

10 things you should know, do and remember

These 10 things account for the most common issues members have with their health cover.

You can check and change most of them within just a few minutes and save yourself the hassle of finding out the hard way that you don't have the right level of cover, or that we don't have the right information from you.

one

Do you have the right type of cover?

Are you covered for all the things you thought you were? If you haven't checked lately, ask us for a copy of the cover guide for your level of cover. This details what you're covered for, how the benefit payments work and any waiting periods or special conditions. If you're at all concerned that you might not be covered for everything you thought you were, or if you think one of our other covers might suit you better, give our team a call. You can confirm which cover you have with us in an instant in our online member centre.

two

If you have a couples or family membership, do you have a 'partner authority' in place?

When you joined, you would have nominated one person to be the 'main member'. That's the person we send all our correspondence to, and he or she is the only person with full authority to deal with us. The person named on the membership as a spouse or partner can only transact with us if a 'partner authority' is granted – without it, we can't discuss the membership or accept claim forms signed by that person. With a partner authority, the spouse or partner can do everything the main member can, with the exception of being able to suspend or cancel the membership, only the main member can do that. You can check and change your partner authority status instantly in our online member centre, or give us a call and we'll look it up for you.

three

Are all the right people covered?

Now and then we come across members who've forgotten to add new babies, or not realised that older children have been removed from their membership after the age of 21 or 25 – it's understandable given the number of things busy families have to juggle every day! The best way to check that you have all the right people covered is to take a look at your membership in our online member centre, or give us a call to confirm exactly who you've got covered.

four

Do we have all your details right?

If anyone's name on the membership is spelled incorrectly or if we have the wrong postal address, please get in touch so we can get it right. Throughout the year there are a number of very important things we need to mail to you, including the statement you'll need to complete your



taxes, updates on your cover, statements of benefits paid and so on. You can check what information we have for you by visiting our online member centre, or by giving us a call.

five

Do you have a child aged between 21 and 25 who is studying?

Full-time students aged between 21 and 25 (who are not married or living in a de facto relationship) can remain covered by their family membership for no additional cost, provided they are registered with us. At the beginning of each year we write to everyone with a registered student dependant to ask them to confirm whether the child is still studying. If we don't receive a reply the child must be removed from the cover. If you have a student dependant in your family, and you haven't re-registered them this year, please contact us immediately. If you're not sure, jump onto our online member centre to see if he or she is still named on your membership, if not, that means he or she is not covered, so please give our team a call urgently.

six

Do you know if you have any waiting periods?

When you join health cover for the first time, or re-join after not having had cover for a while, and when you upgrade to a higher level of cover, you have waiting periods to serve. That means you have to hold the cover for a certain period of time before you're entitled to make claims for some things. If you've been with us for less than a year, or if you've upgraded your cover with us less than 12 months ago, chances are you may have waiting periods. Your waiting period starts on the first day you or a person covered on your membership first becomes insured under that policy and ends at the time specified by that policy. During a waiting period you are not covered for the applicable services and you are not able to make claims or receive any payment or benefit for those services. Only services provided after the waiting period is completed are covered. Before you try to make a claim on your cover, please check that you have served the waiting periods – if you haven't, you won't be eligible to make a claim. If you're not 100% certain, give us a quick call before you have your treatment.

seven

Are you aware of all the claims being made on your cover?

Your membership card is valuable, anyone who has access to it can make claims on your cover by using it with

practitioners that offer electronic claiming. While it's not common, sometimes people can make claims on your cover that you aren't aware of. It might be that you've lost your card, or in some cases that a practitioner (either knowingly or accidentally) doubles up the transaction when you're using your card to claim. You can check the claims being made on your cover in our online member centre or by asking us for a claims benefit statement.

eight

Do you pay on account?

Did you know you can set up a direct debit so that your payments are automatically made from a bank, building society, credit union or credit card account? It means you don't have to remember to pay your bill each time it comes in and your health cover contributions will never fall behind. This is especially important when it comes to making sure you have the ability to use electronic claiming; if your contributions have fallen behind, even by a single day, electronic claiming won't work for you.

It can be embarrassing when your card doesn't work and inconvenient because you'll have to pay your practitioner's entire bill on the spot and then make your claim by sending in a form. You can download a direct debit form from our website or give us a call and we'll send one to you.

nine

Have you had a look around our online member centre?

If you haven't had a look around yet, it only takes a minute to register and receive access, and once you're in, you can see exactly what cover you have, who's covered, when you're paid up until, what contact information we have for you, what claims have been made on your membership and more. Why not login and take a look around?

ten

Do you know where to find additional information?

As a member, your two best sources of information are our team and our website. You can call or email the team any time you have a question or want to check the details of your cover, and we strongly encourage you to get in touch with us any time you're planning to claim for something you haven't claimed before or when you have a hospital stay coming up.

On our website (rthealth.com.au), we have two sections devoted to keeping you informed – there's the section for 'rt members' which has loads of information including news and updates, information on your cover, how to claim, how to make payments and so on. There's also the online member centre where you can login and view the details of your membership. Take a look, bookmark the pages and check back every now and then to find out what's new. Visit rthealthfund.com.au and click on 'member login' at the top of the screen.

Can we help?

Please feel free to call our team with any questions about your level of cover, it can be confusing and it is always best to clarify your understanding. Our team is happy to help.

Contact us on **1300 886 123** or email help@rthealth.com.au

