



Deluxe Extras

Want extra Extras? Our deluxe-level Extras cover offers high limits on a wide range of the most popular services, including optical, dental and physio. The best option for singles, couples and growing families who expect to be high claimers.

Service	Benefit for each purchase, service or treatment	Annual limit (limits are per person unless otherwise shown)	Waiting period
DENTAL			
General dental Includes x-rays, surgical items, preventive dentistry, restorations (fillings), scaling and cleaning, extractions, mouthguard, fluoride application and more.	60% of the fee charged	\$800 per person	2 months
Major dental Periodontics, endodontics, crowns and bridges and dentures*		\$1,200 per person *Dentures claimable every three calendar years	12 months
Orthodontics		\$1,000 per person Lifetime limit \$2,500	
OPTICAL			
Optical	All prescription frames, lenses and contact lenses, including Irlen lenses: 100% of the fee charged	\$300 per person	6 months
SPECIALIST THERAPIES			
Physiotherapy	Initial consultation: \$45 Subsequent consultation: \$40	\$850 per person \$1,700 per membership	2 months
Occupational therapy	Initial consultation: \$43 Subsequent consultation: \$38		
Dietetics	Initial consultation: \$45 Subsequent consultation: \$40		
Chiropractic, osteopathy, podiatry, speech therapy and eye therapy (ortho-optics)	Initial consultation: \$42 Subsequent consultation: \$32		
ALTERNATIVE THERAPIES			
Acupuncture, Chinese herbalism and myotherapy	Initial consultation: \$37 Subsequent consultation: \$27	\$600 per person \$1,200 per membership	2 months
Remedial massage	Initial consultation: \$40 Subsequent consultation: \$30		
PSYCHOLOGY			
Psychology	Initial consultation: \$70 Subsequent consultation: \$50	\$550 per person \$800 per membership	2 months



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PHARMACEUTICALS			
Pharmaceuticals	Up to \$50 per script per non-PBS prescription payable after you have paid the equivalent of the PBS patient copayment amount for each item.	\$400 per person \$800 per membership	2 months
HEALTH AIDS			
A letter from a medical practitioner is required with all 'Health aids' claims.			
Orthotics	80% of the cost	\$200 per person	12 months
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, oxygen concentrator/cylinder, TENS machine (excluding circulation boosters/massagers/reflexology devices), wheelchair, wig	80% of the cost to a maximum of \$200 per aid	\$400 per person \$800 per membership	12 months
HEALTH SERVICES			
Health First approved programs; MRI scans (where no Medicare benefit is payable), specialist skin testing, quit smoking programs, weight-loss and stress management programs (consultations only)	70% of the cost per program to a maximum of: \$200 per person \$400 per membership	\$300 per person \$600 per membership	2 months
Membership fees of registered organisations e.g. Diabetes Australia	\$20 per person		
Home Surgical Nursing	\$22 per visit Itemised account required including provider details.	\$400 per person \$800 per membership	2 months
LASER EYE CORRECTION SURGERY			
Laser eye correction surgery		3-5 years \$300 per person 5 years+ \$500 per person Lifetime limit \$500	36 months
HEARING AIDS AND AUDIOLOGY			
Hearing Aids	100% of the charge Claimable every 3 years	\$1,000 per person	24 months
Audiology	Initial consultation: \$40 Subsequent consultation: \$30		2 months



Read more about your Extras 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.



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 1 July 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.

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

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