

Premium Extras

Premium Extras is our top-level extras cover, which gives you excellent benefits on a huge range of services for your health and wellbeing.

What does Premium Extras cover you for?

Over the page, you'll find a comprehensive list of the products, services and treatments you can claim under your Premium Extras cover. For most items shown, you will also see:

- the maximum benefit you can receive each time you make a claim
- the maximum benefit you can receive each year for the different things you are covered for
- information about whether the maximum annual benefit applies across your whole membership or to each person covered by the membership
- the waiting periods that apply before you can make a claim.

Because your Premium Extras cover pays you benefits on a vast number of different products, services and treatments, it's not possible to list them all, particularly when it comes to individual dental items. Every dental procedure has an item number associated with it, every item number has a set benefit – there are thousands of different dental item numbers. The best way to find out how much you're going to get back on a dental claim is to ask your dentist for the item numbers of the services you'll be receiving, and then give our member care team a call to have them calculate the benefit for you.

If you're planning to use your extras cover and you would like to know in advance how much you'll get back when you make your claim, please feel free to ask our team.

There are a few important things to understand about how your Premium Extras cover works

1. Annual limits

Each type of product, service or treatment has an 'annual limit.' This is the total amount that can be claimed for that particular item in a calendar year.

With Premium Extras, most annual limits apply 'per person', which means that each person covered by the membership can claim up to that amount. However, there are one or two 'membership' limits, which are maximum amounts shared by everyone covered by the membership.

On 31 December each year any unused annual limits expire, and they reset again on 1 January. It's not possible to rollover any unused limits from one year to the next, or to transfer 'per person' limits between the people covered by the membership.

2. Registered providers

Benefits are only paid for products, services or treatments provided to you by appropriately qualified practitioners. These are called 'registered providers.'

As a general rule, registered providers include:

Dentists registered with AHPRA (Australian Health Practitioner Regulation Agency)

Registered optometrists or ophthalmologists

Licensed optical dispensers

Natural therapists registered with the Australian Regional Health Group.

Unlike doctors and hospitals, which are monitored by Medicare, there is no one body that ensures only qualified, skilled and experienced practitioners provide the types of treatments covered by extras. By only paying benefits on services you receive from registered providers, we help to ensure that you receive care from properly qualified people.

3. Products, services or treatments purchased in Australia

Health funds are only permitted to pay benefits for products, services or treatments that are purchased in Australia. If you purchase something overseas; order it online and the transaction takes place overseas; or have a treatment or procedure overseas, you are not able to claim benefits for it under your extras cover.

Please be aware that some overseas online providers may appear to be based in Australia. If you contact us with the name of the provider and the provider number before ordering products online, we can let you know if your purchase will be eligible for a benefit.

4. Claiming costs through Medicare and your extras cover

A limited number of extras treatment types can be provided by practitioners with a Medicare provider number, and costs for these services can be claimed under Medicare. You are not able to claim costs for the same treatment from both Medicare and your extras cover.

How do you make an extras cover claim?

1. Make sure that the product, service or treatment you're planning to claim is covered

If you're not 100% certain, please ask us. If it's something you've claimed before, but it's been a while since your last claim, check with us to make sure nothing has changed. We can let you know how much you're going to get back, so there'll be no surprises.

2. Make sure that the person you are going to for treatment is a 'registered provider'

You can do that by asking them, or by giving us a call. Any appropriately qualified natural therapist can apply to the Australian Regional Health Group, and if they meet the criteria, can become a registered provider.

3. Make sure that you have served your waiting periods

When you take out extras cover for the first time, 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 must have the cover for a certain period of time before you can claim for some services. All the waiting periods that apply to your Premium Extras cover are shown over the page. If you're not sure whether you've served your waiting periods or not, please ask our team.

4. When you're ready to make a claim, there are two different ways you can go about it **ON THE SPOT**

If your practitioner offers the HICAPS or iSOFT claiming facilities, you can use your rt membership card to make an on-the-spot claim. You'll swipe your rt card through a special terminal when you're about to pay your bill. The information will be sent directly to us, and your claim will be lodged right there on the spot. All you pay is any difference between the amount of your rt benefit and the cost of the treatment.

Ask your practitioner when you make your appointment if they offer electronic claiming, or visit the HICAPS website (hiccaps.com.au) for more information about practitioners that offer these facilities.

SEND US A CLAIM FORM

If on-the-spot claiming is not available, then you do it the old-fashioned way: fill in a claim form, send us your receipts or account, and we'll send you a cheque or drop the money straight into your bank account. You can nominate a bank account when you complete your claim form.

You have up to two years from the date of service to lodge an extras cover claim. Claims with a service date older than two years are not payable.

PREMIUM EXTRAS COVER

Here's what you're covered for:

Service		Benefit for each purchase, service or treatment	Annual limit (limits are per person unless otherwise shown)	Waiting period	
General dental	Includes x-rays, surgical items, preventive dentistry, restorations (fillings), scaling and cleaning, extractions, mouthguard, fluoride application and more	Each general and major 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.	Unlimited	2 months	
Major dental	Periodontics, endodontics, crowns and bridges, dentures and occlusal therapies		\$1,500 <i>dentures are only claimable every 2 years</i>	12 months	
Orthodontics	All orthodontic treatment (<i>treatment plan required</i>)	70% of the cost	\$1,000 (\$3,000 <i>lifetime limit</i>)	12 months	
Optical	All prescription frames, lenses and contact lenses, including Irlen lenses	100% of cost	\$300	3 months	
Specialist therapies					
Physiotherapy	Initial consultation Subsequent consultation Group consultation	\$50 \$45 \$35	\$550	2 months	
Chiropractic Osteopathy	Initial consultation Subsequent consultation X-ray	\$40 \$35 \$100	\$500 <i>combined chiropractic and osteopathy limit</i>		
Occupational therapy	Initial consultation Subsequent consultation	\$40 \$35	\$500		
Orthoptics	Initial consultation Subsequent consultation	\$40 \$35	\$500		
Dietetics	All consultations	\$50	\$500		
Audiology	All consultations	\$80	\$160		
Podiatry	Initial consultation Subsequent consultation Biomechanical & gait assessments	\$40 \$35 \$35	\$500		
Speech therapy	Initial consultation Subsequent consultation Group consultation	\$40 \$35 \$35	\$500		
Psychology	Initial consultation Subsequent consultation Group consultation	\$60 \$35 \$35	\$500 <i>combined psychology and hypnotherapy limit</i>		
Hypnotherapy	Initial consultation Subsequent consultation	\$50 \$35			
Pharmaceuticals	Up to	\$70	per non-PBS prescription payable after you have paid the equivalent of the PBS patient copayment amount for each item.		\$600
Vaccines	Up to	\$50 per injection			\$150
Alternative therapies (Consultations only)					
Acupuncture	Initial consultation Subsequent consultation	\$40 \$35	Benefits are paid for consultations only. No benefits are payable for additional products associated with the treatment e.g. needles, remedies, oils.		\$750 <i>combined alternative therapies limit</i>
Aromatherapy, bower therapy, reflexology, shiatsu, swedish massage	All consultations	\$25			
Remedial massage	All consultations	\$30			
Exercise physiology	Initial consultation Subsequent consultation Group consultation	\$25 \$25 \$15			
Chinese medicine, herbal medicine, homeopathy, iridology, myotherapy, naturopathy	Initial consultation Subsequent consultation	\$35 \$30			
Gym membership	A letter from a medical practitioner is required. Gym must be registered with Fitness Australia®.	100% of the cost	\$100 person \$200 membership		
Health services					
Home nursing	Visits 5 hours or less Visits over 5 hours	\$30 \$80	\$700 \$700	\$1,400 <i>combined home nursing and midwifery limit</i>	
Midwife (Ante and postnatal)	per visit per delivery	\$30 \$330	\$300 \$330		
School accidents		100% of the cost	\$750 membership	2 months	
Travel expenses	Please speak with our member care team for details about when these benefits are payable, 1300 886 123 .	Up to \$60 per round trip (over 200km)	\$250 person \$500 membership		
Accommodation expenses		Up to \$40 per night	\$300 person \$600 membership		
Health aids (Purchase only)					
Orthotics (custom made)		100% of the cost	\$175	\$1,600 <i>combined health aids limit</i>	
Orthopaedic shoes (custom made)		100% of the cost	\$350		
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	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.	80% of the cost	up to \$600 per item		
Wheelchair hire		Up to \$50	\$50 membership		
Low vision aids for ARMD (Age-related macular degeneration)		100% of the cost <i>per non-electronic optical aid</i>	\$130		
Repairs to health aids		100% of the cost	\$100		
Hearing aids		100% of the cost up to \$600 per hearing aid	\$1,200 <i>every three calendar years</i>	24 months	
Repairs to hearing aids	Up to	100% of the cost	\$100	2 months	
Over-the-counter nicotine replacement therapy	A specific list of products is covered. Please check with us prior to purchasing.	50% of the cost	\$150	2 months	

Read more about your hospital cover in our online A to Z guide in the forms and publications section of our website rthealth.com.au/publications.

Effective 1 April 2018. 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, via email or through our member magazine, *be well*. 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.

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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.

We make it simpler