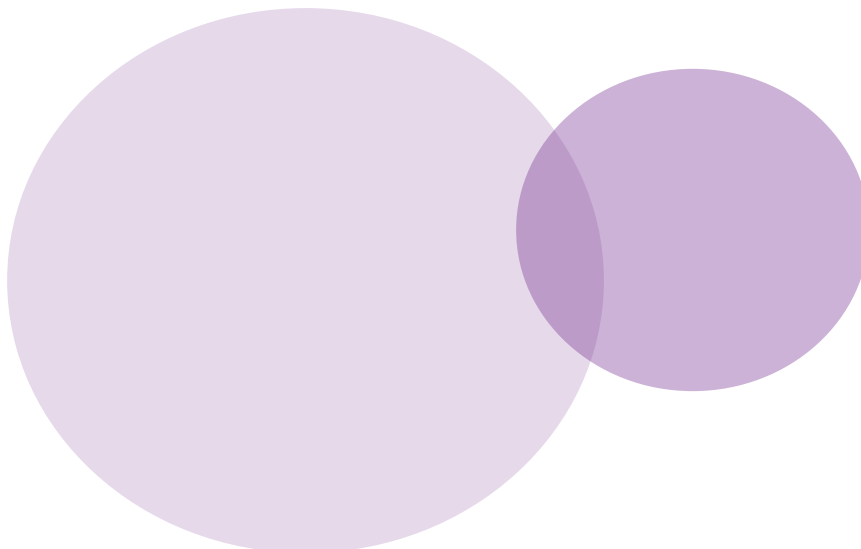
Premium Extras Cover (as at 1 April 2023)

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.

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.

Service		Benefit Limit (per person) *
DENTAL		
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 rolling 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

*Sub limits may apply (contact the fund for the full list of benefits)



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.

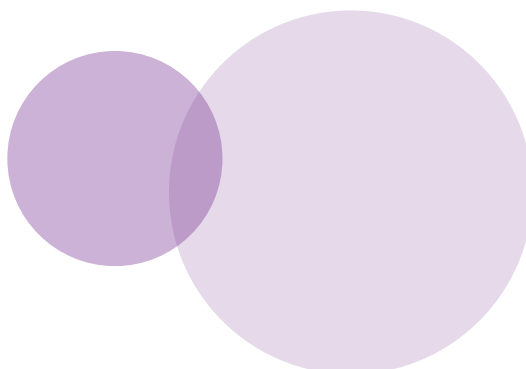
Please contact the fund prior to the service so you can find out the exact benefit amount available to you.

Service		Benefit Limit (per person) *		
OPTICAL				
Glasses	Glasses - frames (A)	\$180 \$360	after 1 year after 2 years	Notes: A combined limit of \$920 in any 2 rolling years applies to glasses and contact lenses. Combined limit after 1 year = \$460
	Glasses - lenses, single vision (A)	\$185 \$370	after 1 year after 2 years	
	Glasses - lenses, bifocal (A)	\$200 \$400	after 1 year after 2 years	
	Glasses - frames, multifocal (A)	\$280 \$560	after 1 year after 2 years	
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	
Orthoptic treatment and eye therapy, when referred by a registered optometrist or ophthalmologist - initial/extended consultation - subsequent consultation		\$95 \$73	\$790 limit in any 1 calendar year per visit per visit	
Excimer laser treatment		\$270 \$540 \$810 \$1,080 \$1,350	\$2,700 lifetime limit (\$1,350 per eye) 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	
MISCELLANEOUS SERVICES				
Acupuncture (D) - initial/extended consultation - subsequent consultation		\$80 \$55	\$850 limit in any 1 calendar year per visit per visit	
Antenatal classes		\$260	In any 1 calendar year	
Ambulance (F) - note: ambulance subscriptions not rebateable		100% of the cost, no annual limit		
Health aids (D) - when prescribed		\$1,040	In any 3 rolling years	
Chiropody/Podiatry (D) - initial/extended consultation - subsequent consultation - diagnostic services - podiatry surgery (non Medicare rebateable)		\$80 \$57 \$70 \$200	Limit of \$750 in any 1 calendar year per visit per visit each item each item	
Chiropractic/Osteopathy (D) - initial/extended consultation - subsequent consultation		\$80 \$60	Limit of \$920 in any 1 calendar year per visit per visit	
Chiropractic/Osteopathy 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 calendar year	
Dietician (D) - initial/extended consultation - subsequent consultation		\$107 \$65	Limit of \$425 in any 1 calendar year per visit per visit	

*Sub limits may apply (contact the fund for the full list of benefits)

Service	Benefit Limit (per person) *	
Health Screening	\$610	In any 3 rolling years
Health Management Programs - Fitness programs - Improvement programs	\$200 \$200	<i>Limit of \$200 in any 1 calendar year</i>
Hearing aids (D) - when prescribed	\$1,088 \$2,176 \$3,264 \$4,352 \$5,440	<i>Limit of \$5,440 in any 5 rolling years (\$2,720 per ear)</i> 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	<i>\$2,800 lifetime limit</i> 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
Complementary Therapies (D) - includes remedial massage, myotherapy, Chinese herbal medicine consult and hydrotherapy - initial/extended consultation - subsequent consultation	\$82 \$64	<i>Limit of \$850 in any 1 calendar year</i> per visit per visit
Occupational therapy (D) - initial/extended consultation - subsequent consultation	\$97 \$80	<i>Limit of \$790 in any 1 calendar year</i> per visit per visit
Outpatient theatre fee - clinic	\$1,000	<i>No annual limit</i>
Patient support accommodation (E)	\$60	<i>Limit of \$550 in any 1 calendar year</i> per day
Physiotherapy (D) - initial/extended consultation - subsequent consultation - group physiotherapy	\$82 \$75 \$25	<i>Limit of \$1,000 in any 1 calendar year</i> per visit per visit per visit
Prosthesis - 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>
Prosthesis - ex gratia (C)	Set by legislation	
Psychologist (D)	\$170	<i>Limit of \$920 in any 1 calendar year</i> per visit
Serum and vaccine	90% of the cost	<i>No annual limit</i>
Social worker (D)	\$53	<i>Limit of \$500 in any 1 calendar year</i> per visit
Speech therapy (D)	\$103	<i>Limit of \$1,000 in any 1 calendar year</i> per visit

*Sub limits may apply (contact the fund for the full list of benefits)



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. The PBS amount changes on 1 January every year. Further details on the PBS are available at pbs.gov.au. The RBHS will pay 100% of the remaining cost up to a benefit of \$160.00.

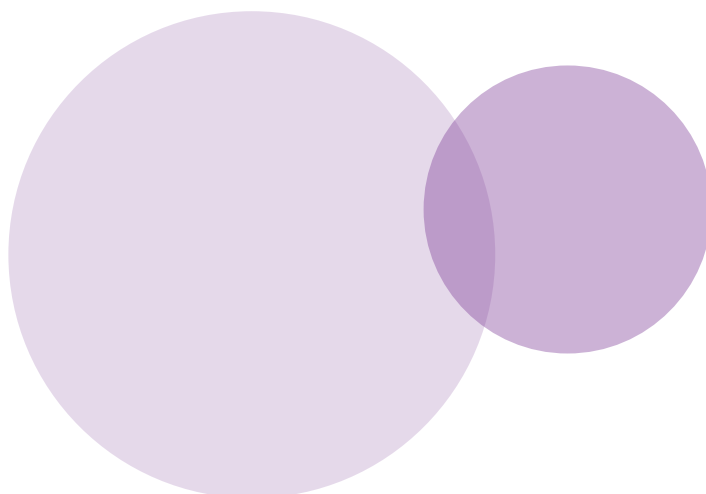
Service	Benefit Limit (per person) *	
Pharmaceuticals and miscellaneous medicines		
Pharmaceuticals and miscellaneous medicines - per script (in excess of the PBS amount)	\$160	Limit of \$1,000 in any 1 calendar year

*Sub limits may apply (contact the fund for the full list of benefits)

Notes

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

- (A) When prescribed by a registered optometrist or ophthalmologist. 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.
- (C) Rebated at the maximum benefit level set by legislation.
- (D) Under the Private Health Insurance Accreditation Rules, the RBHS must comply with guidelines in relation to provider registration standards. We are able to pay on providers that have a current registration with Medicare or the Australian Regional Health Group (ARHG). If you are unsure, please ask your provider if they are registered with either of these groups.
- (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.
- (H) Items not included on Government's Protheses List - rebated as per Australian Health Services Alliance (AHSA) recommendations and/or individual Board approval.
- (I) Rolling year limits are based on date of first service once benefit limitation periods have been served.



Gold Hospital Cover (as at 1 April 2023)

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

If you choose to go to a public hospital as a private patient, the charges are set by the various state and territory Governments. The RBHS covers most public hospital stays, unless they charge over the Commonwealth default rate. Please contact us before you go to hospital for more details.

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. In those instances members could have large out-of-pocket expenses.

Other benefits payable from Gold Hospital cover:

Gold Hospital covers 100% of the following fees in contracted hospitals. Please contact us before you go to hospital for more details.

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

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;

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.

Manage your health

RBHS hospital cover delivers health programs to help you stay healthy and optional hospital services in the comfort of your own home.

Read more at myrbhs.com.au/myhealth for all the details including waiting periods. You can also find useful information on health conditions and procedures.

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 and 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	2
Physiotherapy	
Chiropractic & osteopath	
General dental	
Approved health management programs	12
Optical & laser eye	
Major dental	
Health aids (including Orthotics) & screening	
Mammography	

Please note that not all items are listed and other waiting periods may apply.

Please contact the fund for more information.

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

Exclusions

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

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.

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 an Extras claim

- **Mobile app** - The RBHS mobile app makes claiming even easier for members, offering quick and easy photo claiming. Simply enter your details, take a photo of the receipt for your service and submit.
The RBHS mobile app also provides claims history so you can view past claims. The app is compatible with Apple and Android devices. Visit our website or search RBHS on Google Play or the App store to download the app.
- **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.
- **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.



Making a Medical claim

- **Access Gap** – If your doctor chooses to participate in the Access Gap Scheme, they 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 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:

- check your Extras benefit limits usage
- view 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

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**.

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.

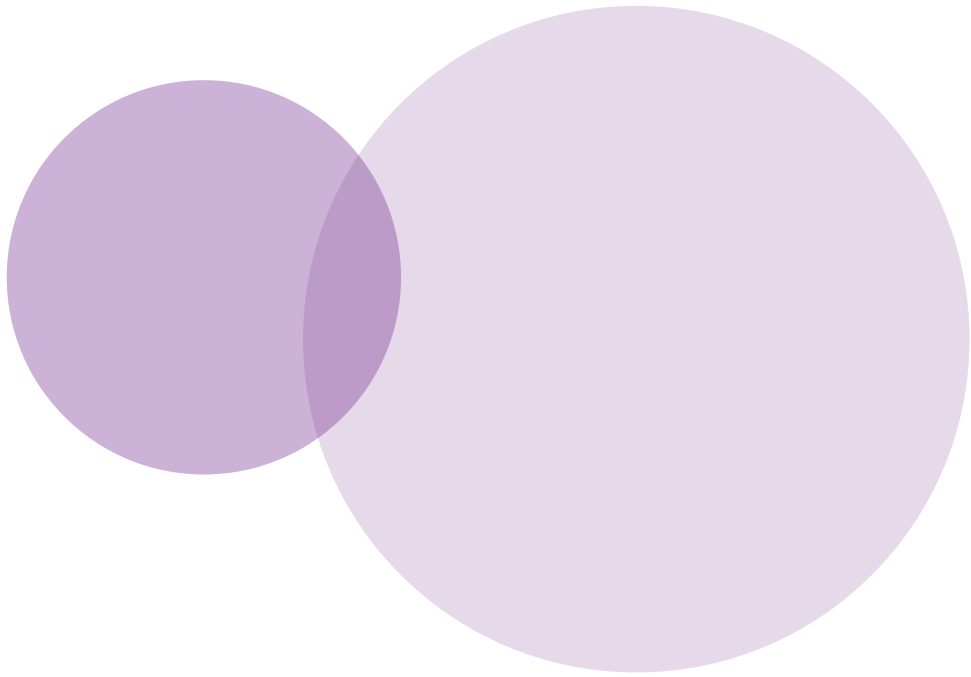
We will promptly respond or direct you to the appropriate individual or manager to handle the complaint. If we are unable to assist you, you can contact the Private Health Insurance Ombudsman (PHIO) on **1300 362 072** or visit www.ombudsman.gov.au. PHIO is free, independent and protects the rights of 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. For general information about private health insurance, please visit www.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.

Please read this document carefully and retain for future reference.





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