

## Private Health Information Statement - Hospital policy

### Basic Plus Starter Hospital \$750 Excess

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

**Monthly Premium**  
**\$173.40<sup>#</sup>**  
(before any rebate, loading or discount)

Covers 2 adults (and no-one else)  
Available in Western Australia

<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 person and \$1500 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
- 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.

## Ambulance cover

In Western Australia this policy provides:

**Emergency:** with a waiting period of 1 day, limited to \$5,000 per person per year.

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

[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. 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.