

Silver Plus Standard Hospital

Standard Hospital is available in \$250, \$500 or \$750 excess options. 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. Your excess for day surgery is \$100 per admission (capped at your full excess amount), subject to a 12-month eligibility period for new cover from 14 September 2026.

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'.	
Doctors' costs		
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 Medicovert, 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 Medicovert, 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.	
Prostheses and pharmaceutical costs		
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: • 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. • pharmaceuticals listed on the Commonwealth Exceptional Drug List.	
Ambulance attendance and transportation costs		
Ambulance	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- 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. Residents of NSW or the ACT – unlimited cover for emergency transportation, and medically necessary non-emergency transportation. Cover applies anywhere in Australia. 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.	
Additional benefits		
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 rthealthfund.com.au
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	• Cataracts • Pregnancy and birth • Weight loss surgery • Joint replacements	• Dialysis for chronic kidney failure • Assisted reproductive services • Insulin pumps
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.	• Hospital psychiatric services	
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 Standard 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	Discharge pharmaceuticals: These are items prescribed for you to take home after you are discharged from hospital. No benefits are payable for these under your Silver Hospital cover, but you may be able to claim under your Extras cover. Other Pharmaceuticals: 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 Standard 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.
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. 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.

Effective 14 September 2026. 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.

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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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