



Queensland Country Health Fund
Budget Hospital (Basic+) \$750 excess

\$350.07 / month

(Before Rebate, Discount & 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: Two adults & dependants, including non-student dependants (3 or more people, only 2 of whom are adults).

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/H9/TMLG2Y

Source: Private Health Information Statement (PHIS).

Hospital Cover

✓ Covered

R Restricted Cover

✗ Not Covered

This policy includes cover for

- | | | |
|---|--|----------------------------------|
| ✓ Bone, joint and muscle | ✓ Joint reconstructions | R Rehabilitation |
| ✓ Dental surgery | ✓ Kidney and bladder | ✓ Skin |
| ✓ Diabetes management (excluding insulin pumps) | ✓ Lung and chest | ✓ Tonsils, adenoids and grommets |
| ✓ Hernia and appendix | ✓ Miscarriage and termination of pregnancy | |
| R Hospital psychiatric services | R Palliative care | |

This policy does not include cover for

- | | | |
|---|-----------------------------------|--|
| ✗ Assisted reproductive services | ✗ Digestive system | ✗ Male reproductive system |
| ✗ Back, neck and spine | ✗ Ear, nose and throat | ✗ Pain management |
| ✗ Blood | ✗ Eye (not cataracts) | ✗ Pain management with device |
| ✗ Brain and nervous system | ✗ Gastrointestinal endoscopy | ✗ Plastic and reconstructive surgery (medically necessary) |
| ✗ Breast surgery (medically necessary) | ✗ Gynaecology | ✗ Podiatric surgery (provided by a registered podiatric surgeon) |
| ✗ Cataracts | ✗ Heart and vascular system | ✗ Pregnancy and birth |
| ✗ Chemotherapy, radiotherapy and immunotherapy for cancer | ✗ Implantation of hearing devices | ✗ Sleep studies |
| ✗ Dialysis for chronic kidney failure | ✗ Insulin pumps | ✗ Weight loss surgery |
| | ✗ Joint replacements | |

The benefits paid for hospital treatment will depend on the type of cover you purchase and whether your fund has an agreement in place with the hospital in which you are treated. See 'Agreement Hospitals' on privatehealth.gov.au for which hospitals have arrangements with your insurer – <https://privatehealth.gov.au/dynamic/agreementhospitals>.

Under this policy, you may have to pay out-of-pocket costs above what you get from Medicare or your private health insurer. Before you go to hospital, you should ask your doctors, hospital and health insurer about any out-of-pocket costs that may apply to you.

The following payments may also apply for hospital admissions

Excess: You will have to pay an excess of \$750 per admission. This is limited to a maximum of \$750 per person and \$1500 per policy per year.

Co-payments: No co-payments

The following waiting periods for hospital admissions apply to new or upgrading members

Waiting periods:

- 2 months for palliative care, rehabilitation and hospital psychiatric treatments, even if pre-existing
- 12 months for other pre-existing conditions
- 12 months for pregnancy and birth (obstetrics)
- 2 months for all other treatments

Gap Cover

This provider offers 'known gap' or 'no gap' cover for medical bills for this product. The Medical Costs Finder (<https://www.health.gov.au/resources/apps-and-tools/medical-costs-finder>) lets you find out more about the cost of specialist medical services.

Other features of this hospital cover

No excess applies for Dependent Children up to and including 21 years

For further information about this policy see: <https://www.queenslandcountry.health/siteassets/product-factsheet-download/budget.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.

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



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Call now  **1800 813 415**
Sponsor link

Queensland Country Health Fund

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

 info@queenslandcountry.health

 **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/H9/TMLG2Y>