reserve bank health society
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Bronze Plus Hospital and Premium Extras

$500/$750 excess

simply better benefits

Please read this document carefully and retain for future reference.

Bronze Plus Hospital Cover

As at 1 April 2025

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 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.

GOING TO PUBLIC HOSPITAL AS A PRIVATE PATIENT?

Public hospital waiting lists apply whether you are a public or a private patient, so check these with your doctor and the hospital.

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.
- ✘ 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.

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.

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.

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

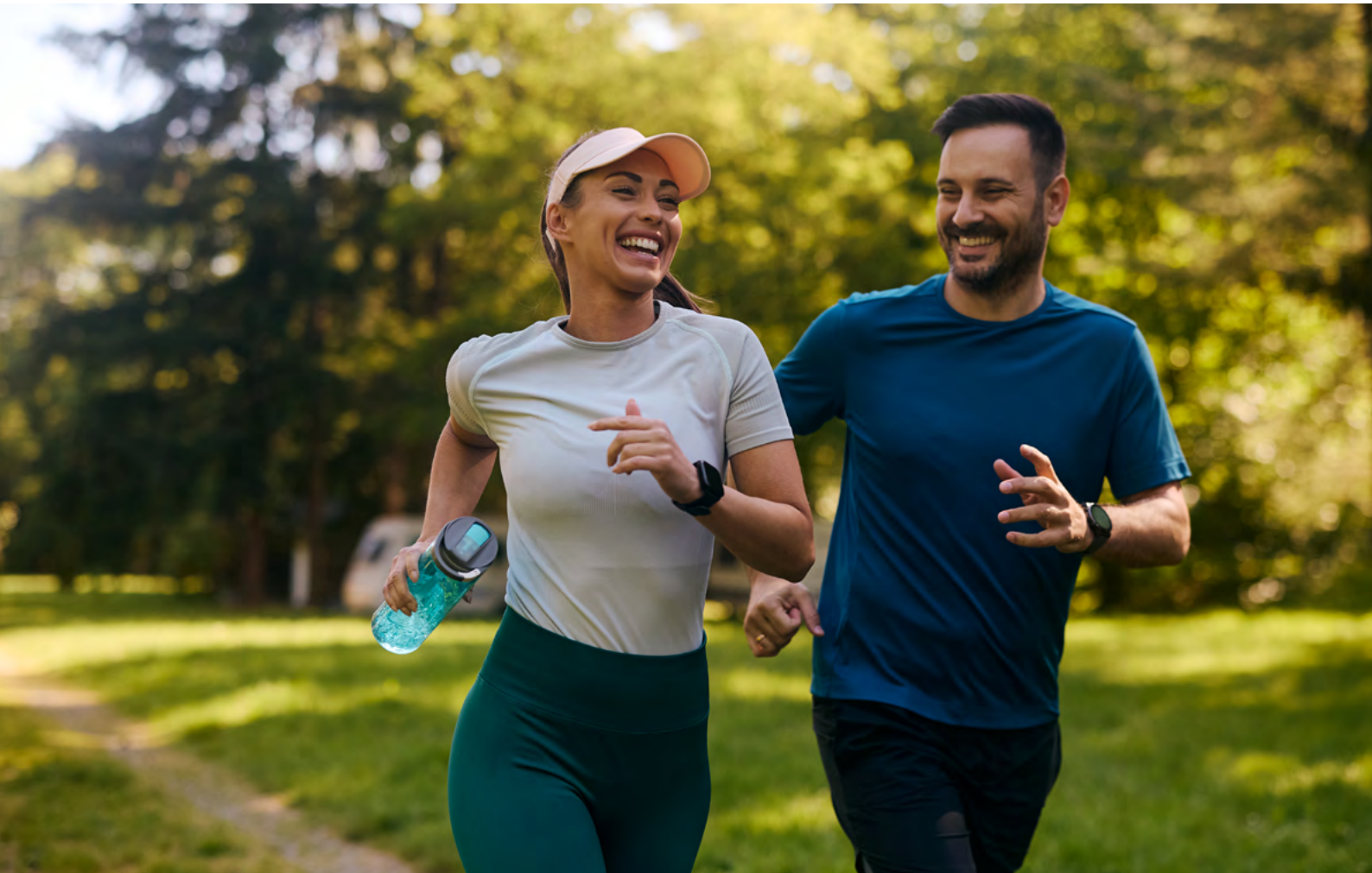
A pre-existing condition is any ailment, illness, or condition that you had signs or symptoms of (in the opinion of a medical practitioner appointed by the health insurer) that existed during the 6 months before you joined a hospital cover or upgraded to a higher hospital cover. It is not necessary that 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.

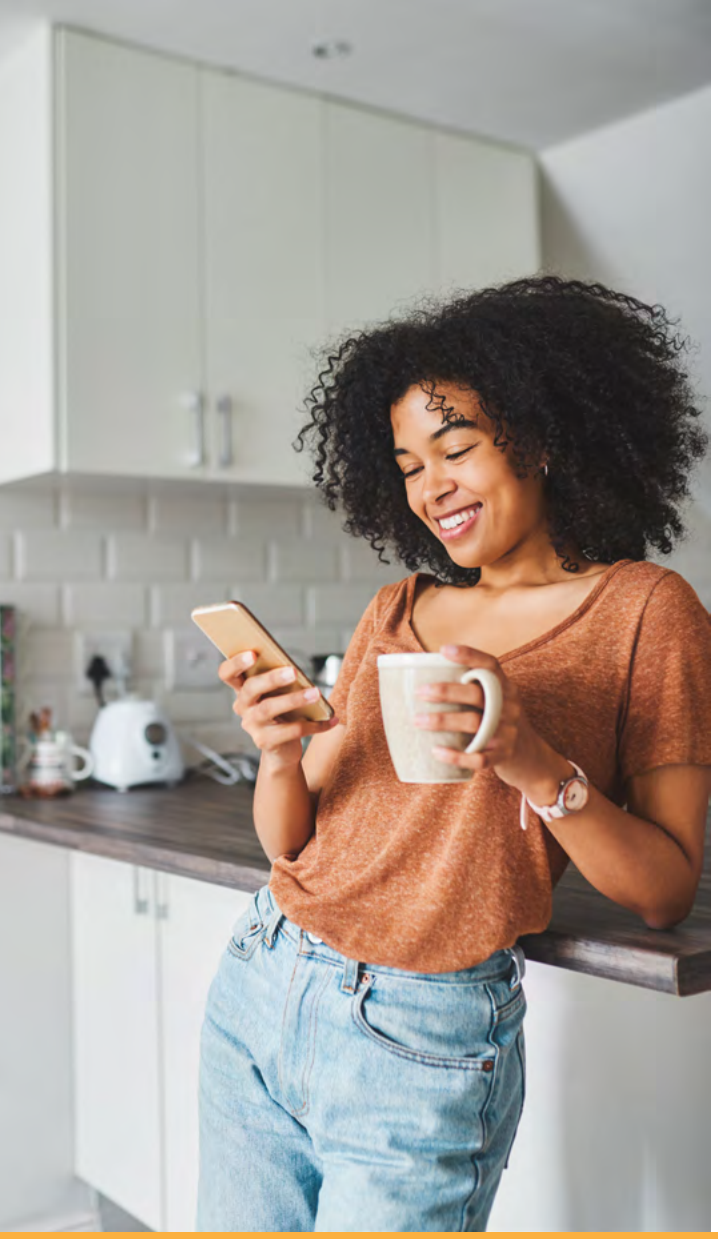
ACCESS GAP

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

Download on the App Store GET IT ON Google Play

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 recieve 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/askourexperts or call us on 1800 027 299.

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)*
DENTAL			
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
OPTICAL			
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* Intial/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
MISCELLANEOUS SERVICES			
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.

Premium Extras Cover

SERVICE	WAITS	BENEFIT LIMIT (PER PERSON)*
MISCELLANEOUS SERVICES		
CPAP machine	12 months	*Limit of $1,800 in any 5 rolling years* 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	*Limit of $425 in any 1 calendar year* Intial/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	*Limit of $200 in any 1 calednar year* Fitness programs - $200 Improvement programs - $200
Hearing aids (#) - when prescribed	12 months	*Limit of $5,440 in any 5 rolling years ($2,720 per ear)* 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	*$2,800 lifetime limit* 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	*Limit of $210 in any 2 rolling years* After 1 year - $105 After 2 years - $210
Complementary Therapies* (#) - includes remedial massage, myotherapy, Chinese herbal medicine consult and hydrotherapy	2 months	*Limit of $850 in any 1 calendar year* Intial/extended consultation - $82 per visit Subsequent consultation- $64 per visit
Occupational therapy (#)	2 months	*Limit of $790 in any 1 calendar year* Intial/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	*Limit of $550 in any 1 calendar year* - $60 per day
Physiotherapy (#)	2 months	*Limit of $1,000 in any 1 calendar year* Inital/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 *Limit of $5,000 in any 1 calendar year* *(Sub-Limit - no more than 2 medical devices and human tissue product wigs per limit year).
Psychologist (#)	2 months	*Limit of $920 in any 1 calendar year* $190 per visit
Serum and vaccine	2 months	90% of the cost - No annual limit
Social worker (#)	2 months	*Limit of $500 in any 1 calendar year* $53 per visit
Speech therapy (#)	2 months	*Limit of $1,000 in any 1 calendar year* $103 per visit
PHARMACEUTICALS AND MISCELLANEOUS MEDICINES^^		
Pharmaceuticals and miscellaneous medicines - per script (in excess of the PBS amount)	2 months	*Limit of $1,000 in any 1 calendar year* $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 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.

* 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.

Premium Extras Cover

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

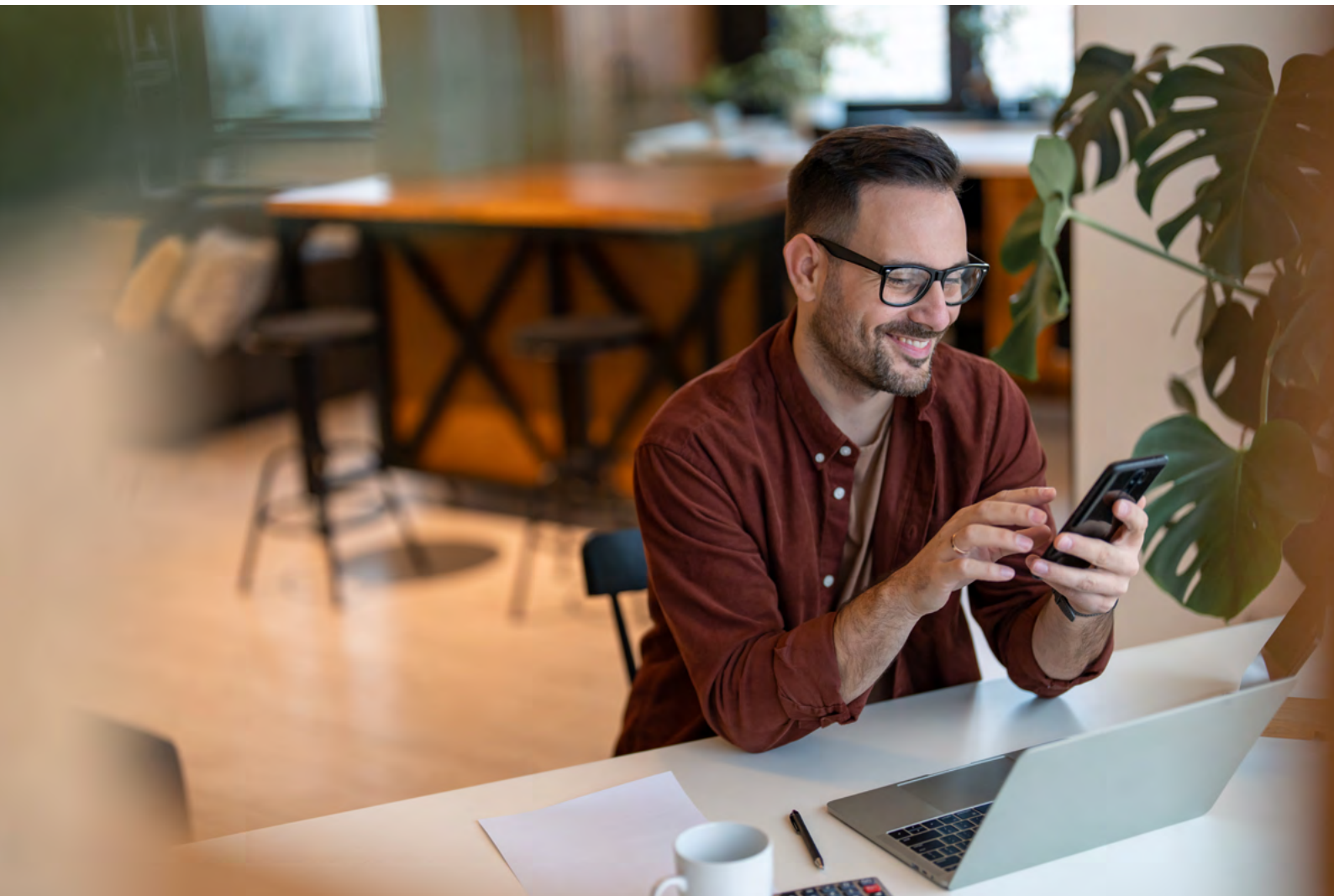
MAKING AN EXTRAS CLAIM

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.



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 visist 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

reserve bank health society
simply better benefits

Mail: Locked Bag 23, Wollongong, NSW 2500
Phone: 1800 027 299
Fax: 1300 309 704
Email: info@myrbhs.com.au
Web: www.myrbhs.com.au

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