



# Bronze Plus Core Hospital

Core Hospital is available with a \$250 excess (limited to maximum \$500 on a single membership and \$1,000 on all other memberships). You'll pay your excess directly to the hospital. They'll let you know when you need to pay it. You don't pay any excess for dependents on your membership under the age of 22.

## Private or public hospital costs – contracted private hospitals and public hospitals

Accommodation	After you've paid any applicable excess, you'll be covered for your hospital accommodation in a private hospital. This may be in a private or shared room (depending on availability).	
Operating theatre / Intensive care	Up to 100% of the cost, provided that your treatment is not related to any of the items listed under 'exclusions' or 'restrictions'.	
<b>Doctors' costs</b>		
Doctor of your choice	100% of the Medicare Benefits Schedule (MBS) fee for services provided by doctors in hospital. When you are treated in hospital, Medicare will pay 75% of the MBS fee for each 'item' and private hospital cover is only allowed by law to pay the remaining 25%. Doctors are not limited to only charging the MBS fee – and that's where people can end up with out-of-pocket costs, because the law prevents funds from paying more than 25% of the MBS fee. We offer a program as part of all our Hospital covers that can help to reduce the likelihood of out-of-pocket costs. With Medcover, 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 Medcover, 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 when you are planning your hospital stay. Please note that doctors usually work in a select few hospitals, which may limit the choice of hospitals available to you if you wish to be treated by a particular doctor.	
<b>Prostheses and pharmaceutical costs</b>		
Prostheses	100% of the cost of government-approved no-gap prostheses, provided that the prostheses are not related to any of the items listed under 'exclusions'. We recommend that you contact our Member Care team to find out exactly what you're covered for before going into hospital.	
Pharmaceuticals	100% of the cost of: <ul style="list-style-type: none"> <li>• TGA and PBS listed pharmacy items directly related to the reason for your hospitalisation, supplied to you during your admission provided they are not listed as a restricted drug.</li> <li>• pharmaceuticals listed on the Commonwealth Exceptional Drug List.</li> </ul>	
<b>Ambulance attendance and transportation costs</b>		
Ambulance	<p>Benefits for ambulance are paid when the service is provided by a state government operated, authorised or approved ambulance scheme.</p> <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 transportation, and medically necessary non-emergency transportation. Cover applies anywhere in Australia.</p> <p>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.</p> <p><small>*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.</small></p>	
<b>Additional benefits</b>		
Hospital at Home (hospital substitution program)	Where available, offers an alternative to a hospital admission or enables you to leave hospital early and receive treatment in your own home.	For more information, enrolment and referral forms, call our Member Care team on 1300 886 123 or visit <a href="http://rthealthfund.com.au">rthealthfund.com.au</a>
Travel and Accommodation	Travel: Benefit is up to \$60 per round trip (over 200km). Accommodation: Benefit is up to \$40 per night.	Please speak with our Member Care team on 1300 886 123 about when these benefits are payable.

Aside from your agreed excess, here's where out-of-pocket costs can come from:

Exclusions - things you are not covered for	<ul style="list-style-type: none"> <li>• Heart and vascular system</li> <li>• Cataracts</li> <li>• Pregnancy and birth</li> <li>• Joint replacements</li> <li>• Assisted reproductive services</li> </ul>
Restrictions - 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.	<ul style="list-style-type: none"> <li>• Rehabilitation</li> <li>• Hospital psychiatric services</li> </ul>
Treatments and procedures not covered by Medicare	If the treatment or procedure you're having cannot be claimed under Medicare, your normal cover entitlements won't apply. You will have substantial out-of-pocket costs.
Admission to a non-contracted private hospital	If you receive treatment in a private hospital that we do not have a contract with, we will pay a 'default benefit' towards your accommodation, but no other benefits for hospital costs are payable. You will have substantial out-of-pocket costs.
Hospital or medical costs for outpatient treatment	Your Core Hospital cover can only pay benefits for treatment you receive as an inpatient, that is, when you are admitted as a patient to hospital.
Private hospital emergency department fees	When you are treated in an emergency department, you are an outpatient (you have not yet been admitted to the hospital). No benefits are payable for outpatient treatment.
Pharmaceuticals	<b>Discharge pharmaceuticals:</b> These are items prescribed for you to take home after you are discharged from hospital. No benefits are payable for these under your Core Hospital cover, but you may be able to claim under your Extras cover. <b>Other Pharmaceuticals:</b> You are not covered for pharmaceuticals that are not TGA approved and listed on the Pharmaceutical benefit scheme.
Services such as television hire, internet access, purchase of newspapers, purchase of medication not related to the reason for your admission, hospital administration fees	Your Core Hospital cover does not pay benefits for these additional products or services.

Waiting periods

Accidents	1 day	
General services	2 months	
Hospital psychiatric services, rehabilitation and palliative care	2 months	Cover for psychiatric treatment is restricted to public hospital under this level of cover. If you wish to be covered for psychiatric treatment in a private hospital, please contact our Member Care team. Waiting periods will apply if you choose to upgrade your cover.
Pre-existing conditions	12 months	A pre-existing condition is any ailment, illness or condition that you had signs or symptoms of during the six months before you took out or upgraded health cover with us (or any Australian private health insurer). A condition can still be classed as pre-existing even if you hadn't seen your doctor about it or known about it before joining RT Health or upgrading to a higher hospital cover with us.
Pregnancy and birth	12 months	Not covered under this level of cover. Waiting periods will apply should you choose to upgrade for this service.
Assisted reproductive services	2 months	Pre-existing rule conditions apply. Not covered under this level of cover. Waiting periods will apply should you choose to upgrade for this service.



Read more about your Hospital cover in our online A to Z guide which can be found under 'Your Cover' on our website. You can find a copy of the Private Health Information Statement by visiting [PrivateHealth.gov.au](http://PrivateHealth.gov.au). If you have a hospital stay coming up, we strongly recommend that you call us for advice about how to make the most of your Hospital cover, and to confirm that you are covered for the procedure you're having.



Our industry code of conduct The Private Health Insurance Code of Conduct is a voluntary industry code aimed at delivering better service to health 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](http://www.privatehealthcareaustralia.org.au).

Effective 4 January 2024. Fund rules and policies are subject to change without notice. If a change will adversely affect your membership and/or benefits, we will notify you in writing. Depending on the issue, this may be through a personally addressed letter or via email. 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 cover guide and any other materials that we might send to you or refer you to.

Your Cover Guide provides a full description of all the benefits, restrictions and/or exclusions of the RT Health cover you've selected. It's part of your insurance contract with us, so we provide you with one when you first take out your cover and every time you change to a different level of cover with us. To get to know everything you can about your cover, it's important you read this document carefully and retain it. That way you'll always have a full description of your cover on hand when you need it.

1300 886 123 | [help@rthealthfund.com.au](mailto:help@rthealthfund.com.au) | [rthealthfund.com.au](http://rthealthfund.com.au)

RT Health is a division of The Hospitals Contribution Fund of Australia Limited (ACN 000 026 746).

RT HEALTH



**GAP-FREE PREVENTATIVE  
DENTAL THROUGH OUR  
MORE FOR TEETH PROGRAM**

Find out more:  
[rthealth.com.au/find-a-dental-clinic](http://rthealth.com.au/find-a-dental-clinic)

## Fit & Healthy Extras

Part of a combined Hospital and Extras package, this is an affordable level of cover which is ideal for young singles and couples who just want to cover the basics each year.

Service	Benefit for each purchase, service or treatment	Annual limit (limits are per person unless otherwise shown)	Waiting period
<b>DENTAL</b>			
General Dental Includes x-rays, surgical items, preventive dentistry, restorations (fillings), scaling and cleaning, extractions, mouthguard, fluoride application and more.	Each general dental item has a set benefit. Please call our Member Care team with the item number of the service you're having and we'll let you know how much you'll be getting back. Dental service limits apply. Max 2 check-ups, 2 scale and clean, and 1 fluoride treatment per person, per year.	\$500 person \$1,000 membership	2 months
Major dental	Not covered		
Orthodontics			
<b>OPTICAL</b>			
Optical	All prescription frames, lenses and contact lenses: 100% of cost	\$300 person	2 months
<b>SPECIALIST THERAPIES</b>			
Physiotherapy	Initial consultation: \$50 Subsequent consultation: \$45 Group consultation: \$35	\$300 person \$600 membership	2 months
Chiropractic Osteopathy	Initial consultation: \$40 Subsequent consultation: \$35 X-ray: \$100	\$300 person \$600 membership combined chiropractic and osteopathy limit	
Occupational therapy	Initial consultation: \$40 Subsequent consultation: \$35	\$300 person \$600 membership	
Orthoptics	Initial consultation: \$40 Subsequent consultation: \$35	\$300 person \$600 membership	
Dietetics	Initial/Subsequent: \$52	\$300 person \$600 membership	
<b>ALTERNATIVE THERAPIES (CONSULTATIONS ONLY)</b>			
Benefits are paid for consultations only. No benefits are payable for additional products associated with the treatment e.g. needles, remedies, oils.			
Acupuncture	Initial consultation: \$40 Subsequent consultation: \$35	\$300 person \$600 membership	2 months
Remedial massage	Initial/Subsequent: \$30	\$200 person \$400 membership	
<b>PHARMACEUTICALS</b>			
Pharmaceuticals	Up to \$35 per non-PBS prescription payable after you have paid the equivalent of the PBS patient copayment amount for each item.	\$300 person \$600 membership	2 months
Vaccines	\$25 per vaccine	\$75 person \$150 membership	

Service	Benefit for each purchase, service or treatment	Annual limit (limits are per person unless otherwise shown)	Waiting period
<b>HEALTH AIDS (PURCHASE ONLY)</b>			
A letter from a medical practitioner is required with all 'Health aids' claims. No benefits are payable for consumables used in conjunction with any of these items. CPAP and BPAP machine benefits may only be claimed once every three calendar years.			
Artificial eye/limb, blood glucose monitor, blood pressure monitor, braces/splints, BPAP and CPAP machine, 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	80% of the cost	Up to \$300 per item	\$300 person \$600 membership  12 months
Wheelchair hire	Up to \$50	\$50 membership	
Low vision aids for ARMD (Age-related macular degeneration)	100% of the cost, per non-electronic optical aid	\$130 person	
Repairs to health aids	100% of the cost	\$100 person	
<b>OVER-THE-COUNTER NICOTINE REPLACEMENT THERAPY</b>			
Over-the-counter nicotine replacement therapy	50% of the cost. A specific list of products is covered. Please check with us prior to purchasing.	\$150 person	2 months



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References to RT Health members mean holders of a RT Health branded PHI policy issued by the HCF fund.

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