

## Private Health Information Statement - General treatment policy

### Ambulance and Value Extras

**RT Health - a division of  
The Hospitals  
Contribution Fund**  
<http://www.rthealth.com.au>  
[help@rthealth.com.au](mailto:help@rthealth.com.au)  
 1300 886 123

**Monthly Premium**  
**\$86.76 #**  
 (before any rebate or insurer discount)

Covers two adults & dependants (3  
or more people, only 2 of whom  
are adults)  
**Available in Western Australia**

# You may be entitled to an Australian Government rebate on the above premium. Your premium may also include an insurer discount. Check with your insurer for details.

This policy covers children and other dependants up to and including the age of 21, students up to and including the age of 30, as well as persons with a disability who qualify as a child or other dependant or student in these age ranges.

### 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 person up to \$1,000 per policy   | Periodic oral examination - \$30.00<br>Scale & clean - \$57.00<br>Fluoride treatment - \$37.00<br>Surgical tooth extraction - \$152.00 |
| Optical*                 | 2                       | \$200 per person  | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge   |
| Non PBS pharmaceuticals  | 2                       | \$300 per person up to \$600 per policy   | Per eligible prescription - \$35.00  |
| Physiotherapy            | 2                       | \$350 per person up to \$700 per policy   | Initial visit - \$40.00<br>Subsequent visit - \$35.00  |
| Chiropractic             | 2                       | \$300 per person up to \$600 per policy<br>(combined limit for chiropractic, osteopathy & other services)   | Initial visit - \$37.00<br>Subsequent visit - \$30.00  |
| Acupuncture              | 2                       | \$300 per person up to \$600 per policy   | Initial visit - \$31.00<br>Subsequent visit - \$26.00  |
| Remedial massage         | 2                       | \$200 per person up to \$400 per policy   | Initial visit - \$30.00<br>Subsequent visit - \$30.00  |
| Blood glucose monitors   | 12                      | \$300 per person<br>(combined limit for blood glucose monitors & other services - <b>Sub-limits apply</b> ) | Per monitor - 80% of charge  |
| Dietetics/dietary advice | 2                       | \$300 per person up to \$600 per policy   | Initial visit - \$35.00<br>Subsequent visit - \$35.00  |
| Eye therapy (orthoptics) | 2                       | \$300 per person up to \$600 per policy   | Initial visit - \$30.00<br>Subsequent visit - \$25.00  |
| Occupational therapy     | 2                       | \$300 per person up to \$600 per policy   | Initial visit - \$38.00<br>Subsequent visit - \$36.00  |
| Osteopathy               | 2                       | Combined limit - see Chiropractic   | Initial visit - \$39.00<br>Subsequent visit - \$31.00  |

|  |   |                  |                       |
|--|---|------------------|-----------------------|
| Vaccinations   | 0 | \$150 per person | 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

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 not be paid.

### Other features of this ambulance cover

- 1) Up to 100% of the cost of Emergency ambulance transportation excluding air ambulance unless prior authorisation is obtained from the Fund or there is medical certification that there was no other practical method of transportation due to the seriousness of the patient's condition or the inaccessibility of the patient to ground based transportation services.
- 2) Benefits are limited to a maximum of \$5000/person/annum. Benefits are not payable for transportation from a Hospital to a place of residence or another Hospital, nor are benefits payable for routine transportation in order to receive treatment for an ongoing medical condition.

### 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.