

## Private Health Information Statement - Combined policy

### Bronze Plus Essential Hospital \$350 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**  
**\$312.09<sup>#</sup>**  
(before any rebate, loading or discount)

Covers one adult & dependants (2  
or more people, only one of whom  
is an adult)  
**Available in NSW & ACT**

# 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**

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

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

|                                  |                                       |                       |
|----------------------------------|---------------------------------------|-----------------------|
| ✗ Assisted reproductive services | ✗ Dialysis for chronic kidney failure | ✗ Joint replacements  |
| ✗ Back, neck and spine           | ✗ Heart and vascular system           | ✗ 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](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 of \$350 per admission. This is limited to a maximum of \$350 per person and \$350 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.

#### Other features of this hospital cover

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 & 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 (combined limit for chiropractic & osteopathy) | 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  |                                                     |

For further information about this policy see

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

## Ambulance cover

In NSW & ACT this policy provides:

**Emergency:** Unlimited with a waiting period of 1 day.

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

**Other features of this ambulance cover**

Unlimited cover for emergency ambulance attendance and transportation, and medically necessary, non-emergency ambulance transportation. The service must be provided by a state government operated, authorised, or approved ambulance scheme. Cover applies anywhere in Australia.

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.