

# What level of Hospital cover do you want?



## CHOOSE YOUR HOSPITAL COVER

	Gold Premium Hospital	Silver Plus Smart Hospital No Pregnancy	Bronze Plus Step Up Hospital	Bronze Plus First Start Hospital	Basic Plus Public Hospital
<b>Excess options</b> 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.	\$250 excess \$500 excess \$750 excess No excess applies for day surgery procedures.	\$500 excess \$750 excess \$100 excess applies for day surgery procedures.	\$350 excess \$700 excess	\$350 excess \$700 excess	No excess options available
<b>Exclusions</b> These are things that you will not be covered for.	No exclusions If Medicare pays a benefit on the procedure you're having in hospital, then so does Gold Premium Hospital.	You will not be covered for: <ul style="list-style-type: none"> <li>• Pregnancy and birth</li> <li>• Assisted reproductive surgery</li> <li>• Weight loss surgery</li> </ul>	You will not be covered for: <ul style="list-style-type: none"> <li>• Joint replacements</li> <li>• Dialysis for chronic kidney failure</li> <li>• Pregnancy and birth</li> <li>• Assisted reproductive services</li> <li>• Weight loss surgery</li> <li>• Heart and vascular system</li> <li>• Cataracts</li> </ul>	You will not be covered for: <ul style="list-style-type: none"> <li>• Joint replacements</li> <li>• Dialysis for chronic kidney failure</li> <li>• Pregnancy and birth</li> <li>• Assisted reproductive services</li> <li>• Weight loss surgery</li> <li>• Heart and vascular system</li> <li>• Cataracts</li> <li>• Back, neck and spine</li> <li>• Plastic and reconstructive surgery (medically necessary)</li> <li>• Insulin pumps</li> </ul>	No exclusions If Medicare pays a benefit on the procedure you're having in hospital, then so does Basic Plus Public Hospital. All treatments are covered in a shared ward of a public hospital.
<b>Restrictions</b> 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"> <li>• Hospital psychiatric services</li> </ul>	<ul style="list-style-type: none"> <li>• Hospital psychiatric services</li> <li>• Rehabilitation</li> </ul>	<ul style="list-style-type: none"> <li>• Hospital psychiatric services</li> <li>• Rehabilitation</li> </ul>	No restrictions

<b>Ambulance attendance and transportation</b>	Benefits for ambulance are paid when the service is provided by a state government operated, authorised or approved ambulance scheme. Residents of VIC, SA, WA, TAS, NT – unlimited cover for emergency ambulance 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. Residents of NSW or the ACT – unlimited cover for emergency transportation, and medically necessary non-emergency transportation. Cover applies anywhere in Australia. Please contact the fund prior to using any non-emergency patient transportation supplied by a hospital for inter-hospital transfers. Residents of QLD – unlimited cover under a QLD state government ambulance scheme for emergency transportation, and medically necessary non-emergency transportation. Cover applies anywhere in Australia. Contact the QLD state government ambulance provider for more information. *Your level of ambulance cover is based on the state the policy is held in. If you live in a different state to the residential address of the policy please contact our team.
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<b>Additional benefits included</b>	<b>Hospital at Home</b> Offers an alternative to a hospital admission or enables you to leave hospital early and receive treatment in your own home. <b>Travel and Accommodation</b> Travel: Benefit is up to \$60 per round trip (over 200km). Accommodation: Benefit is up to \$40 per night. <b>Access Gap cover</b> Helps you reduce or eliminate your out-of-pocket costs for doctors' fees when you are treated in hospital.
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## WAITING PERIODS

<b>Accidents</b>	1 day
<b>General services</b>	2 months
<b>Hospital psychiatric services, rehabilitation and palliative care</b>	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>
<b>Pre-existing conditions</b> 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
<b>Pregnancy and birth and Assisted reproductive services</b>	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.

\*The information contained in this fact sheet is general information about rt's insurance services and products, and provides a summary of our covers. rt takes care to ensure the information found in it is complete and accurate. The information does not, however, represent the complete list of cover, waiting periods and benefits in relation to rt's insurance services. 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. This information is accurate as of 01.05.2021, please check with us before you join to ensure it is still valid.



# What level of Extras 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
<b>General dental</b>		Unlimited	\$1,000 person \$2,000 membership	\$500 person \$1,000 membership	2 months
<b>Major dental</b>	Periodontics, endodontics, crowns and bridges, dentures and occlusal therapies (dentures only claimable every two years)	\$1,500 person	\$1,200 person \$2,400 membership	<b>Not covered</b>	12 months
<b>Orthodontics</b>	All orthodontic	\$1,000 person \$3,000 person lifetime limit	<b>Not covered</b>		
<b>Optical</b>	Prescription frames, lenses, contact lenses including Irlen lenses	\$300 person	\$250 person	\$200 person	3 months
<b>Specialist therapies</b>					
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	2 months (hearing aid purchase 24 months)
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 \$800 membership	\$30 \$300 person \$600 membership	
Audiology	Hearing tests Annual limit  Hearing aid purchase Annual limit  Hearing aid repair	\$80 \$160 person  \$600 \$1,200 person every three calendar years \$100 person	\$60 \$120 person \$240 membership \$450 \$900 person every three calendar years \$75 person	<b>Not covered</b>	
Podiatry	Initial consultation Subsequent consultation Gait assessments Annual limit	\$40 \$35 \$35 \$500 person	\$35 \$30 \$30 \$400 person \$800 membership	<b>Not covered</b>	
Speech therapy	Initial consultation Subsequent consultation Group consultation Annual limit	\$40 \$35 \$35 \$500 person	\$35 \$30 \$30 \$400 person \$800 membership	<b>Not covered</b>	
Psychology	Initial consultation Subsequent consultation Group consultation	\$60 \$35 \$35	\$60 \$35 \$35	<b>Not covered</b>	
Hypnotherapy	Initial consultation Subsequent consultation  Annual limit	\$50 \$35  \$500	\$50 \$35  \$400 person \$800 membership		
<b>Pharmaceuticals</b>	Pharmaceutical item SYNVISC Annual limit	\$70 \$70 \$600 person	\$60 \$60 \$500 person \$1,000 membership	\$35 \$35 \$300 person \$600 membership	
Vaccines	All vaccines Annual limit	up to \$50 per script \$150 person	up to \$50 per script \$150 person	up to \$50 per script \$150 person	
<b>Alternative therapies (consultations only)</b>					
Acupuncture	Initial consultation Subsequent consultation	\$40 \$35	\$30 \$25	\$30 \$25	
Remedial massage	All consultations	\$30	\$25	\$20	
Exercise physiology, Swedish massage	All consultations	\$25	\$15	<b>Not covered</b>	
Chinese medicine, myotherapy	Initial consultation Subsequent consultation  Annual limit	\$35 \$30  \$750 person	\$25 \$20  \$500 person \$1,000 membership	<b>Not covered</b>  \$300 person \$600 membership acupuncture limit \$200 person \$400 membership remedial massage limit	
<b>Gym membership</b>	Annual Limit	\$100 person \$200 membership	\$100 person \$200 membership	<b>Not covered</b>	2 months
<b>Health services</b>					
Home nursing and midwifery <i>Sub-limits apply, please ask us for details</i>	Delivery by midwife  Annual limit	\$330  \$1,400 person	\$220  \$900 person \$1,800 membership	<b>Not covered</b>	2 months
School accidents		\$750 membership	\$500 membership	<b>Not covered</b>	
<b>Health aids (purchase only)</b>					
Orthotics (custom made)		\$175 person	\$140 person \$280 membership	<b>Not covered</b>	12 months
Orthopaedic shoes (custom made)		\$350 person	\$300 person \$600 membership	<b>Not covered</b>	
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	
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	\$1,600 person	\$1,200 person \$2,400 membership	\$300 person \$600 membership	
<b>Over-the-counter nicotine replacement therapy</b>	Annual limit	\$150 person	\$150 person \$300 membership	\$100 person \$200 membership	2 months

