



# Value Extras

Just want to cover the basics each year? This is our most affordable level of cover, ideal for young singles and couples.

Service	Benefit for each purchase, service or treatment	Annual limit (limits are per person unless otherwise shown)	Waiting period
<b>DENTAL</b>			
General dental Includes x-rays, surgical items, preventive dentistry, restorations (fillings), scaling and cleaning, extractions, mouthguard, fluoride application and more.	Each general dental item has a set benefit. Please call our member care team with the item number of the service you're having and we'll let you know how much you'll be getting back.	\$500 person \$1,000 membership	2 months
Major dental	Not covered		
Orthodontics			
<b>OPTICAL</b>			
Optical	All prescription frames, lenses and contact lenses: 100% of cost	\$200 person	3 months
<b>SPECIALIST THERAPIES</b>			
Physiotherapy	Initial consultation: \$35 Subsequent consultation: \$30 Group consultation: \$25	\$350 person \$700 membership	2 months
Chiropractic Osteopathy	Initial consultation: \$35 Subsequent consultation: \$25 X-ray: \$60	\$300 person \$600 membership	
Occupational therapy	Initial consultation: \$30 Subsequent consultation: \$25	\$300 person \$600 membership	
Orthoptics	Initial consultation: \$30 Subsequent consultation: \$25	\$300 person \$600 membership	
Dietetics	All consultations: \$30	\$300 person \$600 membership	
<b>ALTERNATIVE THERAPIES (CONSULTATIONS ONLY)</b>			
Benefits are paid for consultations only. No benefits are payable for additional products associated with the treatment e.g. needles, remedies, oils.			
Acupuncture	Initial consultation: \$30 Subsequent consultation: \$25	\$300 person \$600 membership	2 months
Remedial massage	All consultations: \$20	\$200 person \$400 membership	
<b>PHARMACEUTICALS</b>			
Pharmaceuticals	Up to \$35 per non-PBS prescription payable after you have paid the equivalent of the PBS patient copayment amount for each item.	\$300 person \$600 membership	2 months
Vaccines	Up to: \$50 per vaccine	\$150 person	



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<b>HEALTH AIDS (PURCHASE ONLY)</b>			
A letter from a medical practitioner is required with all 'Health aids' claims. No benefits are payable for consumables used in conjunction with any of these items. CPAP and BPAP machine benefits may only be claimed once every three calendar years.			
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, oral appliance (983 and 984), oxygen concentrator/ cylinder, TENS machine (excluding circulation boosters/massagers/reflexology devices), wheelchair, wig	80% of the cost	Up to \$300 per item	\$300 person \$600 membership  12 months
Wheelchair hire	\$30	\$30 membership	
Low vision aids for ARMD (Age-related macular degeneration)	Up to 100% of the cost per non-electronic optical aid	\$70 person	
Repairs to health aids	100% of the cost	\$100 person \$200 membership	
<b>OVER-THE-COUNTER NICOTINE REPLACEMENT THERAPY</b>			
Over-the-counter nicotine replacement therapy	50% of the cost. A specific list of products is covered. Please check with us prior to purchasing.	\$100 person \$200 membership	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](http://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](http://www.privatehealthcareaustralia.org.au).

Effective 12 May 2023. 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).

**RT HEALTH**

