

Private Health Information Statement - Combined policy

RT Health - a division of
The Hospitals
Contribution Fund

http://www.rthealth.com.au
help@rthealth.com.au
1300 886 123

Monthly Premium

\$690.95 #

(before any rebate, loading or discount)

Covers two adults & dependants,
including non-student dependants
(3 or more people, only 2 of whom
are adults)

Available in Northern Territory
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, students up to and including the age of 30 and non-students up to and including the age of 30, as well as persons with a disability who qualify as a child, student or non-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

✓ Assisted reproductive services	✓ Eye (not cataracts)	✓ Miscarriage and termination of pregnancy
✓ Back, neck and spine	✓ Gastrointestinal endoscopy	✓ Pain management
✓ Blood	✓ Gynaecology	✓ Pain management with device
✓ Bone, joint and muscle	✓ Heart and vascular system	✓ Palliative care
✓ Brain and nervous system	✓ Hernia and appendix	✓ Plastic and reconstructive surgery (medically necessary)
✓ Breast surgery (medically necessary)	✓ Hospital psychiatric services	✓ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits)
✓ Cataracts	✓ Implantation of hearing devices	✓ Pregnancy and birth
✓ Chemotherapy, radiotherapy and immunotherapy for cancer	✓ Insulin pumps	✓ Rehabilitation
✓ Dental surgery	✓ Joint reconstructions	✓ Skin
✓ Diabetes management (excluding insulin pumps)	✓ Joint replacements	✓ Sleep studies
✓ Dialysis for chronic kidney failure	✓ Kidney and bladder	✓ Tonsils, adenoids and grommets
✓ Digestive system	✓ Lung and chest	✓ Weight loss surgery
✓ Ear, nose and throat	✓ Male reproductive system	

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 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: No excess

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.

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

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 Scale & clean - \$65.00 Fluoride treatment - \$44.00 Surgical tooth extraction - \$182.00
Major dental	12	\$1,500 per person (combined limit for major dental & endodontic)	Full crown veneered - \$750.00
Endodontic	12		Filling of one root canal - \$192.00
Orthodontic	12	\$1,000 per person \$3,000 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - 100% of charge
Optical	3	\$300 per person	Single vision lenses & frames - 100% of charge 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 - \$53.00 Subsequent visit - \$48.00
Chiropractic	2	\$500 per person (combined limit for chiropractic, osteopathy & other services)	Initial visit - \$45.00 Subsequent visit - \$35.00
Podiatry	2	\$500 per person	Initial visit - \$45.00 Subsequent visit - \$40.00
Psychology	2	\$500 per person (combined limit for psychology & other services)	Initial visit - \$75.00 Subsequent visit - \$50.00
Acupuncture	2	\$750 per person (combined limit for acupuncture, remedial massage,	Initial visit - \$40.00 Subsequent visit - \$35.00

Remedial massage	2	chinese medicine, exercise physiology & other services)	Initial visit - \$40.00 Subsequent visit - \$40.00
Hearing aids	24	\$1,200 per person 2 service(s) every 3 years (Sub-limits apply)	Hearing aid - \$600.00
Blood glucose monitors	12	\$600 per person (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 Subsequent visit - \$80.00
Ante-natal/Post-natal classes	2	\$300 per person	Initial visit - \$30.00 Subsequent visit - \$30.00
Chinese medicine	2	Combined limit - see Acupuncture	Initial visit - \$35.00 Subsequent visit - \$30.00
Dietetics/dietary advice	2	\$500 per person	Initial visit - \$52.00 Subsequent visit - \$52.00
Exercise physiology	2	Combined limit - see Acupuncture	Initial visit - \$30.00 Subsequent visit - \$30.00
Eye therapy (orthoptics)	2	\$500 per person	Initial visit - \$40.00 Subsequent visit - \$35.00
Home nursing	2	\$700 per person	Initial visit - \$30.00 Subsequent visit - \$30.00
Occupational therapy	2	\$500 per person	Initial visit - \$45.00 Subsequent visit - \$40.00
Orthotics (podiatric orthoses)	12	\$250 per person	Orthotics supply & fit - 100% of charge
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - \$45.00 Subsequent visit - \$35.00
Speech therapy	2	\$500 per person	Initial visit - \$42.00 Subsequent visit - \$37.00
Vaccinations	2	\$150 per person	Per service - \$50.00

Cover also includes a range of health aids including blood pressure monitors, CPAP machines, Tens Machines, Wheelchairs and Wigs.

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

Cover includes benefits towards gym membership. Annual limit applies per person per calendar year. For more details contact our member care team on 1300 886 123 or visit rthealthfund.com.au

For further information about this policy see

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

Ambulance cover

In Northern Territory 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.

For further information about this policy see

PrivateHealth.gov.au

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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.