

## Private Health Information Statement - Combined policy

### Basic Plus Starter Hospital \$750 Excess and Value Extras

**RT Health - a division of  
The Hospitals  
Contribution Fund**  
http://www.rthealth.com.au  
help@rthealth.com.au  
1300 886 123

**Monthly Premium**  
**\$154.47<sup>#</sup>**  
(before any rebate, loading or discount)

Covers only one person  
Available in Tasmania

<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.

### Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy provides accident cover and benefits for travel or accommodation (outside of hospital) - check with your insurer for details.

#### ✓ 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

✓ Dental surgery	✓ Hernia and appendix	✓ Tonsils, adenoids and grommets
✓ Eye (not cataracts)	✓ Joint reconstructions	R Hospital psychiatric services
✓ Gastrointestinal endoscopy	✓ Male reproductive system	R Palliative care
✓ Gynaecology	✓ Miscarriage and termination of pregnancy	R Rehabilitation

This policy ✗ does not include cover for

✗ Assisted reproductive services	✗ Dialysis for chronic kidney failure	✗ Pain management
✗ Back, neck and spine	✗ Digestive system	✗ Pain management with device
✗ Blood	✗ Ear, nose and throat	✗ Plastic and reconstructive surgery (medically necessary)
✗ Bone, joint and muscle	✗ Heart and vascular system	✗ Podiatric surgery (provided by a registered podiatric surgeon - limited benefits)
✗ Brain and nervous system	✗ Implantation of hearing devices	✗ Pregnancy and birth
✗ Breast surgery (medically necessary)	✗ Insulin pumps	✗ Skin
✗ Cataracts	✗ Joint replacements	✗ Sleep studies
✗ Chemotherapy, radiotherapy and immunotherapy for cancer	✗ Kidney and bladder	✗ Weight loss surgery
✗ Diabetes management (excluding insulin pumps)	✗ Lung and chest	

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 \$750 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
- 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 excess for dependents under the age of 22.

## General Treatment Cover

This health insurer does not operate a preferred provider scheme.

This policy  includes General treatment (Extras) cover for

Note, for items marked with an asterisk \*: 100% back on a range of no-gap services through our More for program, and no-gap network providers, subject to your cover, waiting periods and annual & membership limits. Find out more: <https://www.rthealth.com.au/health-services/find-a-dental-clinic> and <https://www.rthealth.com.au/health-services/find-an-optical-provider>.

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental*	2	\$500 per policy	Periodic oral examination - \$30.00 Scale & clean - \$57.00 Fluoride treatment - \$37.00 Surgical tooth extraction - \$152.00
Optical*	2	\$200 per policy	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Non PBS pharmaceuticals	2	\$300 per policy	Per eligible prescription - \$35.00
Physiotherapy	2	\$350 per policy	Initial visit - \$40.00 Subsequent visit - \$35.00
Chiropractic	2	\$300 per policy (combined limit for chiropractic & osteopathy)	Initial visit - \$37.00 Subsequent visit - \$30.00
Acupuncture	2	\$300 per policy	Initial visit - \$31.00 Subsequent visit - \$26.00
Remedial massage	2	\$200 per policy	Initial visit - \$30.00 Subsequent visit - \$30.00
Blood glucose monitors	12	\$300 per policy (combined limit for blood glucose monitors & other services - <b>Sub-limits apply</b> )	Per monitor - 80% of charge
Dietetics/dietary advice	2	\$300 per policy	Initial visit - \$35.00 Subsequent visit - \$35.00

Eye therapy (orthoptics)	2	\$300 per policy	Initial visit - \$30.00 Subsequent visit - \$25.00
Occupational therapy	2	\$300 per policy	Initial visit - \$38.00 Subsequent visit - \$36.00
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - \$39.00 Subsequent visit - \$31.00
Vaccinations	0	\$150 per policy	Per service - \$50.00

RT Health members pay no gap on a range of popular dental and optical services through HCF Dental or Optical Centres and the More for provider network. Health aids include blood pressure monitors, CPAP machines, tens machines, wheelchairs, wigs (conditions apply). Annual, membership, service and sub limits apply.

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

<b>X</b> Endodontic	<b>X</b> Orthodontic	<b>X</b> Other treatments - check with your insurer
<b>X</b> Hearing aids	<b>X</b> Podiatry	
<b>X</b> Major dental	<b>X</b> Psychology	

## Ambulance cover

Ambulance cover is provided by the State government for residents of Tasmania. This may include cover whilst interstate, except for South Australia and Queensland where no cover applies. In other states please check with Ambulance Tasmania - [https://www.health.tas.gov.au/ambulance/fees\\_and\\_accounts](https://www.health.tas.gov.au/ambulance/fees_and_accounts).

### Other features of this ambulance cover

Up to \$5,000 per person per year for emergency ambulance attendance or transportation in the case of accident or illness. Cover applies anywhere in Australia. Residents of Tasmania are covered by a reciprocal state government ambulance scheme in all states except QLD and SA, so our ambulance cover only applies where the state government scheme does not. You can also purchase additional ambulance cover through a state government ambulance service.

### 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.