1 April 2017

Smart Hospital

Smart Hospital cover is our high level of hospital cover, which gives you access to treatment by the doctor of your choice in the private or public hospital of your choice. This is a comprehensive level of hospital cover that is suitable for most people's needs, but it does have exclusions and restrictions that you should be aware of. These are detailed over the page.

What does Smart Hospital cover you for?

Over the page, you'll find a comprehensive list of the types of treatments, services and products you can claim under your Smart Hospital cover. You'll also see information on the things you are not covered for (exclusions), the things you are only covered for in a public hospital (restrictions), as well as the waiting periods that apply before you can make different types of claims.

Your hospital cover pays benefits on four types of costs:

1. **Private or public hospital of your choice**
   With Smart Hospital, you're up to 100% covered for all of the hospital's costs when you are treated in any private hospital that rt has a contract with. You are also covered in all public hospitals across Australia. This is for both overnight and same-day procedures. The only costs that won't be covered are personal services such as television hire, internet access, newspaper delivery etc. Plus, some hospitals may charge administration fees.

   rt has contracts with most private hospitals and day surgeries in Australia so you're covered around the country. You can see which private hospitals rt has a contract with in the members' area of our website.

   It is important to choose one of the hospitals listed because if you choose to be treated in a private hospital that we don't have a contract with, you will be left with substantial out-of-pocket hospital costs. These can add up to many thousands of dollars.

   Please note that some state governments allow public hospitals to charge fees outside the default rate covered by the health funds. These additional charges are not covered by your Smart Hospital cover. You should check with the hospital prior to admission what your out-of-pocket expenses will be.

2. **Doctors of your choice**
   When you are treated as an inpatient in hospital, your doctors' fees are shared between Medicare, your hospital cover and yourself.

   Medicare will reimburse you for 75% of the Medicare Benefits Schedule (MBS) fee and your Smart Hospital cover pays the remaining 25%. Any amount your doctor chooses to charge above the MBS fee is an out-of-pocket cost you will be responsible for paying.

   Your Smart Hospital cover gives you access to a gap cover program that can help you to reduce or eliminate any out-of-pocket costs by making certain arrangements with your doctors before you go into hospital, this is called Access Gap cover. You can see which doctors currently participate in rt's Access Gap cover program in the members' area of our website.

3. **Implanted prostheses and in-hospital pharmaceuticals**
   Most prostheses and pharmaceuticals you receive in relation to your treatment in hospital are fully covered, but there are a few restrictions on the types of products we can pay for. These generally apply to items that are not covered by the government's Prostheses List or Pharmaceutical Benefits Scheme (PBS). To limit any potential out-of-pocket costs, ask your doctor which prosthesis is best for you and if there is a no-gap option available.

4. **Ambulance attendance and transportation**
   Depending on where you live, you're covered for emergency ambulance attendance and transportation. You'll find full details over the page.

How do you make a hospital cover claim?

Planned hospital stays

1. **Decide whether you wish to go private or public**
   Having private hospital cover gives you the best of all options when it comes to deciding where, when and by whom you want to be treated. You also have the option of choosing not to use your hospital cover and to instead be treated as a public patient. As a private patient, you have more control over the timing of your treatment and can nominate the doctor you wish to treat you, but you may have out-of-pocket costs following the procedure. As a public patient, you are less likely to have any out-of-pocket costs, but you often have no control over the timing of your treatment or the doctors who are appointed to care for you. With private hospital cover, you have the ability to make the choice that suits you best.

2. **Make sure that you have served your waiting periods**
   When you take out hospital 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 Smart Hospital cover are shown over the page. If you're not sure whether or not you've served your waiting periods, please call our team to find out.

3. **Make sure that the treatment or procedure you're planning to claim is covered**
   If you're not 100% certain, please ask us. With Smart Hospital cover, you are covered for any in-hospital treatment that Medicare pays a benefit on, with the exception of:
   - joint replacement procedures and their revisions
   - kidney dialysis.

   If you wish to be covered for these services, please contact our member care team. Waiting periods will apply if you choose to upgrade your cover.

   You are only covered for treatment in a public hospital for:
   - psychiatric treatment.

   If you wish to be covered for psychiatric services in a private hospital, please contact our member care team. Waiting periods will apply if you choose to upgrade your cover.

   When you are booking your hospital stay, the hospital will ask you for the details of your cover and will contact us to confirm that you are covered for the procedure you're having. They'll also check that your membership is paid up to date.

4. **Make sure that the hospital you're planning to be treated in is one that rt has a contract with**
   We have contracts with most private hospitals and day surgeries in Australia, and you are also covered for treatment as a private patient in any public hospital in the country. There is a search facility where you can look up whether the hospital you are planning to go to is contracted with us in the members' area of our website. Please be aware that choosing to be treated in a private hospital that is not contracted with us will leave you with substantial out-of-pocket costs.

5. **Ask your doctors if they will use our Access Gap cover**
   You need to make this arrangement before your hospital stay. If your doctors agree, it means they are willing to accept a set fee for their services that is higher than the MBS fee, but probably less than what they might otherwise charge. This means you are likely to have lower out-of-pocket costs, and in some cases, none at all. We recommend you contact our team for more information about how to request Access Gap cover arrangements when you are planning your hospital stay.

6. **Your excess is payable directly to the hospital**
   Smart Hospital comes with an excess. You will have chosen either a $250 or $500 excess. The hospital admissions staff will let you know whether you need to pay it before you are admitted or at the time of your admission. You can confirm the amount of the excess payable by contacting our team, or asking the hospital admissions staff, who will confirm that information with us prior to your hospital stay. The excess for day surgery is capped at $100.

7. **Find out if you're suitable for our Hospital at Home program**
   Hospital at Home can help you to get home from hospital sooner, and sometimes avoid a hospitalisation altogether, by providing you with hospital-equivalent treatment and follow-up care in your own home. The program is available for all kinds of treatments and post-procedure support. If it is possible to provide the treatments you need in your home, and if you, your doctor and the hospital all agree that it is appropriate for you, then we can help. Ask our team for more information about Hospital at Home.

8. **Following your hospital stay**
   You usually won't see any bills from the hospital, they get sent directly to us, but you will receive bills from all the doctors who treat you.

   If your doctors agreed to participate in our Access Gap cover, send your doctors' bills to us together with a completed claim form (available to download from our website, or ask our team to email or post one to you). With Access Gap cover your doctors will have either agreed to charge you no gap, or they will have given you a quote in advance for any out-of-pocket costs you might have. You are responsible for paying any agreed out-of-pocket costs.

   If your doctors do not participate in our Access Gap cover, take your doctors' bills to a Medicare office. They will pay 75% of the MBS fee and give you a statement that you send to us together with a completed claim form (available to download from our website, or ask our team to email or post one to you). We will pay the remaining 25% of the MBS fee. Any remaining amount is an out-of-pocket cost you are responsible for paying.

Unplanned hospital stays

If you are taken to hospital as a result of an accident or emergency, you will more than likely go to a public hospital emergency ward. Most public hospital emergency departments will treat you as a public patient at no cost. Some private hospitals also have emergency departments, and if you attend one of these, you are not covered for the costs. Hospital cover only comes into play when you are admitted as an inpatient to hospital.

If the hospital does decide that you need to be admitted, you will be asked if you have private hospital cover. Remember, you're not obligated to declare or to use your private 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.

SMART HOSPITAL COVER

Here's what you're covered for:

Private or public hospital costs – contracted private hospitals and public hospitals	
Accommodation	Up to 100% of the cost, after you've paid the excess applicable to your membership and provided that your treatment is not related to any of the items listed under 'exclusions' or 'restrictions'. Depending on availability, this may be either a private or a shared room.
Operating theatre / Intensive care / Coronary care	Up to 100% of the cost, provided that your treatment is not related to any of the items listed under 'exclusions' or 'restrictions'.
Doctors' costs	
Doctor of your choice	100% of the Medicare Benefits Schedule (MBS) fee for services provided by doctors in hospital. When you are treated in hospital, Medicare will pay 75% of the MBS fee for each 'item' and private hospital cover is only allowed by law to pay the remaining 25%. Doctors are not limited to only charging the MBS fee – and that's where people can end up with out-of-pocket costs, because the law prevents funds from paying more than 25% of the MBS fee. We offer a program as part of all our hospital covers that can help to reduce the likelihood of out-of-pocket costs. With Access Gap cover, you can ask your doctors to charge a set fee based on a different fee schedule, which is higher than the MBS fee but probably not as much as they might otherwise charge. If they agree to use Access Gap cover, you will either have no out-of-pocket costs or you will know in advance what the costs will be. We can give you more information and assistance with this when you are planning your hospital stay. Please note that doctors usually work in a select few hospitals, which may limit the choice of hospital available to you if you wish to be treated by a particular doctor.
Prostheses and pharmaceutical costs	
Prostheses	100% of the cost of government-approved no-gap prostheses (lower benefits apply for other prostheses), provided that the prostheses are not related to any of the items listed under 'exclusions'. We recommend you contact our member care team to find out exactly what you're covered for before going into hospital.
Pharmaceuticals	100% of the cost of: • pharmacy items directly related to the reason for your hospitalisation, supplied to you during your admission • pharmaceuticals listed on the Commonwealth Exceptional Drug List.
Ambulance attendance and transportation costs	
Ambulance	Residents of VIC, SA, WA, TAS, NT – 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. Residents of Tasmania are covered by a reciprocal state government ambulance scheme in all states except QLD and SA, so our ambulance cover only applies where the state government scheme does not. You can also purchase additional ambulance cover through a state government ambulance service. Residents of NSW or the ACT – unlimited cover for emergency transportation, and medically necessary non-emergency transportation. The service must be provided by a state government operated, authorised or approved ambulance scheme. Cover applies anywhere in Australia. Please contact the fund prior to using any non-emergency patient transportation supplied by a hospital for inter-hospital transfers. Residents of QLD – unlimited cover under a QLD state government ambulance scheme. Cover applies anywhere in Australia.
Additional benefits	
Hospital at Home (hospital substitution program)	Offers an alternative to a hospital admission or enables you to leave hospital early and receive treatment in your own home.
Chronic disease prevention and management program	Helps people self-manage existing or potential chronic diseases (including asthma, diabetes, arthritis, heart disease and others).

For more information, enrolment and referral forms, call our member care team on **1300 886 123** or visit **rthealth.com.au**

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

Exclusions – things you are not covered for	• joint replacement procedures and their revisions • kidney dialysis.
Restrictions – things you are only covered for in a public hospital	• psychiatric treatment.
Treatments and procedures not covered by Medicare	If the treatment or procedure you're having cannot be claimed under Medicare, your normal cover entitlements won't apply. You will have substantial out-of-pocket costs.
Admission to a non-contracted private hospital	If you receive treatment in a private hospital that we do not have a contract with, we will pay a 'default benefit' toward your accommodation, but no other benefits for hospital costs are payable. You will have substantial out-of-pocket costs.
Hospital or medical costs for outpatient treatment	Your Smart Hospital cover can only pay benefits for treatment you receive as an inpatient, that is, when you are admitted as a patient to hospital.
Private hospital emergency department fees	When you are treated in an emergency department, you are an outpatient (you have not yet been admitted to the hospital). No benefits are payable for outpatient treatment.
Discharge pharmaceuticals	These are items prescribed for you to take home after you are discharged from hospital. No benefits are payable for these under your Smart Hospital cover, but you may be able to claim under your extras cover.
Services such as television hire, internet access, purchase of newspapers, purchase of medication not related to the reason for your admission, hospital administration fees	Your Smart Hospital cover does not pay benefits for these additional products or services.

Waiting periods:

Accidents	1 day	
General services	2 months	
Psychiatry, rehabilitation and palliative care	2 months	Cover for psychiatric treatment is restricted to public hospital under this level of cover. If you wish to be covered for psychiatric treatment in a private hospital, please contact our member care team. Waiting periods will apply if you choose to upgrade your cover.
Pre-existing conditions	12 months	A pre-existing condition is 'an ailment or illness, the signs or symptoms of which were in existence at any time during the six months preceding the day on which the member joined the fund or upgraded to a higher level of cover'. If you have a medical condition at the time you join rt, or upgrade your existing rt hospital cover, you may not be immediately covered. If a claim looks like it may relate to a pre-existing condition, a medical advisor or practitioner appointed by us will examine information provided by your doctor/s and any other material relevant to the claim, and will make a determination as to whether the condition is pre-existing or not.
Obstetrics and other pregnancy-related services and treatments	12 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.

If you have a hospital stay coming up, we strongly recommend you call us for advice about how to make the most of your hospital cover, and to confirm that you are covered for the procedure you're having.

Effective 1 April 2017. 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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