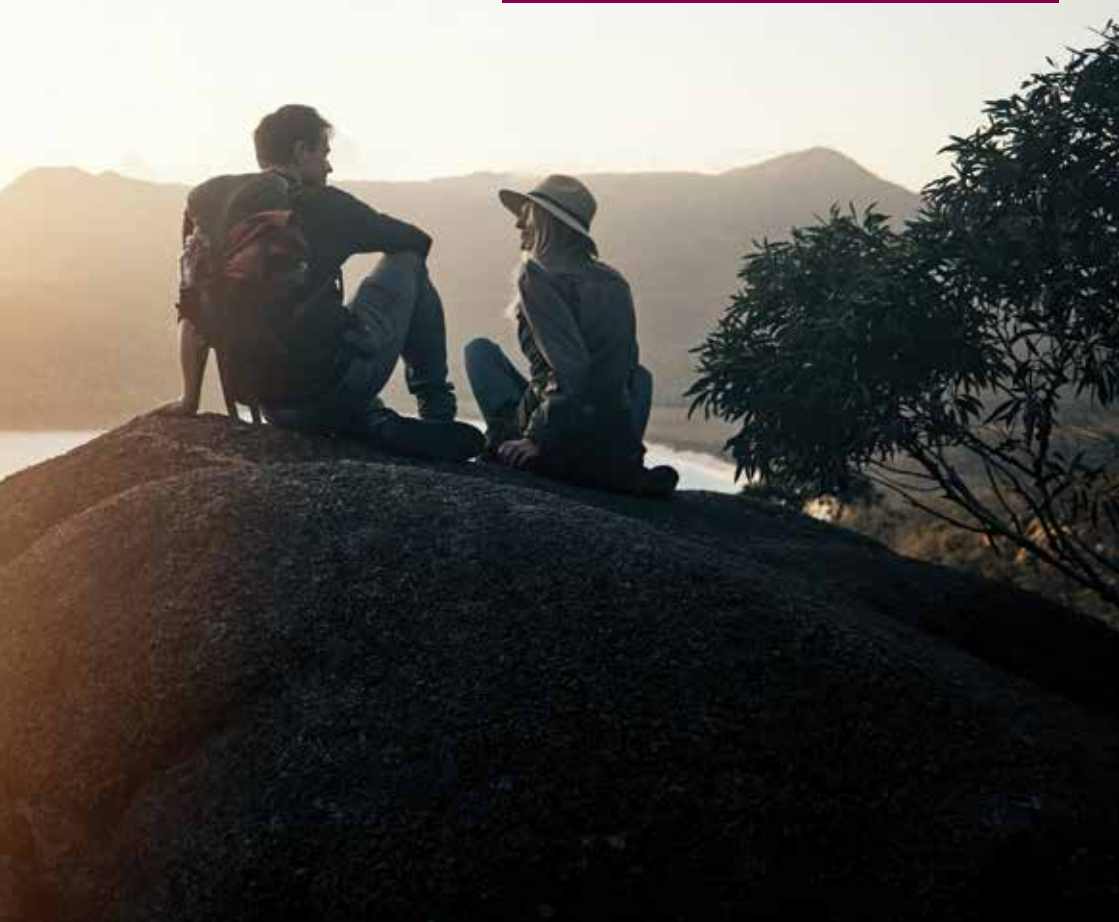




health cover for the whole of your life

1 April 2020





Alison Weatherill, Key Account Manager

If you'd rather speak to a real person than read through a brochure, please give us a call on 1300 56 46 46.

Hi there

Thanks for taking a look at rt health. We've been looking after Australians working in the transport and energy industries since 1889.

If you currently work (or previously worked) in one of these industries, or have a family member with an industry connection, you may be eligible to join us.

We offer a simple range of great value health covers. They're designed to make it easy for you to choose the right one for you and your family.

We'd love to welcome you and your family on board as new members of rt health and we'll make the process as simple as we can for you.

When you call, you'll always be answered by a person – not a machine. We won't rush you off the phone. We'll spend as much time with you as you need to make the right choices for you and your family.

1300 56 46 46
join@rthealthfund.com.au / rthealthfund.com.au

Railway & Transport Health Fund Limited (ACN 087 648 744) ("rt health"). 0319/3354



How can we help you?

There are many health funds to choose from, so why join rt?
We reckon these are 9 pretty good reasons.

We're here to help you, not to profit from you

We're a not-for-profit health fund, which means our focus is on members, not overseas owners or investors.

While most other players in the healthcare industry today are in business to make a profit from you, we're only here to help and serve.

We're as Aussie as a Bunnings snag, mate

We're 100% Australian owned and operated. When you give us a call, you're speaking to a team member sitting in one of our offices in Sydney and Brisbane.

We keep things simple

We have a simple range of great value health covers to accommodate every budget.

Our covers are designed to make it easy for you to choose the right one. It's clear what you're covered for (and how much you'll get back when you make a claim).

We don't ask you to start from the beginning

When you switch to us from another health fund, you won't lose any time you've 'built up' with the other fund.

As long as you join us within two months of leaving them, and take out a similar level of cover with us, your health cover won't skip a beat.

We're with you wherever you may be

We're a nationwide health fund, with contracts in place with almost every private hospital and day surgery in the country.

No matter where you live, or where the road takes you, you're covered all over Australia.

You'll save on the excess for day surgeries

With our Hospital covers, you save on the excess for day surgeries.

Our Gold Premium Hospital cover has no excess at all on day surgeries and with Silver Plus Smart Hospital No Pregnancy and Bronze Plus Step Up Hospital covers, you pay just \$100 day surgery excess.

Dependents under the age of 21 don't pay any excess for any hospital admissions.

We can help you stay out of hospital

Our Hospital covers give you free access to health management programs, designed to help you manage your health and give you more options when it comes to choosing the best type of care.

We offer hospital substitution for home-based care options and a chronic disease prevention and management program to help prevent or manage chronic health conditions.

We help you save money by avoiding the gaps

You can call on Access Gap cover with all of our Hospital covers.

Access Gap helps to reduce or eliminate your out-of-pocket costs for doctors' fees when you are treated in hospital.

We give back to people in the community

We're a health fund with a big heart.

Our families foundation is an independent charity run on a volunteer basis by health fund staff, which assists with medical expenses which can't be covered by Medicare or health insurance.



Is health insurance new to you?

This is a great spot to start if you're not exactly sure about what it is, how it works, or whether it's worth having.

Why have private health cover?

People fall into one of four categories when it comes to health insurance:

1. They won't risk being caught without it.
2. They can't see the point of health insurance.
3. They think it's a good thing to have but aren't 100% convinced.
4. They assume that they just can't afford it.

In Australia, we have a very good public healthcare system. As Australian residents, we all get to use as much of it as we need. We pay for access to the public system through our income taxes, which can make it seem like we're getting our healthcare for 'free', because we often don't have to pay anything on the spot when we use it.

It's a very, very good system, but it does have its limitations. For example, as a public patient, you may be limited in your choice of when you can be treated, where and by whom. There are also a range of

healthcare services that aren't provided by the public system but *are* covered by private cover.

THESE ARE THE TOP TEN REASONS WHY PEOPLE WHO HAVE PRIVATE HEALTH INSURANCE WOULDN'T BE CAUGHT WITHOUT IT. IF ANY OF THESE RESONATE WITH YOU, IT MIGHT BE TIME YOU JOINED US.

1. Security

Do you sleep better at night knowing you've taken care of 'just in case'?

Like other types of insurance, health insurance gives you the peace of mind that comes with knowing that if the unexpected happens, you're covered. You have choices and options and are in control.

2. Access

Would you prefer to be in control of when you go into hospital for treatment, rather than having to sit on a waiting list?

While we may be entitled to go to a public hospital under Medicare, what we often can't control is the timing. As a privately insured patient, you get into hospital faster. Industry

research shows that non-emergency public patients wait an average of more than 100 days for admission to hospital; privately insured people, on average, are admitted within a month.

3. Choice

Do you want the ability to choose who treats you or your loved ones if you need to go to hospital?

Most people wouldn't dream of taking their car to any old mechanic, or even going to a hairdresser they don't know – and yet they'd accept any doctor that's appointed to them as a public patient. If you're a bit fussy about who you'd want operating on you, private health insurance gives you the ability to make that choice.

4. Facilities

Would you be comfortable in a shared hospital ward or would you prefer the privacy of your own room?

Have you ever visited anyone in a public hospital? Imagine sitting in a room full of strangers, all with their own serious health issues, and only a thin blue

curtain giving you any privacy. Being in hospital can be a stressful enough experience without the added pressure of having to share a room with people you don't know – and all their visitors – while you're recuperating.

5. Tax

If you earn over a certain amount, you're going to have to either pay more tax, or take out private hospital cover. Wouldn't you rather get something back for that extra expense?

People who earn over a set threshold each year, and who don't have private hospital

cover, get charged an extra tax. It's called the Medicare Levy Surcharge and it increases as your income does. To avoid paying more tax, take out Hospital cover. Read more about it on page 11.

6. Lifetime Health Cover

Do you want to lock in the lowest possible price for your Hospital cover?

A lot of young people say they plan to take out Hospital cover when they're older, and more likely to need it. The trouble with this is, **1)** it's not only older people who get unexpectedly sick, or have an injury that requires hospital treatment, and **2)** if you

don't have private hospital cover by the 30th of June following your 31st birthday, you'll get stuck with a government loading that you'll have to pay for the next ten years. If you want to lock in the best price for your hospital cover, join when you're younger and you'll be paying less for it when you're older. Read more about it on page 11.

**We're here
to make things
easier for you.**





7. Reality

Can you really afford to self-insure?

Some people say they prefer to self-insure by putting money aside for health-related expenses. The problem with this is that people generally have no idea what the costs of hospital procedures are. For example, did you know having a baby in a private hospital will set you back around \$6,500; or that a knee replacement averages around \$18,000? When you get to procedures like a heart bypass, you're getting close to the \$35,000 mark. That's a lot of money to have to put aside for a rainy day.

8. Extras

Who's going to help you pay for those other very important healthcare costs?

Apart from a very small number of services, there is no Medicare or other coverage for things like dental, optical, physio, chiro, podiatry, pharmaceuticals and the dozens of other things you're covered for with Extras. If you'd like some assistance with those types of healthcare costs, private health insurance is the only way to go.

9. Lifestyle

Would you like a bit of support to help you live a healthy lifestyle?

With Extras cover, you're supported with great rebates on a wide range of treatments to help you take good care of your health. If you'd like a bit of help paying for things like Acupuncture, Swedish massage, Remedial massage, Exercise physiology, Chinese medicine, quitting smoking, travel vaccines and other treatments designed to keep you in good health, Extras cover is for you.

10. Control

Be the one in charge of making important decisions about your healthcare.

Private health insurance gives you control over what happens to you. Even if you think the public health system is great and will suit you perfectly, with private health cover, you hold all the cards. If you choose to go public but you aren't happy with the hospital – with the doctor or with the length of time you'll have to wait – you've always got your health cover to call on. If you like the idea of being in control when it comes to your health, private health insurance is for you.

Why you don't need to take a medical exam to join us

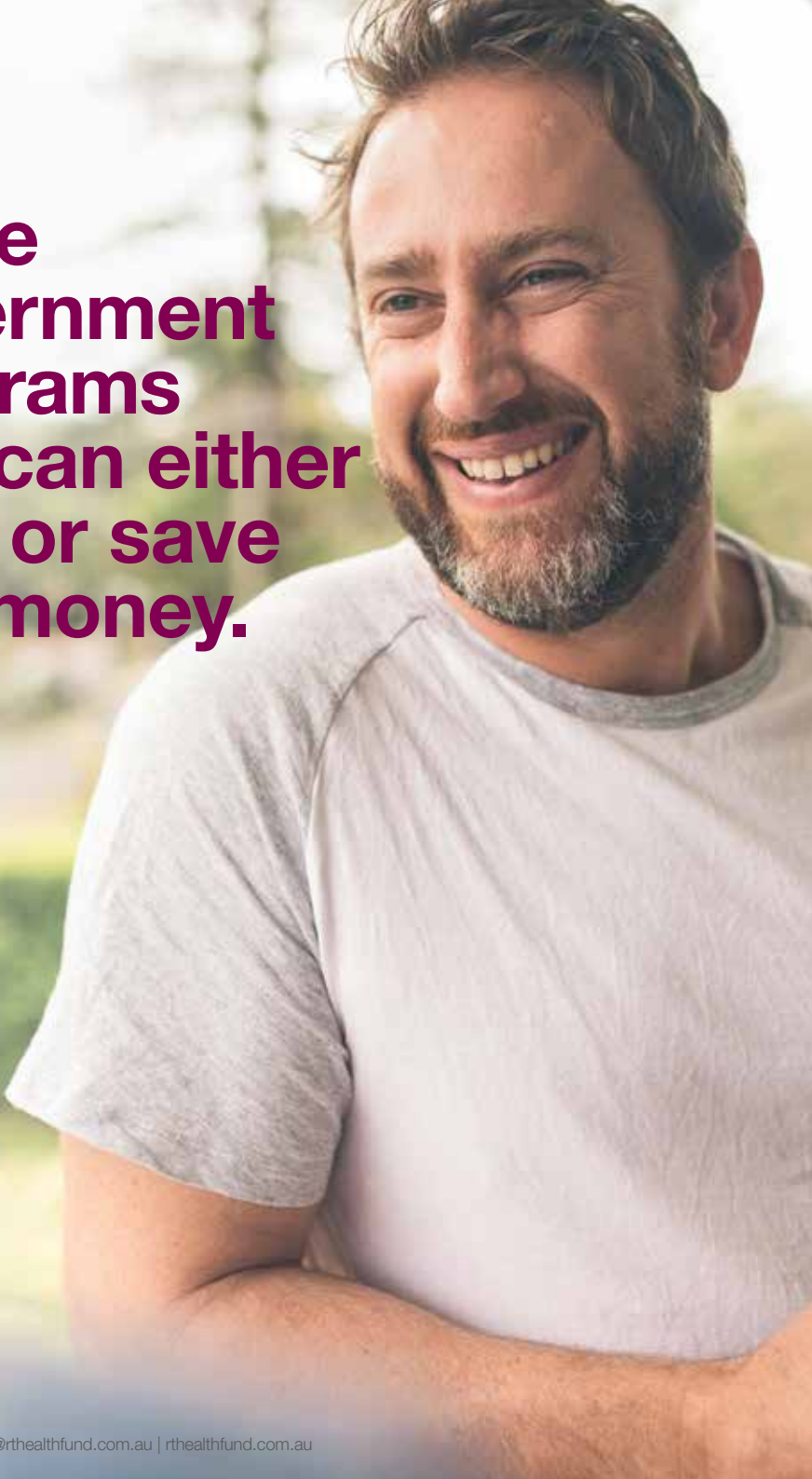
In Australia, everyone pays the same base price for health insurance. Unlike countries like the United States (where health insurers base premiums on risk factors such as age and health), we use community rating.

No health fund can charge one person more – or refuse to cover them – based on their health. It's why we don't ask you to take a medical exam when you sign up.





Three government programs that can either cost or save you money.



Private health insurance takes some of the burden off of Medicare. This is why the government actively encourages Australians to take out some form of Hospital cover.

There are three key programs that they use to do this – one of them saves you money but two of them can cost you money, so it's important to understand how they work.

1. The Australian Government Rebate on Private Health Insurance – the government pays part of the cost of your health cover for you

Depending on your age, income and the number of dependent children you have, the government will chip in a portion of the cost of your health cover.

Anyone who earns under a set income threshold is entitled to receive the base rebate. As your income increases above the threshold, the amount of rebate you're entitled to decreases. In other words, the more you earn, the lower the level of rebate you are eligible to receive. Most people receive the rebate up-front as a reduction in the cost of their health cover.

Visit the Department of Health website for more information and to find out which level of rebate applies to you. www.health.gov.au

2. The Medicare Levy Surcharge – an extra tax that higher income earners are charged if they don't have private hospital cover

Most of us pay a Medicare

Levy through our income tax. It helps to fund the public health system. People who earn over a certain amount, and don't have private hospital cover, also pay an additional tax called the Medicare Levy Surcharge. The amount of the surcharge increases as your income increases: the higher your income, the higher the amount of surcharge you will pay if you don't have private hospital cover.

Visit the Australian Taxation Office website for more information and, if you're a higher income earner, to find out how much your Medicare Levy Surcharge will be if you choose not to have private hospital cover. www.ato.gov.au

3. Lifetime Health Cover – a government loading that is applied if you don't have private hospital cover before the cut-off date

Lifetime Health Cover is designed to encourage people to take out private hospital cover early in life and to keep it. If you join private hospital cover by the 30th of June following your 31st birthday, you pay the 'base rate' that the health fund offers. However, for every year you are over 31 and are not covered by

private hospital insurance, a 2% loading is added to your base rate. The loading only applies to Hospital cover, not Extras or Ambulance-only cover.

If you do get stuck with a loading, it'll be yours for the next ten years. The loading will only be removed once you have held Hospital cover for ten continuous years.



This is summary information only. If you have specific questions about any of these programs, please give us a call.

You can also read much more on the Department of Health website, www.health.gov.au or the Australian Taxation Office website, www.ato.gov.au.



What does private health cover pay for?

When you join rt health, you can choose from three types of cover: Hospital, Extras or Ambulance-only cover. Most of our members choose a combination of Hospital and Extras cover.

Here's what each type of health cover provides.

Hospital cover

It's so much more than just Hospital cover. It should really be called 'Hospital-Medical-Prostheses-Pharmaceutical-Ambulance' cover.

When you go to hospital, there are four different types of fees you can be charged and each of them is covered differently.

1. Hospital fees

You'll be charged by the hospital for the use of its facilities. This includes the ward, the bed, your meals, the theatre or other treatment rooms, any equipment used in your treatment, the hospital's nursing and other staff who care for you, and so on. In most cases, private hospital cover pays for up to 100% of the hospital's costs.

2. Doctors' fees

The doctors who treat you in hospital will each bill you for their services, and here's where it can get complicated. Every type of medical procedure has what's called an 'item number' associated with it. The government has specified what it thinks is an appropriate fee for each item in a list called the Medicare Benefits Schedule (MBS) of fees. When you are treated in hospital, Medicare will pay 75% of the MBS fee for each 'item' and private hospital cover pays the remaining 25%. You are 100% covered between

Medicare and private hospital cover for the MBS fee.

The problem is that doctors are not limited to only charging the MBS fee. They can charge any amount they want – and that's where people can end up with out-of-pocket costs, even with Gold Premium Hospital cover.

We offer a program as part of all our Hospital covers that can help to reduce the likelihood of out-of-pocket costs: Access Gap cover. With Access Gap cover, you can ask your doctors to charge a set fee based on a different fee schedule, which is higher than the MBS fee but probably not as much as they might otherwise charge.

If they agree to use Access Gap cover, you will either have no out-of-pocket costs or you will know in advance what the costs will be. We can give you more information and assistance with this if you ever need to use your Hospital cover.

3. Prostheses and pharmaceutical fees

These include any medical devices that you might have implanted in hospital, such as cardiac devices, artificial hips, knees and the like, plus the medication you're given in relation to your treatment in hospital. In most ordinary cases, these things are all 100% covered.

4. Ambulance fees

You're also covered for emergency ambulance attendance and transportation. This includes when you call an ambulance and they take care of you on the spot, as well as when you are taken to hospital in an emergency situation. If you don't plan on having Hospital cover, you can get a separate Ambulance-only cover.

Residents of some states receive Ambulance cover as part of a state government scheme. Ask our team for details if you're not sure what the arrangements are where you live.

THIS IS SUMMARY INFORMATION ONLY, SO PLEASE SPEAK WITH OUR TEAM IF YOU WOULD LIKE MORE DETAILS.



Extras cover

Extras is intended to assist with the costs of healthcare services that aren't provided by a doctor in hospital.

Extras helps to pay for things like dental, optical, physio, chiro, podiatry, speech therapy, audiology, natural therapies, artificial health aids, vaccines, pharmaceuticals and so on.

It is not intended to give you a 100% rebate, but to help you with these costs by paying a benefit back each time you have a consultation or purchase certain items – it's that little bit extra. The amount you'll get back depends on the level of cover you choose.

It is specified in advance, so it's easy to know how much you can expect each time you make a claim.

WE ARE HERE TO HELP PAY FOR THOSE IMPORTANT EXTRAS.







Making your health cover choice.

There are a number of things to bear in mind when it comes to choosing the right health cover for you and your family.

1. Who do you want to cover?
2. What type of things might you need or want to be able to claim?
3. What level of cover do you want?

1. Who do you want to cover?

SINGLES



or



COUPLES



or



or



FAMILIES



or



or



A note about cover for your kids

If your children are named on your cover, they can remain on your family or sole-parent family membership until their 21st birthday. After that, there are a couple of options for you to keep them covered up to their 25th birthday, provided they are not married or living in a de facto relationship.

1. If they are studying full time at an approved college or university, they can remain on your membership at no additional cost as a 'student dependant'.

2. If they are working and you have Gold Premium Hospital cover, they can remain covered for an additional contribution

that's only a fraction of what they'd pay for their own individual cover (this option is not available with Silver Plus Smart Hospital No Pregnancy, Bronze Plus Step Up, Bronze Plus First Start or Basic Plus Public Hospital covers).

Once they're 25, it's time for

the kids to get their own cover. Thanks to your rt membership, they will be eligible to join. If they transfer to their own membership with an equivalent level of cover – within two months of leaving yours – they can join with no waiting periods to serve.



2. What type of things might you need or want to be able to claim?

Our cover options are easy to understand, comprehensive and flexible. Our main range includes five levels of Hospital cover and three levels of Extras.

You can mix and match any level of Hospital cover with any level of Extras cover, depending on your needs.

The true value of health cover is not what you pay but what you get back. The cheapest level of cover isn't always the right level of cover for your needs.

EXTRAS COVER RANGE	
Premium Extras	<p>Premium Extras is our top-level Extras cover, which gives you excellent benefits on a huge range of services for your health and wellbeing. It is a great cover for people who are high users of particular healthcare treatments or services and those who want the level of benefits that come with having top cover.</p> <p>As our only Extras cover with benefits for orthodontic treatment, it's the ideal choice for families with growing smiles.</p>
Smart Extras	<p>Smart Extras is our mid-level Extras cover, which gives you benefits on a huge range of services for your health and wellbeing. Smart Extras saves you dollars by excluding cover for orthodontic treatment.</p> <p>Its benefits for different services are slightly lower than our Premium Extras cover, and most annual benefit limits are available 'per membership' rather than 'per person', so it's well suited to singles, couples or families who are moderate users of healthcare services.</p>
Value Extras	<p>Value Extras is our lowest-level Extras cover, which gives you benefits on a range of services for your health and wellbeing.</p> <p>This one leaves out orthodontics and major dental, but includes great general dental and a range of the most commonly used specialist and alternative therapies.</p>

This is only a summary overview. For comprehensive cover information, please read our cover guides which are available on our website. You can also give our team a call.

HOSPITAL COVER RANGE

<p>Gold Premium Hospital ("Premium Hospital")</p>	<p>Premium Hospital is our top-level Hospital cover. It gives you access to the doctor of your choice in the private or public hospital of your choice, including private room accommodation where it is available.</p> <p>It comes with no exclusions and no restrictions. If Medicare pays a benefit on the procedure you're having in hospital, then so does Premium Hospital.</p>
<p>Silver Plus Smart Hospital No Pregnancy ("Smart Hospital No Pregnancy")</p>	<p>Smart Hospital No Pregnancy cover is our high level of Hospital cover, which gives you access to treatment by the doctor of your choice in the private or public hospital of your choice, including private room accommodation where it is available.</p> <p>Smart Hospital No Pregnancy does not cover you for pregnancy and birth, assisted reproductive services or weight loss surgery. It only fully covers you for Hospital psychiatric services in a public hospital. If you elect to be treated in a private hospital, we will only pay minimum benefits and you will incur significant out-of-pocket expenses.</p>
<p>Bronze Plus Step Up Hospital ("Step Up Hospital")</p>	<p>Step Up Hospital may suit you if you don't have any specific health issues or concerns, but want a moderate level of cover. Step Up Hospital does not cover you for: Joint replacements, Dialysis for chronic kidney failure, Heart and vascular system, Cataracts, Pregnancy and birth, Assisted reproductive services and Weight loss surgery.</p> <p>It only fully covers you for the following services when you are treated by the doctor of your choice in a public hospital: Hospital psychiatric services and Rehabilitation. If you elect to be treated in a private hospital, we will only pay minimum benefits and you will incur significant out-of-pocket expenses.</p>
<p>Bronze Plus First Start Hospital ("First Start Hospital")</p>	<p>First Start Hospital is our entry-level Hospital cover. It is well suited to young people taking Hospital cover for the first time, who don't have any specific health issues or concerns related to things that are excluded or restricted.</p> <p>It does not cover you for: Joint replacements, Dialysis for chronic kidney failure, Heart and vascular system, Cataracts, Pregnancy and birth, Assisted reproductive services, Weight loss surgery, Back, neck and spine, Plastic and reconstructive surgery (medically necessary).</p> <p>It only fully covers you for the following services when you are treated by the doctor of your choice in a public hospital: Hospital psychiatric services and Rehabilitation. If you elect to be treated in a private hospital, we will only pay minimum benefits and you will incur significant out-of-pocket expenses.</p>
<p>Basic Plus Public Hospital ("Public Hospital")</p>	<p>Public Hospital cover enables you to be treated by the doctor of your choice; however, you are only covered for treatment in a public hospital, not a private hospital. It is a very comprehensive cover, which does not have any treatment exclusions.</p>

3. What level of cover do you want?



CHOOSE YOUR HOSPITAL COVER

	Gold Premium Hospital	Silver Plus Hospital No Pregnancy	Bronze Plus Step Up Hospital	Bronze Plus First Start Hospital	Basic Plus Public Hospital
<p>Excess options An excess is an amount of money that you agree to pay to a hospital before your health insurance kicks in. You choose to pay an excess in return for a lower premium. If you do not go to hospital, you will not have to pay the excess. If you do go to hospital, your chosen excess is payable once in any calendar year when an adult covered by your membership goes into hospital. Dependent children under the age of 21 do not pay any excess.</p>	<p>No excess \$250 excess \$500 excess \$750 excess</p> <p>No excess applies for day surgery procedures.</p>	<p>\$500 excess \$750 excess</p> <p>\$100 excess applies for day surgery procedures.</p>	<p>\$350 excess \$700 excess</p>	<p>\$350 excess \$700 excess</p>	<p>No excess options available</p>
<p>Exclusions These are things that you will not be covered for.</p>	<p>No exclusions</p> <p>If Medicare pays a benefit on the procedure you're having in hospital, then so does Gold Premium Hospital.</p>	<p>You will not be covered for:</p> <ul style="list-style-type: none"> • Pregnancy and birth • Assisted reproductive surgery • Weight loss surgery 	<p>You will not be covered for:</p> <ul style="list-style-type: none"> • Joint replacements • Dialysis for chronic kidney failure • Pregnancy and birth • Assisted reproductive services • Weight loss surgery • Heart and vascular system • Cataracts 	<p>You will not be covered for:</p> <ul style="list-style-type: none"> • Joint replacements • Dialysis for chronic kidney failure • Pregnancy and birth • Assisted reproductive services • Weight loss surgery • Heart and vascular system • Cataracts • Back, neck and spine 	<p>No exclusions</p> <p>If Medicare pays a benefit on the procedure you're having in hospital, then so does Basic Plus Public Hospital.</p> <p>All treatments are covered in a shared ward of a public hospital.</p>

				<ul style="list-style-type: none"> • Plastic and reconstructive surgery (medically necessary) 	
Restrictions These are things you are covered for as a private patient in a public hospital. In a private hospital, you will only receive minimum benefits and will incur significant out-of-pocket expenses.	No restrictions	<ul style="list-style-type: none"> • Hospital psychiatric services 	<ul style="list-style-type: none"> • Hospital psychiatric services • Rehabilitation 	<ul style="list-style-type: none"> • Hospital psychiatric services • Rehabilitation 	No restrictions

Ambulance attendance and transportation	<p>Residents of VIC, SA, WA, TAS, NT – 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. Residents of Tasmania are covered by a reciprocal state government ambulance scheme in all states except QLD and SA, so our ambulance cover only applies where the state government scheme does not. You can also purchase additional ambulance cover through a state government ambulance service.</p> <p>Residents of NSW or the ACT – 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.</p> <p>Residents of QLD – unlimited cover under a QLD state government ambulance scheme. Cover applies anywhere in Australia.</p>
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Additional benefits included	<p>Hospital at Home Offers an alternative to a hospital admission or enables you to leave hospital early and receive treatment in your own home.</p> <p>Chronic disease prevention and management program Helps people self-manage existing or potential chronic diseases (including asthma, diabetes, arthritis, heart disease and others).</p> <p>Travel and Accommodation Travel: Benefit is up to \$60 per round trip (over 200km). Accommodation: Benefit is up to \$40 per night.</p> <p>Access Gap cover Helps you reduce or eliminate your out-of-pocket costs for doctors' fees when you are treated in hospital.</p>
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WAITING PERIODS

Accidents	1 day
General services	2 months
Hospital psychiatric services, rehabilitation and palliative care	2 months <i>Private Health Insurance Legislation allows a one off waiver for psychiatric services in some circumstances please contact our team for details.</i>
Pre-existing conditions A pre-existing condition is 'an ailment or illness, the signs or symptoms of which were in existence at any time during the six months preceding the day on which the member joined the fund or upgraded to a higher level of cover'. If you have a medical	

condition at the time you join rt, or upgrade your existing rt Hospital cover, you may have to serve the waiting period for pre-existing conditions. If a claim looks like it may relate to a pre-existing condition, a medical advisor or practitioner appointed by us will examine information provided by your doctor/s and any other material relevant to the claim, and will make a determination as to whether the condition is pre-existing or not.

12 months

Pregnancy and birth and Assisted reproductive services

12 months

This is only a summary overview. For comprehensive cover information, please read our cover guides which are available on our website. You can also give our team a call on 1300 886 123.



3. What level of cover do you want?



CHOOSE YOUR EXTRAS COVER

The benefits shown below are the individual claim and annual limits per calendar year, either for each person covered (person) or shared by everyone on the membership (membership).

		Premium Extras	Smart Extras	Value Extras	Waiting period
General dental		Unlimited	\$1,000 person \$2,000 membership	\$500 person \$1,000 membership	2 months
Major dental	Periodontics, endodontics, crowns and bridges, dentures and occlusal therapies <i>(dentures only claimable every two years)</i>	\$1,500 person	\$1,200 person \$2,400 membership	Not covered	12 months
Orthodontics	All orthodontic	\$1,000 person \$3,000 person lifetime limit	Not covered		
Optical	Prescription frames, lenses, contact lenses including Irlen lenses	\$300 person	\$250 person	\$200 person	3 months
Specialist therapies					
Physiotherapy	Initial consultation Subsequent consultation Group consultation Annual limit	\$50 \$45 \$35 \$550 person	\$42 \$37 \$30 \$450 person \$900 membership	\$35 \$30 \$25 \$350 person \$700 membership	
Chiropractic Osteopathy	Initial consultation Subsequent consultation Annual limit	\$40 \$35 \$500 person	\$40 \$28 \$400 person \$800 membership	\$35 \$25 \$300 person \$600 membership	
Occupational therapy	Initial consultation Subsequent consultation Annual limit	\$40 \$35 \$500 person	\$35 \$30 \$400 person \$800 membership	\$30 \$25 \$300 person \$600 membership	
Dietetics	All consultations Annual limit	\$50 \$500 person	\$40 \$400 person	\$30 \$300 person	

Audiology	Hearing tests	\$80	\$800 membership	\$600 membership	2 months (hearing aid purchase 24 months)
	Annual limit	\$160 person	\$60 \$120 person \$240 membership	Not covered	
	Hearing aid purchase	\$600	\$450		
	Annual limit	\$1,200 person <i>every three calendar years</i>	\$900 person <i>every three calendar years</i>		
	Hearing aid repair	\$100 person	\$75 person		
Podiatry	Initial consultation	\$40	\$35	Not covered	
	Subsequent consultation	\$35	\$30		
	Gait assessments	\$35	\$30		
	Annual limit	\$500 person	\$400 person \$800 membership		
Speech therapy	Initial consultation	\$40	\$35	Not covered	
	Subsequent consultation	\$35	\$30		
	Group consultation	\$35	\$30		
	Annual limit	\$500 person	\$400 person \$800 membership		
Psychology	Initial consultation	\$60	\$60	Not covered	
	Subsequent consultation	\$35	\$35		
	Group consultation	\$35	\$35		
Hypnotherapy	Initial consultation	\$50	\$50		
	Subsequent consultation	\$35	\$35		
	Annual limit	<i>combined annual limit for all psychology and hypnotherapy</i>			
	Annual limit	\$500	\$400 person \$800 membership		
Pharmaceuticals	Pharmaceutical item	\$70	\$60	\$35	
	SYNVISC	\$70	\$60	\$35	
	Annual limit	\$600 person	\$500 person \$1,000 membership	\$300 person \$600 membership	
Vaccines	All vaccines	up to \$50 per script	up to \$50 per script	up to \$50 per script	
	Annual limit	\$150 person	\$150 person	\$150 person	
Alternative therapies <i>(consultations only)</i>					
Acupuncture	Initial consultation	\$40	\$30	\$30	
	Subsequent consultation	\$35	\$25	\$25	
Remedial massage	All consultations	\$30	\$25	\$20	
Exercise physiology, Swedish massage	All consultations	\$25	\$15	Not covered	
Chinese medicine, myotherapy	Initial consultation	\$35	\$25	Not covered	
	Subsequent consultation	\$30	\$20		
	Annual limit	<i>combined annual limit for all alternative therapies</i>			
	Annual limit	\$750 person	\$500 person \$1,000 membership	\$300 person \$600 membership <i>acupuncture limit</i> \$200 person \$400 membership <i>remedial massage limit</i>	

Gym membership	Annual Limit	\$100 person \$200 membership	\$100 person \$200 membership	Not covered	2 months
Health services Home nursing and midwifery <i>Sub-limits apply, please ask us for details</i>	Delivery by midwife	\$330	\$220	Not covered	2 months
	Annual limit	<i>combined annual limit for all home nursing and midwifery</i>			
		\$1,400 person	\$900 person \$1,800 membership		
School accidents		\$750 membership	\$500 membership	Not covered	
Health aids <i>(purchase only)</i> Orthotics (custom made)		\$175 person	\$140 person \$280 membership	Not covered	
Orthopaedic shoes (custom made)		\$350 person	\$300 person \$600 membership	Not covered	
Artificial eye/limb, blood glucose monitor, blood pressure monitor, braces/splints, BPAP and CPAP machine (no benefits payable for masks or tubing, benefit payable once every three calendar years), compression garments (non-sports), crutches (hire or purchase), external breast prosthesis, nebuliser, oral appliance (983 and 984), oxygen concentrator/cylinder, TENS machine (excluding circulation boosters/massagers/reflexology devices), wheelchair, wig	Per item	80% of the cost up to \$600	80% of the cost up to \$480	80% of the cost up to \$300	12 months
Wheelchair hire		\$50 membership	\$40 membership	\$30 membership	
Low vision aids for ARMD <i>(age-related macular degeneration)</i>		\$130 person	\$100 person	\$70 person	
	Annual limit	<i>combined annual limit for all health aids</i>			
		\$1,600 person	\$1,200 person \$2,400 membership	\$300 person \$600 membership	
Over-the-counter nicotine replacement therapy	Annual limit	\$150 person	\$150 person \$300 membership	\$100 person \$200 membership	2 months



A few last bits of housekeeping ...

Let's check that you are eligible to join

There are two different types of health funds in Australia – unrestricted funds that anyone can join, and restricted membership funds that require special eligibility to join. rhealthfund is a restricted membership health fund. We exist specifically to care for the health cover needs of transport and energy industry employees and their families.

To join, you need to be one of the following:

1. An employee of a government or privately operated land, sea or air transport company
2. An employee of a government entity charged with administering the land, sea or air transport industries
3. An employee of a government or privately operated energy generation and delivery entity including supply of electricity, gas, oil, petrol, coal, nuclear or renewable energy
4. An employee of a contract company where you are, or were, employed to provide services to an organisation described in 1, 2 or 3 above

5. A current or former member of MOVE.
6. Related to someone who is eligible to join, or who is already a member. This includes a parent, brother or sister, brother or sister-in-law, partner/former partner (spouse or de facto), child (natural, adopted, step child or foster child), son or daughter-in-law or grandchild.

If you're not sure whether you're eligible, please give our team a call.

You've got nothing to lose with portability of cover

When you transfer from another health fund, we recognise all waiting periods you've already served on equivalent or higher levels of cover, provided you join rhealthfund within two months of leaving your previous fund. Waiting periods will only apply if your rhealthfund cover is a higher level than the one you had with your previous fund. In this case, you'll be able to claim benefits to the same level as your previous cover until you've served the waiting period for higher benefits. Moving from a cover with a higher excess to

a lower excess (for example, a \$700 excess to a \$350 excess) counts as an upgrade in your cover. In this case, you may also have to pay your previous higher level of excess while serving waiting periods for the higher level of cover.

Want more detailed information on our products?

This brochure contains summary information only. Our detailed cover guides list everything you're covered for and how much you can expect to get back. Visit our website or give our team a call and we'll email or post one to you.

Ready to join, risk-free?

We understand that deciding to join a health fund for the first time, or switching from your current fund, is a big step. We want to make it easy for you, so once you join we'll give you 30 days to try us risk-free. If you change your mind within the first 30 days, and you haven't yet made a claim, we'll refund your money.

Please remember

While you are making your decision about whether to join rt health, and which cover is best for you, it is important that you read (and retain for future reference) this brochure and any other materials that we might send to you or refer you to.

The information contained in this brochure is general information about rt's insurance services and products, and provides a summary of our current covers as at the date of publication. rt takes care to ensure the information provided is complete and accurate and takes steps to update information where changes are made, including notification to members at least 30 days before changes take effect. The information does not however represent the complete list of cover, waiting periods and benefits in relation to rt's insurance services. You can check the current terms of our policies on our website at rthealthfund.com.au or by calling us.

rt accepts no responsibility for loss or expense arising from reliance on the information found solely in this document.

You should confirm any benefit, waiting period or statement within any of rt's policies and obtain advice specific to your individual circumstances by contacting rt health on **1300 56 46 46**.

PLEASE NOTE THAT THE INFORMATION PROVIDED IS CORRECT AS AT 1 APRIL 2020 AND MAY BE SUBJECT TO CHANGE. PLEASE CONTACT US BY PHONE OR CHECK OUR WEBSITE TO CONFIRM CURRENT TERMS.

Contact us on
1300 56 46 46





Resolving issues

If you have cause to make a complaint, please be assured that we will take it very seriously and will do everything we can to come to a solution that works for everyone.

Please call **1300 886 123** or email **help@rthealthfund.com.au** if there's an issue you'd like to raise with us.

If, after we've done everything we can to rectify the situation, you're not satisfied with the outcome, you have the right to contact the Commonwealth Ombudsman. The Ombudsman is an independent body that helps resolve complaints and provides advice and information to members of private health funds. Here's how you can contact them:

P 1300 362 072
E phio.info@ombudsman.gov.au
W www.ombudsman.gov.au
P GPO BOX 442 Canberra ACT 2601

WHEN YOU JOIN RT, WE'LL GIVE YOU 30 DAYS TO TRY US OUT RISK FREE!



Our industry code of conduct

The Private Health Insurance Code of Conduct is a voluntary industry code aimed at delivering better service to health fund members through clear and complete communication, whether in writing or in person. As a signatory to the code, we are committed to ensuring that our members receive accurate information from properly trained staff, including clear and complete policy documentation, and information on internal and external dispute resolution processes. You can read more about the code at www.privatehealthcareaustralia.org.au.

Privacy policy

We are committed to handling all personal information we collect in accordance with the Privacy Act 1988 (Cth), and to making sure that the information we hold for members is handled in a responsible manner and that privacy is protected. A full copy of our privacy policy is available on our website, and we will update it as required so you are always aware of the type of information we collect, how it may be used, and under what circumstances it may be disclosed by us.

If you are interested in reading our privacy policy, ask us for a printed copy or read it online at rthealthfund.com.au.







Would you like to join us?

We'll handle all the paperwork and even arrange the transfer from your old fund for you. Choose one of the following three options:

- Join online at rhealthfund.com.au
- Call us on 1300 56 46 46
- Download an application form from our website and then email or post it to us.



1300 56 46 46

join@rthealthfund.com.au | rthealthfund.com.au