

## Private Health Information Statement - Combined policy

### Bronze Plus Classic Hospital \$350 Excess and Top Extras

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

**Monthly Premium**  
**\$643.06<sup>#</sup>**  
(before any rebate, loading or discount)

Covers two adults & dependants (3  
or more people, only 2 of whom  
are adults)  
**Available in Queensland**  
**Closed to new members**

# 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.

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.

### 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

|                                                           |                                            |                                                                                     |
|-----------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------------------------|
| ✓ Back, neck and spine                                    | ✓ Gastrointestinal endoscopy               | ✓ Pain management with device                                                       |
| ✓ Blood                                                   | ✓ Gynaecology                              | ✓ Palliative care                                                                   |
| ✓ Bone, joint and muscle                                  | ✓ Hernia and appendix                      | ✓ Plastic and reconstructive surgery (medically necessary)                          |
| ✓ Brain and nervous system                                | ✓ Implantation of hearing devices          | ✓ Podiatric surgery (provided by a registered podiatric surgeon - limited benefits) |
| ✓ Breast surgery (medically necessary)                    | ✓ Insulin pumps                            | ✓ 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 |                                                                                     |
| ✓ Eye (not cataracts)                                     | ✓ Pain management                          |                                                                                     |

This policy **✗ does not include** cover for

|                                  |                             |                       |
|----------------------------------|-----------------------------|-----------------------|
| ✗ Assisted reproductive services | ✗ Heart and vascular system | ✗ Weight loss surgery |
|----------------------------------|-----------------------------|-----------------------|

|                                       |                       |
|---------------------------------------|-----------------------|
| ✗ Cataracts                           | ✗ Joint replacements  |
| ✗ Dialysis for chronic kidney failure | ✗ Pregnancy and birth |

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](http://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 of \$350 per admission. This is limited to a maximum of \$350 per person and \$700 per policy per year.

Excess payments do not apply to hospital admissions for dependants.

**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.

#### Other features of this hospital cover

\$100 cap for day admissions. No excess for dependants under the age of 22.

For further information about this policy see

<https://rthealthfund.com.au/understanding-your-cover/#HospitalCoverGuides>

## 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 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                       | No annual limit                                                      | Periodic oral examination - \$35.00<br>Scale & clean - \$72.00<br>Fluoride treatment - \$44.00<br>Surgical tooth extraction - \$190.00 |
| Major dental    | 12                      | \$1,500 per person<br>(combined limit for major dental & endodontic) | Full crown veneered - \$782.00                                                                                                         |
| Endodontic      | 12                      |                                                                      | Filling of one root canal - \$192.00                                                                                                   |
| Orthodontic     | 12                      | \$1,000 per person<br>\$3,000 lifetime limit                         | Braces for upper & lower teeth, including removal plus fitting of retainer - 100% of charge                                            |
| Optical*        | 2                       | \$300 per person                                                     | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge                                         |

|                                       |    |                                                                                                                                |                                                       |
|---------------------------------------|----|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Non PBS pharmaceuticals               | 2  | \$600 per person                                                                                                               | Per eligible prescription - \$70.00                   |
| Physiotherapy                         | 2  | \$550 per person                                                                                                               | Initial visit - \$60.00<br>Subsequent visit - \$54.00 |
| Chiropractic                          | 2  | \$500 per person<br>(combined limit for chiropractic, osteopathy & other services)                                             | Initial visit - \$49.00<br>Subsequent visit - \$39.00 |
| Podiatry                              | 2  | \$500 per person                                                                                                               | Initial visit - \$45.00<br>Subsequent visit - \$40.00 |
| Psychology                            | 2  | \$500 per person<br>(combined limit for psychology & other services)                                                           | Initial visit - \$80.00<br>Subsequent visit - \$60.00 |
| Acupuncture                           | 2  | \$750 per person<br>(combined limit for acupuncture, remedial massage, chinese medicine, exercise physiology & other services) | Initial visit - \$40.00<br>Subsequent visit - \$35.00 |
| Remedial massage                      | 2  |                                                                                                                                | Initial visit - \$40.00<br>Subsequent visit - \$40.00 |
| Hearing aids                          | 24 | \$1,200 per person<br>2 service(s) every 3 years<br>(Sub-limits apply)                                                         | Hearing aid - \$600.00                                |
| Blood glucose monitors                | 12 | \$600 per person<br>(combined limit for blood glucose monitors & other services - Sub-limits apply)                            | Per monitor - 80% of charge                           |
| Audiology                             | 2  | \$160 per person                                                                                                               | Initial visit - \$80.00<br>Subsequent visit - \$80.00 |
| Ante-natal/Post-natal classes         | 2  | \$300 per person                                                                                                               | Initial visit - \$30.00<br>Subsequent visit - \$30.00 |
| Chinese medicine                      | 2  | Combined limit - see Acupuncture                                                                                               | Initial visit - \$35.00<br>Subsequent visit - \$30.00 |
| Dietetics/dietary advice              | 2  | \$500 per person                                                                                                               | Initial visit - \$55.00<br>Subsequent visit - \$55.00 |
| Exercise physiology                   | 2  | Combined limit - see Acupuncture                                                                                               | Initial visit - \$40.00<br>Subsequent visit - \$35.00 |
| Eye therapy (orthoptics)              | 2  | \$500 per person                                                                                                               | Initial visit - \$40.00<br>Subsequent visit - \$35.00 |
| Health management / Healthy lifestyle | 2  | \$150 per person up to \$300 per policy                                                                                        | Health management - 100% of charge                    |
| Home nursing                          | 2  | \$700 per person                                                                                                               | Initial visit - \$30.00<br>Subsequent visit - \$30.00 |
| Occupational therapy                  | 2  | \$500 per person                                                                                                               | Initial visit - \$60.00<br>Subsequent visit - \$53.00 |
| Orthotics (podiatric orthoses)        | 12 | \$250 per person                                                                                                               | Orthotics supply & fit - 100% of charge               |
| Osteopathy                            | 2  | Combined limit - see Chiropractic                                                                                              | Initial visit - \$53.00<br>Subsequent visit - \$40.00 |
| Speech therapy                        | 2  | \$500 per person                                                                                                               | Initial visit - \$70.00<br>Subsequent visit - \$60.00 |
| Vaccinations                          | 2  | \$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. Includes mental health services (psychology, approved counselling, mental health social worker and OCBT courses). Health aids include blood pressure monitors, CPAP machines & masks, tens machines, wheelchairs, wigs (conditions apply). Annual, membership, service and sub limits apply.

### 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

Health management / Healthy lifestyle includes benefits towards gym membership and Tai Chi, Yoga & Pilates. Combined limit is \$150 per person, \$300 per membership per calendar year. For more details contact our member care team on 1300 886 123 or visit [rthealthfund.com.au](http://rthealthfund.com.au).

For further information about this policy see

<https://rthealthfund.com.au/understanding-your-cover/#HospitalCoverGuides>

## Ambulance cover

Ambulance cover is provided by the State government for Queensland residents (<https://www.ambulance.qld.gov.au/>). This includes cover whilst interstate.

Other features of this ambulance cover

See your state government ambulance scheme.

For further information about this policy see

<https://rthealthfund.com.au/understanding-your-cover/#HospitalCoverGuides>

## 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.