

Private Health Information Statement - Combined policy

Gold Hospital and Premium Extras Cover

Reserve Bank Health Society Ltd
<http://www.myrbhs.com.au>
info@myrbhs.com.au
1800 027 299

Monthly Premium
\$891.32[#]
(before any rebate, loading or discount)

Covers two adults & dependants (3 or more people, only 2 of whom are adults)
Available in All States

You may be entitled to an Australian Government rebate on the above premium. Your premium may also include a Lifetime Health Cover loading, an age-based discount or an insurer discount. Check with your insurer for details.

This policy covers children up to and including the age of 17 and students up to and including the age of 24, as well as persons with a disability who qualify as a child or student in this age range.

Membership of this insurer is restricted to Current & former employees of the Reserve Bank.

Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy does not provide accident cover or benefits for travel and accommodation (outside of hospital).

- ✓ **Covered**

For information on what is covered under each category, see <https://privatehealth.gov.au/categories>
- R **Restricted**

Restricted categories partially cover your hospital costs as a private patient in a public hospital. You may incur significant expenses in a private room or private hospital.
- ✗ **Not Covered**

These categories are not covered by this policy.

This policy ✓ includes cover for

✓ Assisted reproductive services	✓ Eye (not cataracts)	✓ Miscarriage and termination of pregnancy
✓ Back, neck and spine	✓ Gastrointestinal endoscopy	✓ Pain management
✓ Blood	✓ Gynaecology	✓ Pain management with device
✓ Bone, joint and muscle	✓ Heart and vascular system	✓ Palliative care
✓ Brain and nervous system	✓ Hernia and appendix	✓ Plastic and reconstructive surgery (medically necessary)
✓ Breast surgery (medically necessary)	✓ Hospital psychiatric services	✓ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits)
✓ Cataracts	✓ Implantation of hearing devices	✓ Pregnancy and birth
✓ Chemotherapy, radiotherapy and immunotherapy for cancer	✓ Insulin pumps	✓ Rehabilitation
✓ Dental surgery	✓ Joint reconstructions	✓ Skin
✓ Diabetes management (excluding insulin pumps)	✓ Joint replacements	✓ Sleep studies
✓ Dialysis for chronic kidney failure	✓ Kidney and bladder	✓ Tonsils, adenoids and grommets
✓ Digestive system	✓ Lung and chest	✓ Weight loss surgery
✓ Ear, nose and throat	✓ Male reproductive system	

The benefits paid for hospital treatment will depend on the type of cover you purchase and whether your fund has an agreement in place with the hospital in which you are treated. See 'Agreement Hospitals' on privatehealth.gov.au for which hospitals have arrangements with your insurer – <https://privatehealth.gov.au/dynamic/agreementhospitals>.

Under this policy, you may have to pay out-of-pocket costs above what you get from Medicare or your private health insurer. Before you go to hospital, you should ask your doctors, hospital and health insurer about any out-of-pocket costs that may apply to you.

The following payments may also apply for hospital admissions

Excess: No excess

Co-payments: No co-payments

The following waiting periods for hospital admissions apply to new or upgrading members

Waiting periods:

- 2 months for palliative care, rehabilitation and hospital psychiatric treatments, even if pre-existing
- 12 months for other pre-existing conditions
- 12 months for pregnancy and birth (obstetrics)
- 2 months for all other treatments

Gap Cover

This provider offers '[known gap](#)' or '[no gap](#)' cover for medical bills for this product.

The [Medical Costs Finder](#) lets you find out more about the cost of specialist medical services.

Other features of this hospital cover

No waiting period applies for hospital treatment resulting from an accident.

For further information about this policy see

<https://www.myrbhs.com.au/siteassets/documents/cover-descriptions/gold-hospital-and-premium-extras.pdf>

General Treatment Cover

By using Reserve Bank Health Society's 'preferred providers' you may have lower out of pocket costs on Dental treatments and have access to more 'no gap' treatments. A list of 'preferred providers' is available from the fund.

This policy  includes General treatment (Extras) cover for

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental	2	No annual limit (no limit on preventative dental) (Sub-limits apply)	Periodic oral examination - \$50.00 Scale & clean - \$100.00 Fluoride treatment - \$33.00 Surgical tooth extraction - \$340.00
Major dental	12	\$1,200 per person (Sub-limits apply)	Full crown veneered - \$1,360.00
Endodontic	12	\$850 per person (Sub-limits apply)	Filling of one root canal - \$850.00
Orthodontic	12	\$890 per person \$4,450 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - 90% of charge
Optical	12	\$460 per person (Sub-limits apply)	Single vision lenses & frames - \$370.00 Multi-focal lenses & frames - \$560.00
Non PBS pharmaceuticals	2	\$1,000 per person (combined limit for non pbs pharmaceuticals & other services - Sub-limits apply)	Per eligible prescription - \$160.00
Physiotherapy	2	\$1,000 per person (Sub-limits apply)	Initial visit - \$105.00 Subsequent visit - \$85.00
Chiropractic	2	\$920 per person (combined limit for chiropractic & osteopathy - Sub-limits apply)	Initial visit - \$85.00 Subsequent visit - \$70.00

Podiatry	2	\$750 per person (Sub-limits apply)	Initial visit - \$80.00 Subsequent visit - \$70.00
Psychology	2	\$920 per person (Sub-limits apply)	Initial visit - \$190.00 Subsequent visit - \$190.00
Acupuncture	2	\$850 per person (Sub-limits apply)	Initial visit - \$85.00 Subsequent visit - \$70.00
Remedial massage	2	\$850 per person (combined limit for remedial massage, chinese medicine & exercise physiology - Sub-limits apply)	Initial visit - \$82.00 Subsequent visit - \$64.00
Hearing aids	12	\$1,088 per person (Sub-limits apply)	Hearing aid - \$2,720.00
Blood glucose monitors	12	\$1,040 per person 1 appliance(s) every 3 years (combined limit for blood glucose monitors & other services - Sub-limits apply)	Per monitor - 90% of charge
Ante-natal/Post-natal classes	2	\$260 per person (Sub-limits apply)	Initial visit - \$260.00
Chinese medicine	2	Combined limit - see Remedial massage	Initial visit - \$82.00 Subsequent visit - \$64.00
Dietetics/dietary advice	2	\$425 per person (Sub-limits apply)	Initial visit - \$107.00 Subsequent visit - \$65.00
Exercise physiology	2	Combined limit - see Remedial massage	Initial visit - \$82.00 Subsequent visit - \$64.00
Eye therapy (orthoptics)	2	\$790 per person (Sub-limits apply)	Initial visit - \$95.00 Subsequent visit - \$73.00
Health management / Healthy lifestyle	2	\$200 per person (Sub-limits apply)	Health management - \$200.00
Home nursing	2	\$1,500 per person (Sub-limits apply)	Initial visit - \$1,500.00 Subsequent visit - \$1,500.00
Occupational therapy	2	\$790 per person (Sub-limits apply)	Initial visit - \$97.00 Subsequent visit - \$80.00
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - \$85.00 Subsequent visit - \$70.00
Speech therapy	2	\$1,000 per person (Sub-limits apply)	Initial visit - \$103.00 Subsequent visit - \$103.00
Vaccinations	2	No annual limit	Per service - 90% of charge

This policy **X** does not include General treatment (Extras) cover for

X Other treatments - check with your insurer

Other features of this general treatment cover

Some of the general treatment benefits accumulate over time. Major Dental limit is \$6000 every 5 years. Optical limit is \$920 in any 2 years. Hearing Aids limit is \$5440 in any 5 years. Orthodontic limit after 1st year - \$890, increases by \$890 each year, to a maximum of \$4450 (loyalty limit).

For further information about this policy see

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Ambulance cover

In All States this policy provides:

Emergency: Unlimited with a waiting period of 2 months.

Non-emergency: Unlimited transport with a waiting period of 2 months.

Call-out fees: will be paid for each attendance, including emergency treatment without transport to hospital.

State schemes provide ambulance services for residents of Tasmania (https://www.health.tas.gov.au/ambulance/fees_and_accounts) and Queensland (<https://www.ambulance.qld.gov.au/>).

For further information about this policy see

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Disclaimer

The information contained in this Private Health Information Statement was provided by the insurer and is intended as general information. It may not take into account your particular circumstances. For information please contact the insurer.