

## Private Health Information Statement - Combined policy

### Bronze Plus Hospital \$500 and Premium Extras

#### Reserve Bank Health Society Ltd

<http://www.myrbhs.com.au>

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

1800 027 299

#### Monthly Premium

**\$672.96<sup>#</sup>**

(before any rebate, loading or discount)

Covers 2 adults (and no-one else)

Available in All States

<sup>#</sup> You may be entitled to an Australian Government rebate on the above premium. Your premium may also include a Lifetime Health Cover loading or an insurer discount. Check with your insurer for details.

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

|   |  |   |
|---|--|---|
| ✓ Blood   | ✓ Eye (not cataracts)                      | ✓ Pain management   |
| ✓ Bone, joint and muscle                                  | ✓ Gastrointestinal endoscopy               | ✓ Palliative care   |
| ✓ Brain and nervous system                                | ✓ Gynaecology                              | ✓ Podiatric surgery (provided by a registered podiatric surgeon - limited benefits) |
| ✓ Breast surgery (medically necessary)                    | ✓ Hernia and appendix                      | ✓ Skin  |
| ✓ Chemotherapy, radiotherapy and immunotherapy for cancer | ✓ Joint reconstructions                    | ✓ Sleep studies   |
| ✓ Dental surgery  | ✓ Kidney and bladder                       | ✓ Tonsils, adenoids and grommets  |
| ✓ Diabetes management (excluding insulin pumps)           | ✓ Lung and chest                           | R Hospital psychiatric services   |
| ✓ Digestive system  | ✓ Male reproductive system                 | R Rehabilitation  |
| ✓ Ear, nose and throat                                    | ✓ Miscarriage and termination of pregnancy |   |

This policy ✗ does not include cover for

|                                       |                                   |  |
|---------------------------------------|-----------------------------------|--|
| ✗ Assisted reproductive services      | ✗ Heart and vascular system       | ✗ Pain management with device                              |
| ✗ Back, neck and spine                | ✗ Implantation of hearing devices | ✗ Plastic and reconstructive surgery (medically necessary) |
| ✗ Cataracts                           | ✗ Insulin pumps                   | ✗ Pregnancy and birth                                      |
| ✗ Dialysis for chronic kidney failure | ✗ Joint replacements              | ✗ Weight loss surgery                                      |

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](https://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:** You will have to pay an excess on admission. This is limited to a maximum of \$500 per person and \$1000 per policy per year.

**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
- 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.

## 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<br>(no limit on preventative dental)<br><b>(Sub-limits apply)</b>                              | Periodic oral examination - \$50.00<br>Scale & clean - \$100.00<br>Fluoride treatment - \$33.00<br>Surgical tooth extraction - \$340.00 |
| Major dental            | 12                      | \$1,200 per person<br><b>(Sub-limits apply)</b>  | Full crown veneered - \$1,360.00  |
| Endodontic              | 12                      | \$850 per person<br><b>(Sub-limits apply)</b>  | Filling of one root canal - \$850.00  |
| Orthodontic             | 12                      | \$890 per person<br>\$4,450 lifetime limit   | Braces for upper & lower teeth, including removal plus fitting of retainer - 90% of charge  |
| Optical                 | 12                      | \$460 per person<br><b>(Sub-limits apply)</b>  | Single vision lenses & frames - \$370.00<br>Multi-focal lenses & frames - \$560.00  |
| Non PBS pharmaceuticals | 2                       | \$1,000 per person<br>(combined limit for non pbs pharmaceuticals & other services - <b>Sub-limits apply</b> ) | Per eligible prescription - \$160.00  |
| Physiotherapy           | 2                       | \$1,000 per person<br><b>(Sub-limits apply)</b>  | Initial visit - \$105.00<br>Subsequent visit - \$85.00  |
| Chiropractic            | 2                       | \$920 per person<br>(combined limit for chiropractic & osteopathy - <b>Sub-limits apply</b> )                  | Initial visit - \$85.00<br>Subsequent visit - \$70.00   |
| Podiatry                | 2                       | \$750 per person<br><b>(Sub-limits apply)</b>  | Initial visit - \$80.00<br>Subsequent visit - \$70.00   |
| Psychology              | 2                       | \$920 per person<br><b>(Sub-limits apply)</b>  | Initial visit - \$190.00<br>Subsequent visit - \$190.00   |
| Acupuncture             | 2                       | \$850 per person<br><b>(Sub-limits apply)</b>  | Initial visit - \$85.00<br>Subsequent visit - \$70.00   |

|                                       |    |   |   |
|---------------------------------------|----|---|---|
| Remedial massage                      | 2  | \$850 per person<br>(combined limit for remedial massage, chinese medicine & exercise physiology - <b>Sub-limits apply</b> )                  | Initial visit - \$82.00<br>Subsequent visit - \$64.00       |
| Hearing aids                          | 12 | \$1,088 per person<br><b>(Sub-limits apply)</b>   | Hearing aid - \$2,720.00                                    |
| Blood glucose monitors                | 12 | \$1,040 per person<br>1 appliance(s) every 3 years<br>(combined limit for blood glucose monitors & other services - <b>Sub-limits apply</b> ) | Per monitor - 90% of charge                                 |
| Ante-natal/Post-natal classes         | 2  | \$260 per person<br><b>(Sub-limits apply)</b>   | Initial visit - \$260.00                                    |
| Chinese medicine                      | 2  | Combined limit - see Remedial massage   | Initial visit - \$82.00<br>Subsequent visit - \$64.00       |
| Dietetics/dietary advice              | 2  | \$425 per person<br><b>(Sub-limits apply)</b>   | Initial visit - \$107.00<br>Subsequent visit - \$65.00      |
| Exercise physiology                   | 2  | Combined limit - see Remedial massage   | Initial visit - \$82.00<br>Subsequent visit - \$64.00       |
| Eye therapy (orthoptics)              | 2  | \$790 per person<br><b>(Sub-limits apply)</b>   | Initial visit - \$95.00<br>Subsequent visit - \$73.00       |
| Health management / Healthy lifestyle | 2  | \$200 per person<br><b>(Sub-limits apply)</b>   | Health management - \$200.00                                |
| Home nursing                          | 2  | \$1,500 per person<br><b>(Sub-limits apply)</b>   | Initial visit - \$1,500.00<br>Subsequent visit - \$1,500.00 |
| Occupational therapy                  | 2  | \$790 per person<br><b>(Sub-limits apply)</b>   | Initial visit - \$97.00<br>Subsequent visit - \$80.00       |
| Osteopathy                            | 2  | Combined limit - see Chiropractic   | Initial visit - \$85.00<br>Subsequent visit - \$70.00       |
| Speech therapy                        | 2  | \$1,000 per person<br><b>(Sub-limits apply)</b>   | Initial visit - \$103.00<br>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).

### 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](https://www.health.tas.gov.au/ambulance/fees_and_accounts)) and Queensland (<https://www.ambulance.qld.gov.au/>).

### 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.