

## Private Health Information Statement - General treatment policy

### Ambulance and Smart Extras

RT Health - a division of  
The Hospitals  
Contribution Fund  
<http://www.rthealth.com.au>  
[help@rthealth.com.au](mailto:help@rthealth.com.au)  
1300 886 123

**Monthly Premium**  
**\$175.98<sup>#</sup>**  
(before any rebate or insurer discount)

Covers one adult & dependants (2  
or more people, only one of whom  
is an adult)  
**Available in South Australia**

<sup>#</sup> You may be entitled to an Australian Government rebate on the above premium. Your premium may also include an insurer discount. Check with your insurer for details.

This policy covers children and other dependants up to and including the age of 21, students up to and including the age of 30, as well as persons with a disability who qualify as a child or other dependant or student in these age ranges.

### General Treatment Cover

This health insurer does not operate a preferred provider scheme.

This policy  includes General treatment (Extras) cover for

Note, for items marked with an asterisk \*: 100% back on a range of no-gap services through our More for program, and no-gap network providers, subject to your cover, waiting periods and annual & membership limits. Find out more: <https://www.rthealth.com.au/health-services/find-a-dental-clinic> and <https://www.rthealth.com.au/health-services/find-an-optical-provider>.

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental*	2	\$1,000 per person up to \$2,000 per policy	Periodic oral examination - \$35.00 Scale & clean - \$64.00 Fluoride treatment - \$44.00 Surgical tooth extraction - \$171.00
Major dental	12	\$1,200 per person up to \$2,400 per policy (combined limit for major dental & endodontic)	Full crown veneered - \$660.00
Endodontic	12		Filling of one root canal - \$174.00
Optical*	2	\$250 per person	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Non PBS pharmaceuticals	2	\$500 per person up to \$1,000 per policy	Per eligible prescription - \$60.00
Physiotherapy	2	\$450 per person up to \$900 per policy	Initial visit - \$50.00 Subsequent visit - \$45.00
Chiropractic	2	\$400 per person up to \$800 per policy (combined limit for chiropractic, osteopathy & other services)	Initial visit - \$43.00 Subsequent visit - \$33.00
Podiatry	2	\$400 per person up to \$800 per policy	Initial visit - \$40.00 Subsequent visit - \$35.00
Psychology	2	\$400 per person up to \$800 per policy (combined limit for psychology & other services)	Initial visit - \$70.00 Subsequent visit - \$55.00
Acupuncture	2	\$500 per person up to \$1,000 per policy (combined limit for acupuncture, remedial massage, chinese medicine, exercise physiology & other services)	Initial visit - \$33.00 Subsequent visit - \$28.00
Remedial massage	2		Initial visit - \$35.00 Subsequent visit - \$35.00
Hearing aids	24	\$900 per person 2 service(s) every 3 years (Sub-limits apply)	Hearing aid - \$450.00

Blood glucose monitors	12	\$480 per person (combined limit for blood glucose monitors & other services - <b>Sub-limits apply</b> )	Per monitor - 80% of charge
Audiology	2	\$120 per person up to \$240 per policy	Initial visit - \$60.00 Subsequent visit - \$60.00
Ante-natal/Post-natal classes	2	\$200 per person	Initial visit - \$20.00 Subsequent visit - \$20.00
Chinese medicine	2	Combined limit - see Acupuncture	Initial visit - \$25.00 Subsequent visit - \$20.00
Dietetics/dietary advice	2	\$400 per person up to \$800 per policy	Initial visit - \$45.00 Subsequent visit - \$45.00
Exercise physiology	2	Combined limit - see Acupuncture	Initial visit - \$30.00 Subsequent visit - \$30.00
Eye therapy (orthoptics)	2	\$500 per person up to \$1,000 per policy	Initial visit - \$35.00 Subsequent visit - \$30.00
Health management / Healthy lifestyle	2	\$150 per person up to \$300 per policy	Health management - 100% of charge
Home nursing	2	\$450 per person up to \$900 per policy	Initial visit - \$20.00 Subsequent visit - \$20.00
Occupational therapy	2	\$400 per person up to \$800 per policy	Initial visit - \$50.00 Subsequent visit - \$43.00
Orthotics (podiatric orthoses)	12	\$200 per person up to \$280 per policy	Orthotics supply & fit - 100% of charge
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - \$47.00 Subsequent visit - \$35.00
Speech therapy	2	\$400 per person up to \$800 per policy	Initial visit - \$55.00 Subsequent visit - \$45.00
Vaccinations	2	\$150 per person	Per service - \$50.00

RT Health members pay no gap on a range of popular dental and optical services through HCF Dental or Optical Centres and the More for provider network. Includes mental health services (psychology, approved counselling, mental health social worker and OCBT courses). Health aids include blood pressure monitors, CPAP machines & masks, tens machines, wheelchairs, wigs (conditions apply). Annual, membership, service and sub limits apply.

This policy **X** does not include General treatment (Extras) cover for

<b>X</b> Orthodontic	<b>X</b> Other treatments - check with your insurer
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### Other features of this general treatment cover

Health management / Healthy lifestyle includes benefits towards gym membership and Tai Chi, Yoga & Pilates. Combined limit is \$150 per person, \$300 per membership per calendar year. For more details contact our member care team on 1300 886 123 or visit [rthealthfund.com.au](http://rthealthfund.com.au).

### Ambulance cover

In South Australia this policy provides:

**Emergency:** Unlimited with a waiting period of 1 day.

**Call-out fees:** will not be paid.

### Other features of this ambulance cover

- 1) Up to 100% of the cost of Emergency ambulance transportation excluding air ambulance unless prior authorisation is obtained from the Fund or there is medical certification that there was no other practical method of transportation due to the seriousness of the patient's condition or the inaccessibility of the patient to ground based transportation services.
- 2) Benefits limited to a maximum of \$5000 per person Per Annum. Benefits not payable for transportation from a Hospital to a place of residence or another Hospital, nor are benefits payable for routine transportation in order to receive treatment for an ongoing medical condition.

### Disclaimer

The information contained in this Private Health Information Statement was provided by the insurer and is intended as general information. It may not take into account your particular circumstances. For information please contact the insurer.