



**reserve bank health society**  
*simply better benefits*

# Premium Extras

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# Premium Extras Cover

As at 1 April 2025

Benefits are rebated at 90% of the fee charged for each service/item (except where otherwise indicated), 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.

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

SERVICE		WAITS	BENEFIT LIMIT (PER PERSON)*
<b>DENTAL</b>			
General Dental		2 months	No annual limit
Major Dental*	Surgery	12 months	\$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
	Crowns and bridges	12 months	\$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	12 months	\$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		12 months	\$1,700 in any 2 rolling years After 1 year - \$850 - After 2 years - \$1,700
Orthodontic		12 months	\$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
<b>OPTICAL</b>			
Glasses^	Frames	12 months	After 1 year - \$180 - After 2 years \$360
	Lenses, single vision	12 months	After 1 year - \$185 - After 2 years \$370
	Lenses, bifocal	12 months	After 1 year - \$200 - After 2 years \$400
	Lenses, multifocal	12 months	After 1 year - \$280 - After 2 years \$560
Contact lenses^	Contact lenses - toric	12 months	After 1 year - \$450 - After 2 years \$900
	Contact lenses - other	12 months	After 1 year - \$450 - After 2 years \$900
Orthoptic treatment and eye therapy - when referred by a registered optometrist or ophthalmologist		2 months	\$790 limit in any 1 calendar year Initial/extended consultation - \$95 per visit Subsequent consultation - \$73 per visit
Excimer laser treatment		12 months	\$2,700 lifetime limit (\$1,350 per eye) After 1 year, per eye - \$270 After 2 years, per eye - \$540 After 3 years, per eye - \$810 After 4 years, per eye - \$1,080 After 5 years, per eye - \$1,350
<b>MISCELLANEOUS SERVICES</b>			
Acupuncture (#)		2 months	\$850 limit in any 1 calendar year Initial/extended consultation - \$85 per visit Subsequent consultation - \$70 per visit
Antenatal classes		2 months	\$260 in any 1 calendar year
Ambulance - note: ambulance subscriptions not rebateable		2 months	100% of the cost - no annual limit
Health aids (#) - when prescribed		12 months	\$1,040 in any 3 rolling years
Chiropody/Podiatry (#)		2 months	Limit of \$750 in any 1 calendar year Initial/extended consultation - \$80 per visit Subsequent consultation - \$70 per visit Diagnostic services - \$70 each item Podiatry surgery (non Medicare rebateable) - \$200 each item
Chiropractic/Osteopathy (#)		2 months	Limit of \$920 in any 1 calendar year Initial/extended consultation - \$85 per visit Subsequent consultation - \$70 per visit
Chiropractic/Osteopathy x-rays		2 months	\$140 - Limit of \$300 in any 1 calendar year each occasion

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

^ A combined limit of \$920 in any 2 rolling years applies to glasses and contact lenses. Combined limit after 1 year = \$460. Combined limit after 2+ years = \$920.

(#) 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.

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SERVICE	WAITS	BENEFIT LIMIT (PER PERSON)*
<b>MISCELLANEOUS SERVICES</b>		
CPAP machine	12 months	<i>Limit of \$1,800 in any 5 rolling years</i> After 1 year - \$360 - After 2 years - \$720 After 3 years - \$1,080 - After 4 years - \$1,440 After 5 years - \$1,800
Diabetic supplies	2 months	\$500 in any 1 calendar year
Dietician (#)	2 months	<i>Limit of \$425 in any 1 calendar year</i> Initial/extended consultation - \$107 per visit Subsequent consultation- \$65 per visit
Health Screening	12 months	\$610 in any 3 rolling years
Health Management Programs	2 months	<i>Limit of \$200 in any 1 calendar year</i> Fitness programs - \$200 Improvement programs - \$200
Hearing aids (#) - when prescribed	12 months	<i>Limit of \$5,440 in any 5 rolling years (\$2,720 per ear)</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
Home nursing - visits to a home by a registered nurse	2 months	\$1,500 in any 1 calendar year
IVF treatment - the RBHS rebates 90% of non-Medicare costs	12 months	<i>\$2,800 lifetime limit</i> After 1 year - \$560 - After 2 years - \$1,120 After 3 years - \$1,680 - After 4 years - \$2,240 After 5 years - \$2,800
Mammography - not covered by Medicare	12 months	<i>Limit of \$210 in any 2 rolling years</i> After 1 year - \$105 After 2 years - \$210
Complementary Therapies* (#) - includes remedial massage, myotherapy, Chinese herbal medicine consult and hydrotherapy	2 months	<i>Limit of \$850 in any 1 calendar year</i> Initial/extended consultation - \$82 per visit Subsequent consultation- \$64 per visit
Occupational therapy (#)	2 months	<i>Limit of \$790 in any 1 calendar year</i> Initial/extended consultation - \$97 per visit Subsequent consultation- \$80 per visit
Outpatient theatre fee - clinic	2 months	\$1,000 - No annual limit
Patient support accommodation	2 months	<i>Limit of \$550 in any 1 calendar year</i> - \$60 per day
Physiotherapy (#)	2 months	<i>Limit of \$1,000 in any 1 calendar year</i> Initial/extended consultation - \$105 per visit Subsequent consultation - \$85 per visit Group physiotherapy - \$35 per visit
Medical devices and human tissue products - non surgically implanted	2 months	90% of the cost <i>Limit of \$5,000 in any 1 calendar year</i> *(Sub-Limit - no more than 2 medical devices and human tissue product wigs per limit year).
Psychologist (#)	2 months	<i>Limit of \$920 in any 1 calendar year</i> \$190 per visit
Serum and vaccine	2 months	90% of the cost - No annual limit
Social worker (#)	2 months	<i>Limit of \$500 in any 1 calendar year</i> \$53 per visit
Speech therapy (#)	2 months	<i>Limit of \$1,000 in any 1 calendar year</i> \$103 per visit
<b>PHARMACEUTICALS AND MISCELLANEOUS MEDICINES^^</b>		
Pharmaceuticals and miscellaneous medicines - per script (in excess of the PBS amount)	2 months	<i>Limit of \$1,000 in any 1 calendar year</i> \$160 per script

^^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 pre-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](http://pbs.gov.au). The RBHS will pay 100% of the remaining cost up to a benefit of \$160.00.

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

(#) 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.

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## 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.

## How to claim

### MAKING AN EXTRAS CLAIM



**Mobile app** - The RBHS mobile app makes claiming even easier for members, offering quick and easy claiming.



**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** - 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



**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](mailto:info@myrbhs.com.au).





# 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](mailto: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.



# Important Information



## 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



## 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](http://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](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 or visit [ombudsman.gov.au](http://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](http://myrbhs.com.au/policies). For general information about private health insurance, please visit [privatehealth.gov.au](http://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.



**Mail:** Locked Bag 23, Wollongong, NSW 2500

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