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Gold Hospital

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Gold Hospital Cover

As at 1 April 2025

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	✓

✓ - Included

*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.

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.

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.

EXCLUSIONS

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.

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 medical devices and human tissue products - you may have an out-of-pocket cost in relation to your medical devices and human tissue products, depending on your doctor's billing. We will pay the benefit listed on the Government's Medical Devices and Human Tissue Products List, and if your doctor charges above that amount, you will be required to pay the difference as an out-of-pocket expense.

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.

Important Information

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.

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. 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.

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.

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.

ACCESS GAP

Access Gap is a scheme to reduce your out-of-pocket expenses for specialist treatment in a hospital or day surgery (also known as inpatient treatment).^{*}First you need to ask your specialist if they participate. If they do, we pay them more than the Medicare Benefit Schedule fee – resulting in lower or no out-of-pocket expenses for you. Note: Doctors can choose to take part in Access Gap on a case-by-case basis.

To find specialists who participate in Access Gap services, use our search tool here myrbhs.com.au/findaprovider.

^{*}Consultations, for instance, are only claimable through Medicare. Procedures (aka treatment, operation, surgery) may be claimed from a health fund.





Download our app today

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



Ambulance Cover

Without ambulance cover, an ambulance ride could cost you thousands. Our ambulance cover is included at no cost to you with any of our Hospital and Extras, Hospital Only or Extras Only covers. Queensland and Tasmania residents don't need to worry about ambulance travel in their states, as it's free. Queensland residents are also covered by their state when travelling around Australia.

WHAT'S COVERED:

- ✓ Emergency ambulance treatment and transport to hospital via road, air and sea by a state-approved ambulance provider
- ✓ Non – emergency road and air ambulance transport by a state-approved ambulance provider
- ✓ Emergency ambulance treatment without transport
- ✓ Emergency ambulance transport between private hospitals
- ✓ Unlimited nationwide
- ✓ 2 month waiting period
- ✓ No annual limit

WHAT'S NOT COVERED:

- ✗ 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 periods still apply

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.

Important Information



How to claim

Making a Medical claim

- **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.

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 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.

Proudly not-for- profit

The RBHS 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.

Members Health Fund Alliance

The RBHS 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.



Members Health
FUND ALLIANCE

Please read this document carefully and retain for future reference.



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Reserve Bank Health Society Limited. A registered private health insurer. ABN 91087 648 735.