

## Private Health Information Statement - Combined policy

### Silver Plus Assure Hospital \$750 Excess and Deluxe Extras

**RT Health - a division of  
The Hospitals  
Contribution Fund**  
http://www.rthealth.com.au  
help@rthealth.com.au  
1300 886 123

**Monthly Premium**  
**\$303.41 #**  
(before any rebate, loading or discount)

Covers only one person  
Available in Western Australia  
Closed to new members

# You may be entitled to an Australian Government rebate on the above premium. Your premium may also include a Lifetime Health Cover loading or an insurer discount. Check with your insurer for details.

### Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy provides accident cover and benefits for travel or accommodation (outside of hospital) - check with your insurer for details.

- ✓ Covered**  
For information on what is covered under each category, see <https://privatehealth.gov.au/categories>
- R Restricted**  
Restricted categories partially cover your hospital costs as a private patient in a public hospital. You may incur significant expenses in a private room or private hospital.
- X Not Covered**  
These categories are not covered by this policy.

This policy **✓ includes cover for**

|                                                           |                                   |                                                                                     |
|-----------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------|
| ✓ Back, neck and spine                                    | ✓ Eye (not cataracts)             | ✓ Miscarriage and termination of pregnancy                                          |
| ✓ Blood                                                   | ✓ Gastrointestinal endoscopy      | ✓ Pain management                                                                   |
| ✓ Bone, joint and muscle                                  | ✓ Gynaecology                     | ✓ Pain management with device                                                       |
| ✓ Brain and nervous system                                | ✓ Heart and vascular system       | ✓ Palliative care                                                                   |
| ✓ Breast surgery (medically necessary)                    | ✓ Hernia and appendix             | ✓ Plastic and reconstructive surgery (medically necessary)                          |
| ✓ Cataracts                                               | ✓ Implantation of hearing devices | ✓ Podiatric surgery (provided by a registered podiatric surgeon - limited benefits) |
| ✓ Chemotherapy, radiotherapy and immunotherapy for cancer | ✓ Insulin pumps                   | ✓ Rehabilitation                                                                    |
| ✓ Dental surgery                                          | ✓ Joint reconstructions           | ✓ Skin                                                                              |
| ✓ Diabetes management (excluding insulin pumps)           | ✓ Joint replacements              | ✓ Sleep studies                                                                     |
| ✓ Dialysis for chronic kidney failure                     | ✓ Kidney and bladder              | ✓ Tonsils, adenoids and grommets                                                    |
| ✓ Digestive system                                        | ✓ Lung and chest                  | R Hospital psychiatric services                                                     |
| ✓ Ear, nose and throat                                    | ✓ Male reproductive system        |                                                                                     |

This policy **X does not include cover for**

- X Assisted reproductive services
- X Pregnancy and birth
- X Weight loss surgery

The benefits paid for hospital treatment will depend on the type of cover you purchase and whether your fund has an agreement in place with the hospital in which you are treated. See 'Agreement Hospitals' on [privatehealth.gov.au](https://privatehealth.gov.au) for which hospitals have arrangements with your insurer – <https://privatehealth.gov.au/dynamic/agreementhospitals>.

Under this policy, you may have to pay out-of-pocket costs above what you get from Medicare or your private health insurer. Before you go to hospital, you should ask your doctors, hospital and health insurer about any out-of-pocket costs that may apply to you.

The following payments may also apply for hospital admissions

**Excess:** You will have to pay an excess of \$750 per admission. This is limited to a maximum of \$750 per person per year.

**Co-payments:** No co-payments

The following waiting periods for hospital admissions apply to new or upgrading members

**Waiting periods:**

- 2 months for palliative care, rehabilitation and hospital psychiatric treatments, even if pre-existing
- 12 months for other pre-existing conditions
- 2 months for all other treatments

### Gap Cover

This provider offers '[known gap](#)' or '[no gap](#)' cover for medical bills for this product.

The [Medical Costs Finder](#) lets you find out more about the cost of specialist medical services.

Other features of this hospital cover

\$100 cap for day admissions. No excess for dependants under the age of 22.

## 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 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                       | \$800 per policy                                                                                                                                                                                                           | Periodic oral examination - 60% of charge<br>Scale & clean - 60% of charge<br>Fluoride treatment - 60% of charge |
| Major dental            | 12                      | \$1,200 per policy<br>(combined limit for major dental, endodontic & other services)                                                                                                                                       | Surgical tooth extraction - 60% of charge<br>Full crown veneered - 60% of charge                                 |
| Endodontic              | 12                      |                                                                                                                                                                                                                            | Filling of one root canal - 60% of charge                                                                        |
| Orthodontic             | 12                      | \$1,000 per policy<br>\$2,500 lifetime limit                                                                                                                                                                               | Braces for upper & lower teeth, including removal plus fitting of retainer - 100% of charge                      |
| Optical*                | 2                       | \$300 per policy                                                                                                                                                                                                           | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge                   |
| Non PBS pharmaceuticals | 2                       | \$400 per policy                                                                                                                                                                                                           | Per eligible prescription - \$50.00                                                                              |
| Physiotherapy           | 2                       | \$850 per policy<br>(combined limit for physiotherapy, chiropractic, podiatry, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), occupational therapy, osteopathy, speech therapy & other services) | Initial visit - \$58.00<br>Subsequent visit - \$48.00                                                            |
| Chiropractic            | 2                       |                                                                                                                                                                                                                            | Initial visit - \$47.00<br>Subsequent visit - \$37.00                                                            |
| Podiatry                | 2                       |                                                                                                                                                                                                                            | Initial visit - \$42.00<br>Subsequent visit - \$32.00                                                            |
| Psychology              | 2                       | \$550 per policy                                                                                                                                                                                                           | Initial visit - \$75.00<br>Subsequent visit - \$60.00                                                            |

|                                       |    |                                                                                                                                     |                                                       |
|---------------------------------------|----|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Acupuncture                           | 2  | \$600 per policy<br>(combined limit for acupuncture, remedial massage & chinese medicine)                                           | Initial visit - \$38.00<br>Subsequent visit - \$31.00 |
| Remedial massage                      | 2  |                                                                                                                                     | Initial visit - \$40.00<br>Subsequent visit - \$37.00 |
| Hearing aids                          | 24 | \$1,000 per policy<br>1 appliance(s) every 3 years<br>(combined limit for hearing aids & audiology)                                 | Hearing aid - \$1,000.00                              |
| Blood glucose monitors                | 12 | \$200 per service up to \$400 per policy<br>(combined limit for blood glucose monitors & other services - <b>Sub-limits apply</b> ) | Per monitor - \$200.00                                |
| Audiology                             | 2  | Combined limit - see Hearing aids                                                                                                   | Initial visit - \$70.00<br>Subsequent visit - \$70.00 |
| Chinese medicine                      | 2  | Combined limit - see Acupuncture                                                                                                    | Initial visit - \$37.00<br>Subsequent visit - \$27.00 |
| Dietetics/dietary advice              | 2  | Combined limit - see Physiotherapy                                                                                                  | Initial visit - \$50.00<br>Subsequent visit - \$50.00 |
| Exercise physiology                   | 2  | Combined limit - see Physiotherapy                                                                                                  | Initial visit - \$40.00<br>Subsequent visit - \$40.00 |
| Eye therapy (orthoptics)              | 2  | Combined limit - see Physiotherapy                                                                                                  | Initial visit - \$42.00<br>Subsequent visit - \$32.00 |
| Health management / Healthy lifestyle | 2  | \$200 per service up to \$300 per policy<br>( <b>Sub-limits apply</b> )                                                             | Health management - 70% of charge                     |
| Home nursing                          | 2  | \$400 per policy                                                                                                                    | Initial visit - \$22.00<br>Subsequent visit - \$22.00 |
| Occupational therapy                  | 2  | Combined limit - see Physiotherapy                                                                                                  | Initial visit - \$52.00<br>Subsequent visit - \$45.00 |
| Orthotics (podiatric orthoses)        | 12 | \$200 per policy                                                                                                                    | Orthotics supply & fit - 80% of charge                |
| Osteopathy                            | 2  | Combined limit - see Physiotherapy                                                                                                  | Initial visit - \$51.00<br>Subsequent visit - \$39.00 |
| Speech therapy                        | 2  | Combined limit - see Physiotherapy                                                                                                  | Initial visit - \$65.00<br>Subsequent visit - \$55.00 |

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

**X** Other treatments - check with your insurer

### Other features of this general treatment cover

Benefits available for Myotherapy. Health management / Healthy lifestyle includes approved weight loss, stress management and quit smoking programs, MRI Scans not claimable through Medicare & skin tests. Benefits for Tai Chi, Yoga and Pilates are payable at 100% of the cost, subject to applicable sub-limits and conditions. Annual limits, sub-limits and membership limits apply. Contact the fund for further details.

### Ambulance cover

In Western Australia this policy provides:

**Emergency:** with a waiting period of 1 day, limited to \$5,000 per person per year.

**Call-out fees:** will be paid for each attendance, including emergency treatment without transport to hospital.

### Other features of this ambulance cover

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. You can also purchase additional ambulance cover through a state government ambulance service.

### Disclaimer

[PrivateHealth.gov.au](http://PrivateHealth.gov.au)

PolicyID: RTE/J31D/WGDM10

Date statement issued: 01 April 2026

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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.