

**Queensland Country Health Fund****Better Hospital (Silver+) \$500 excess & Essential Support Extras****\$653.55 / month**

(Before Rebate, Discount &amp; Loading)

Available in TAS

You may be entitled to an Australian Government Rebate on the above premium. Your premium may also include a Lifetime Health Cover Loading, an Age-based Discount or an insurer discount. Check with your insurer for details.

**This policy covers:** One adult & dependants, including non-student dependants (2 or more people, only one of whom is an adult).

Children (0 - 17), non-classified\* dependant (18 - 20), students (21 - 31) and non-students (21 to 31), as well as persons with a disability who qualify as a child, non-classified\* dependant, student and non-student in these age ranges.

\*Non-classified dependant: Still allowed on a Family Policy

- This policy exempts you from the Medicare Levy Surcharge.
- This policy provides accident cover - check with insurer for details.
- This policy provides benefits for travel or accommodation outside of hospital - check with insurer for details.

**Policy ID: QCH/5B2A/TNHY1Y****Source: Private Health Information Statement (PHIS)**

## Hospital Cover

✓ Covered

R Restricted Cover

✗ Not Covered

**This policy includes cover for**

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

**This policy does not include cover for**

- ✗ Weight loss surgery

### Examples of maximum benefits

|                                 |    |                                                                                                                                                                                                                                                                                                                                             |                                                                                                       |
|---------------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| ✓ Acupuncture                   | 2  | <b>\$900 per person</b><br>combined limit for acupuncture, audiology, chinese medicine, chiropractic, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), osteopathy, physiotherapy, podiatry, psychology, remedial massage & speech therapy                     | <ul style="list-style-type: none"> <li>Initial visit: \$25</li> <li>Subsequent visit: \$25</li> </ul> |
| ✓ Ante-natal/Post-natal classes | 12 | <b>\$42 per person</b>                                                                                                                                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>Initial visit: \$42</li> <li>Subsequent visit: \$42</li> </ul> |
| ✓ Audiology                     | 2  | <b>\$900 per person</b><br>combined limit for acupuncture, audiology, chinese medicine, chiropractic, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), osteopathy, physiotherapy, podiatry, psychology, remedial massage & speech therapy                     | <ul style="list-style-type: none"> <li>Initial visit: \$35</li> <li>Subsequent visit: \$35</li> </ul> |
| ✓ Blood glucose monitors*       | 12 | <b>\$2,000 per person 1 appliance(s) every 3 years(combined limit for blood glucose monitors &amp; other services – sub-limits apply)</b>                                                                                                                                                                                                   | <ul style="list-style-type: none"> <li>Per monitor: 100% of charge</li> </ul>                         |
| ✓ Chinese medicine              | 2  | <b>\$900 per person</b><br>combined limit for acupuncture, audiology, chinese medicine, chiropractic, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), osteopathy, physiotherapy, podiatry, psychology, remedial massage & speech therapy<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$25</li> <li>Subsequent visit: \$25</li> </ul> |
| ✓ Chiropractic                  | 2  | <b>\$900 per person</b><br>combined limit for acupuncture, audiology, chinese medicine, chiropractic, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), osteopathy, physiotherapy, podiatry, psychology, remedial massage & speech therapy<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$39</li> <li>Subsequent visit: \$25</li> </ul> |
| ✓ Dietetics/dietary advice      | 2  | <b>\$900 per person</b><br>combined limit for acupuncture, audiology, chinese medicine, chiropractic, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), osteopathy, physiotherapy, podiatry, psychology, remedial massage & speech therapy                     | <ul style="list-style-type: none"> <li>Initial visit: \$53</li> <li>Subsequent visit: \$28</li> </ul> |
| ✓ Endodontic                    | 12 | <b>\$900 per person</b><br>combined limit for endodontic, general dental, major dental & other services<br>sub-limits apply                                                                                                                                                                                                                 | <ul style="list-style-type: none"> <li>Filling of one root canal: \$119</li> </ul>                    |
| ✓ Exercise physiology           | 2  | <b>\$900 per person</b><br>combined limit for acupuncture, audiology, chinese medicine, chiropractic, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), osteopathy, physiotherapy, podiatry, psychology, remedial massage & speech therapy<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$35</li> <li>Subsequent visit: \$25</li> </ul> |

|                                         |    |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                      |
|-----------------------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Eye therapy (orthoptics)              | 2  | <b>\$900 per person</b><br>combined limit for acupuncture, audiology, chinese medicine, chiropractic, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), osteopathy, physiotherapy, podiatry, psychology, remedial massage & speech therapy                     | <ul style="list-style-type: none"> <li>Initial visit: \$42</li> <li>Subsequent visit: \$42</li> </ul>                                                |
| ✓ General dental                        | 2  | <b>\$900 per person</b><br>combined limit for endodontic, general dental, major dental & other services<br>sub-limits apply                                                                                                                                                                                                                 | <ul style="list-style-type: none"> <li>Fluoride treatment: \$16</li> <li>Scale &amp; clean: \$63</li> <li>Periodic oral examination: \$39</li> </ul> |
| ✓ Health management / Healthy lifestyle | 2  | <b>\$125 per person</b>                                                                                                                                                                                                                                                                                                                     | <ul style="list-style-type: none"> <li>Health management: \$125</li> </ul>                                                                           |
| ✓ Hearing aids*                         | 12 | <b>\$1,000 limit renews every 3 Membership Years</b>                                                                                                                                                                                                                                                                                        | <ul style="list-style-type: none"> <li>Hearing aid: 100% of charge</li> </ul>                                                                        |
| ✓ Home nursing                          | 12 | <b>\$1,000 per person Sub-limits apply</b>                                                                                                                                                                                                                                                                                                  | <ul style="list-style-type: none"> <li>Initial visit: \$50</li> <li>Subsequent visit: \$50</li> </ul>                                                |
| ✓ Major dental                          | 12 | <b>\$900 per person</b><br>combined limit for endodontic, general dental, major dental & other services<br>sub-limits apply                                                                                                                                                                                                                 | <ul style="list-style-type: none"> <li>Surgical tooth extraction: \$126</li> <li>Full crown veneered: \$560</li> </ul>                               |
| ✓ Non PBS pharmaceuticals               | 2  | <b>\$300 per person</b><br>combined limit for non pbs pharmaceuticals & vaccinations                                                                                                                                                                                                                                                        | <ul style="list-style-type: none"> <li>Per eligible prescription: \$45</li> </ul>                                                                    |
| ✓ Occupational therapy                  | 2  | <b>\$900 per person</b><br>combined limit for acupuncture, audiology, chinese medicine, chiropractic, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), osteopathy, physiotherapy, podiatry, psychology, remedial massage & speech therapy                     | <ul style="list-style-type: none"> <li>Initial visit: \$56</li> <li>Subsequent visit: \$28</li> </ul>                                                |
| ✓ Optical                               | 2  | <b>\$215 per person</b>                                                                                                                                                                                                                                                                                                                     | <ul style="list-style-type: none"> <li>Multi-focal lenses &amp; frames: \$215</li> <li>Single vision lenses &amp; frames: \$215</li> </ul>           |
| ✓ Orthodontic                           | 12 | <b>\$1,500 lifetime limit</b><br>sub-limits apply                                                                                                                                                                                                                                                                                           | <ul style="list-style-type: none"> <li>Braces for upper &amp; lower teeth, including removal plus fitting of retainer: \$500</li> </ul>              |
| ✓ Orthotics (podiatric orthoses)        | 2  | <b>\$900 per person</b><br>combined limit for acupuncture, audiology, chinese medicine, chiropractic, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), osteopathy, physiotherapy, podiatry, psychology, remedial massage & speech therapy<br>sub-limits apply | <ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: 100% of charge</li> </ul>                                                         |
| ✓ Osteopathy                            | 2  | <b>\$900 per person</b><br>combined limit for acupuncture, audiology, chinese medicine, chiropractic, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), osteopathy, physiotherapy, podiatry, psychology, remedial massage & speech therapy<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$39</li> <li>Subsequent visit: \$28</li> </ul>                                                |

|                           |   |                                                                                                                                                                                                                                                                                                                                             |                                                                                                       |
|---------------------------|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| ✓ <b>Physiotherapy</b>    | 2 | <b>\$900 per person</b><br>combined limit for acupuncture, audiology, chinese medicine, chiropractic, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), osteopathy, physiotherapy, podiatry, psychology, remedial massage & speech therapy<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$39</li> <li>Subsequent visit: \$33</li> </ul> |
| ✓ <b>Podiatry</b>         | 2 | <b>\$900 per person</b><br>combined limit for acupuncture, audiology, chinese medicine, chiropractic, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), osteopathy, physiotherapy, podiatry, psychology, remedial massage & speech therapy<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$28</li> <li>Subsequent visit: \$28</li> </ul> |
| ✓ <b>Psychology</b>       | 2 | <b>\$900 per person</b><br>combined limit for acupuncture, audiology, chinese medicine, chiropractic, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), osteopathy, physiotherapy, podiatry, psychology, remedial massage & speech therapy                     | <ul style="list-style-type: none"> <li>Initial visit: \$56</li> <li>Subsequent visit: \$56</li> </ul> |
| ✓ <b>Remedial massage</b> | 2 | <b>\$900 per person</b><br>combined limit for acupuncture, audiology, chinese medicine, chiropractic, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), osteopathy, physiotherapy, podiatry, psychology, remedial massage & speech therapy<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$30</li> <li>Subsequent visit: \$30</li> </ul> |
| ✓ <b>Speech therapy</b>   | 2 | <b>\$900 per person</b><br>combined limit for acupuncture, audiology, chinese medicine, chiropractic, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), osteopathy, physiotherapy, podiatry, psychology, remedial massage & speech therapy                     | <ul style="list-style-type: none"> <li>Initial visit: \$56</li> <li>Subsequent visit: \$28</li> </ul> |
| ✓ <b>Vaccinations</b>     | 2 | <b>\$300 per person</b><br>combined limit for non pbs pharmaceuticals & vaccinations                                                                                                                                                                                                                                                        | <ul style="list-style-type: none"> <li>Per service: \$45</li> </ul>                                   |

**Rewarding Limits** - Once you have held your extras cover with us for one year, we will automatically increase your annual limits for dental (excluding orthodontics) and therapies by \$50 per year, up to a maximum of \$250. After five years of membership, your limits will increase to \$1,150 per person per Membership Year. We honour this loyalty limit for as long as you continuously hold this product. Rewarding limits do not apply to sub-limits.

**Other features of this general treatment cover:** Health management (Healthy Living benefit) provides benefits towards the costs of metabolic dieticians or nutritionists consultations to assist with weight management, diabetes education consultations, quit smoking programs, skin checks for skin cancers (except where there is a Medicare benefit), bowel screening and bone density tests, a second yearly prostate specific antigen test not covered by Medicare, supermarket tours conducted by a dietitian or other allied health professional qualified to provide nutrition advice, and gym memberships/personal training sessions provided under an approved health management or chronic disease management program. Please contact the insurer for full details.

**For further information about this policy see:** [https://www.queenslandcountry.health/siteassets/product-factsheet-download/better\\_essential\\_support.pdf](https://www.queenslandcountry.health/siteassets/product-factsheet-download/better_essential_support.pdf)

## Ambulance cover

Ambulance cover is provided by the State government for residents of Tasmania. This may include cover whilst interstate, except for South Australia and Queensland where no cover applies. In other states please check with Ambulance Tasmania - [https://www.health.tas.gov.au/ambulance/fees\\_and\\_accounts](https://www.health.tas.gov.au/ambulance/fees_and_accounts).

**Other features of this ambulance cover:** When travelling to States/Territories not covered under the state arrangements, this product provides cover for one emergency ambulance transport service or on-the-spot emergency treatment per person per Membership Year. A 1 day waiting period and other conditions apply – for more information please visit <https://www.queenslandcountry.health/cover-options/ambulance-cover/>.

**For further information about this policy see:** <https://www.queenslandcountry.health/cover-options/ambulance-cover/>

## Insurer Details



### Queensland Country Health Fund

Better Hospital (Silver+) \$500 excess & Essential Support Extras

**\$653.55 / month**

(Before Rebate, Discount & Loading)

Available in TAS

Call now  1800 813 415 Sponsor link

### Queensland Country Health Fund

 <https://www.queenslandcountry.health/>

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 1800 813 415

**Disclaimer:** This document is not a Private Health Information Statement (PHIS), and it is not intended to replace that document. The details contained in the **healthslips.com.au Policy Information** was provided by the insurer to the Australian Government. It is intended as general information. It may not take into account your circumstances. For further information contact the insurer. Information used is Licensed from the Commonwealth of Australia under a Creative Commons 3.0 licence. Private Health Information Statement is available from the Private Health Insurance Ombudsman website at <https://privatehealth.gov.au/dynamic/Premium/PHIS/QCH/5B2A/TNHY1Y>