

# Basic Hospital Cover

*Our minimum level of hospital cover*

Read more about your hospital cover in our online A to Z guide  
[www.rthealthfund.com.au/atozofrt.html](http://www.rthealthfund.com.au/atozofrt.html)

This is a good cover if you don't need or want access to treatment in a private hospital. It covers you for treatment by the doctor of your choice, in the public hospital of your choice. Please note, this cover does not enable you to bypass public hospital waiting lists for accommodation. Your treatment will be subject to the individual hospital's bed availability.

## Your Basic Hospital Cover pays benefits when:

- you have served all applicable waiting periods
- you are treated as an inpatient (there are no benefits for outpatient treatment)
- you are treated in any public hospital in Australia
- the treatment or procedure you're having is covered by Medicare; there are no exclusions with this cover – if Medicare pays a benefit, then we do too.

## What are you covered for?

### Your Basic Hospital Cover pays benefits on four types of costs:

**1. Hospital** – if you go to any public hospital in Australia, you're 100% covered for the hospital's costs, these are detailed over the page under 'public hospital costs'. The only things that are not included are additional services that you might choose to have, such as television hire and newspaper delivery. You're covered all over the country, even if you're going into hospital in another state.

If you choose to go to a private hospital you will only receive a very low level of benefit (called a 'default benefit') toward the cost of your accommodation, no other benefits will be payable and you will be left with substantial out-of-pocket costs.

**2. Doctors** – when you are treated as an inpatient in hospital your doctors' fees are split between Medicare and your private hospital cover. Medicare reimburses you for 75% of the MBS (Medicare Benefits Schedule) fee and your hospital cover, by law, can only pay the remaining 25%. Out-of-pocket costs can arise because doctors are not restricted to only charging the MBS fee, and anything above the MBS fee isn't covered by anyone. There is a program called Access Gap Cover that can help you to reduce or eliminate your out-of-pocket costs, contact us if you'd like to know more. Doctors' costs are detailed over the page under 'doctors' costs'.

**3. Prostheses and pharmaceuticals** – most of these will be fully covered, but there are a couple of restrictions on the types of prostheses and pharmaceuticals we can pay for. These will mostly apply to items that are not covered by the Pharmaceutical Benefits Scheme (PBS) or the Federal Government's approved Prostheses List. Read more over the page under 'prostheses and pharmaceuticals'.

**4. Ambulance** – you're covered for emergency ambulance transportation in the case of an accident or emergency. If you are a resident of NSW or the ACT, your ambulance cover also extends to non-emergency transportation. If you are a resident of another state you will need to investigate options for additional cover with state-based ambulance schemes to cover yourself for non-emergency ambulance transportation. Read more over the page under 'additional benefits'.

## How does it work?

### Planned hospital stays

Prior to your admission to hospital, you'll be asked if you have private hospital cover. If you say yes, the hospital will ask for your membership card, and will contact us to verify the level of cover you have and whether your cover is paid up to date.

### Unplanned hospital stays

If your hospital admission is the result of an accident or emergency, you are likely to be taken to a public hospital emergency ward. If the hospital decides that you need to be admitted you will be asked if you have private hospital cover, and if you are admitted as a private patient you may end up with out-of-pocket costs that you weren't prepared for.

You're not obligated to declare or to use your private hospital cover if it doesn't suit you – you have the option of choosing to be treated as a public patient under Medicare rather than using your cover.

## Waiting periods

When you first take out hospital cover, rejoin after letting your cover lapse, or when you upgrade to a higher level of cover, you are required to serve waiting periods. This means you have to be a member for a certain period of time before you can claim for some services.

### These are the standard waiting periods that apply:

- Accidents – 1 day
- General hospital treatment – 2 months
- Pre-existing conditions – 12 months
- Obstetrics/pregnancy-related services – 12 months

### If you've never had hospital cover before, you also have an additional benefit limitation period for the following two services:

- Elective surgery – 12 months
- Wisdom tooth extraction – 12 months

If you need to claim for either of these within your first 12 months of membership you will receive a 'default benefit', which is a minimum benefit for accommodation costs only. You will be responsible for covering all other costs, which may be substantial.

**Basic Hospital Cover is not designed to pay benefits for treatment received in a private hospital. If you are interested in cover for private hospital treatment take a look at our Private Hospital or Fit + Healthy Hospital Cover.**

## Basic Hospital Cover

*Here's what you're covered for:*

<b>Public hospital costs</b>		
<b>Accommodation</b>	You are covered for 100% of the cost of shared room accommodation. If you elect to have a private room, you will have out-of-pocket costs.	
<b>Operating theatre</b>	You are covered for 100% of the cost of procedures that are covered by Medicare and considered 'medically necessary'.	
<b>Intensive care and coronary care</b>	You are covered for 100% of the cost.	
<b>Cardiothoracic procedures</b>		
<b>Labour ward</b>		
<b>Obstetrics</b>		
<b>Rehabilitation</b>		
<b>Psychiatric treatment</b>		
<b>Doctors' costs</b>		
<b>Doctor of your choice</b>	<p>You are covered for treatment by the doctor of your choice in the PUBLIC hospital of your choice. Please note that doctors usually work from a select few hospitals which may limit the choice of hospitals available to you if you want to be treated by a particular doctor. For a list of rt contracted hospitals, visit <a href="http://www.rthealthfund.com.au">www.rthealthfund.com.au</a> or call us on 1300 886 123.</p> <p>Your doctors' fees may not be 100% covered. Please refer to the information on doctors' fees over the page for an explanation of how this works.</p>	
<b>Prostheses and pharmaceutical costs</b>		
<b>Prostheses</b>	You are covered for 100% of the cost of government-approved no-gap prostheses (but lower benefits apply for other prostheses). We recommend you contact our member care team to find out exactly what you're covered for before going into hospital. Call 1300 886 123.	
<b>Pharmaceuticals</b>	<p>You are covered for 100% of the cost of:</p> <ul style="list-style-type: none"> <li>– pharmacy items directly related to the reason for your hospitalisation, supplied to you during your admission</li> <li>– pharmaceuticals listed on the Commonwealth Exceptional Drug List.</li> </ul>	
<b>Additional benefits available</b>		
<b>Ambulance</b>	You are covered for up to \$5,000 emergency ambulance transportation in the case of accident or illness. (Residents of NSW and the ACT are also covered for non-emergency ambulance transportation. Read more over the page under 'What are you covered for?') The service must be provided by a state government operated, authorised, or approved ambulance scheme.	
<b>Hospital at home (hospital substitution program)</b>	Offers an alternative to a hospital admission or enables you to leave hospital early and receive treatment in your own home.	For more information, enrolment and referral forms call our member care team on 1300 886 123 or visit <a href="http://www.rthealthfund.com.au">www.rthealthfund.com.au</a> .
<b>Health4life (chronic disease prevention and management program)</b>	Helps people self-manage existing or potential chronic diseases (including asthma, diabetes, arthritis, heart disease and others).	

*Here's where out-of-pocket costs can come from:*

<b>Admission to a private hospital</b>	Your Basic Hospital Cover is designed to provide you with benefits for treatment by the doctor of your choice in a PUBLIC hospital only. Admission to a private hospital will result in substantial out-of-pocket costs.	
<b>Treatments and procedures not covered by Medicare</b>	Your Basic Hospital Cover can only pay benefits for treatments that are recognised and subsidised by Medicare. For non-medically necessary procedures (such as elective cosmetic surgery) your Basic Hospital Cover will pay a 'default benefit' toward your hospital accommodation, but no benefits for theatre fees, prostheses or medical fees. You will have substantial out-of-pocket costs for these procedures.	
<b>Any hospital or medical costs for outpatient treatment</b>	Your Basic Hospital Cover can only pay benefits for treatments and services you receive as an inpatient, that is, when you are admitted as a patient to hospital.	
<b>Discharge pharmaceuticals</b>	These are items prescribed for you to take home after you are discharged from hospital. No benefits are payable for these items under your Basic Hospital Cover, but you may be able to claim under your extras cover.	
<b>Services such as television hire, purchase of newspapers, purchase of medication not related to the reason for your admission</b>	Your Basic Hospital Cover does not pay benefits for these additional products or services.	



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