



reserve bank health society
simply better benefits

Gold Hospital cover

As at 1 December 2022

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Gold Hospital Cover (as at 1 December 2022)

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.

Exclusions

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

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 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.

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 rehabilitation, 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	

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** – 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.

You can use our secure online services to:

- 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

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.



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