

## Private Health Information Statement - Combined policy

### Silver Plus Standard Hospital \$750 Excess 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**  
**\$530.18<sup>#</sup>**  
(before any rebate, loading or discount)

Covers 2 adults (and no-one else)  
Available in South Australia

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

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

|                                  |                      |                       |
|----------------------------------|----------------------|-----------------------|
| X Assisted reproductive services | X Insulin pumps      | X Weight loss surgery |
| X Cataracts                      | X Joint replacements |                       |

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 on admission. This is limited to a maximum of \$750 per person and \$1500 per policy 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 dependents 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 & 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<br>Scale & clean - \$64.00<br>Fluoride treatment - \$44.00<br>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<br>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<br>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<br>Subsequent visit - \$33.00  |
| Podiatry                | 2                       | \$400 per person up to \$800 per policy  | Initial visit - \$40.00<br>Subsequent visit - \$35.00  |

|                                       |    |   |   |
|---------------------------------------|----|---|---|
| Psychology                            | 2  | \$400 per person up to \$800 per policy<br>(combined limit for psychology & other services)   | Initial visit - \$70.00<br>Subsequent visit - \$55.00 |
| Acupuncture                           | 2  | \$500 per person up to \$1,000 per policy<br>(combined limit for acupuncture, remedial massage,<br>chinese medicine, exercise physiology & other<br>services) | Initial visit - \$33.00<br>Subsequent visit - \$28.00 |
| Remedial massage                      | 2  |   | Initial visit - \$35.00<br>Subsequent visit - \$35.00 |
| Hearing aids                          | 24 | \$900 per person<br>2 service(s) every 3 years<br><b>(Sub-limits apply)</b>   | Hearing aid - \$450.00                                |
| Blood glucose monitors                | 12 | \$480 per person<br>(combined limit for blood glucose monitors & other<br>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<br>Subsequent visit - \$60.00 |
| Ante-natal/Post-natal classes         | 2  | \$200 per person up to \$220 per policy   | Initial visit - \$20.00<br>Subsequent visit - \$20.00 |
| Chinese medicine                      | 2  | Combined limit - see Acupuncture  | Initial visit - \$25.00<br>Subsequent visit - \$20.00 |
| Dietetics/dietary advice              | 2  | \$400 per person up to \$800 per policy   | Initial visit - \$45.00<br>Subsequent visit - \$45.00 |
| Exercise physiology                   | 2  | Combined limit - see Acupuncture  | Initial visit - \$30.00<br>Subsequent visit - \$30.00 |
| Eye therapy (orthoptics)              | 2  | \$500 per person up to \$1,000 per policy   | Initial visit - \$35.00<br>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<br>Subsequent visit - \$20.00 |
| Occupational therapy                  | 2  | \$400 per person up to \$800 per policy   | Initial visit - \$50.00<br>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<br>Subsequent visit - \$35.00 |
| Speech therapy                        | 2  | \$400 per person up to \$800 per policy   | Initial visit - \$55.00<br>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

**X** Orthodontic

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

### 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:** 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

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

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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](#)

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.