

**Queensland Country Health Fund****Better Hospital (Silver+) \$500 excess & Premium Extras****\$698.29 / month**

(Before Rebate, Discount & Loading)

Available in WA

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 (and no-one else).

- 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/HS5A/WHWH20**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

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 \$500 per admission. This is limited to a maximum of \$500 per person and \$1000 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/better_premium.pdf

By using this health insurer's "preferred providers" you will have lower out-of-pocket costs on selected allied health services and have access to more "no gap" services. See <https://www.queenslandcountry.health/provider-search/premier-provider-network/>.

Policy ID: QCH/HS5A/WHWH20 Source: [Private Health Information Statement \(PHIS\)](#)

Extras Cover

This policy **includes** General treatment (Extras) cover for

Treatment & waiting period (months)		Benefit limits per 12 months unless otherwise stated	Examples of maximum benefits
✓ Acupuncture	2	\$1,400 per person 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	• Initial visit: \$35 • Subsequent visit: \$35
✓ Ante-natal/Post-natal classes	12	\$60 per person	• Initial visit: \$60 • Subsequent visit: \$60

✓ Audiology	2	\$1,400 per person 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	- Initial visit: \$50 - Subsequent visit: \$50
✓ Chinese medicine	2	\$1,400 per person 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	- Initial visit: \$35 - Subsequent visit: \$35
✓ Chiropractic	2	\$1,400 per person 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 sub-limits apply	- Initial visit: \$55 - Subsequent visit: \$35
✓ Dietetics/dietary advice	2	\$1,400 per person 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	- Initial visit: \$75 - Subsequent visit: \$40
✓ Endodontic	12	\$1,400 per person combined limit for endodontic, general dental, major dental & other services sub-limits apply	Filling of one root canal: \$170
✓ Exercise physiology	2	\$1,400 per person 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	- Initial visit: \$50 - Subsequent visit: \$35
✓ Eye therapy (orthoptics)	2	\$1,400 per person 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	- Initial visit: \$60 - Subsequent visit: \$60
✓ General dental	2	\$1,400 per person combined limit for endodontic, general dental, major dental & other services sub-limits apply	- Fluoride treatment: \$24 - Scale & clean: \$89 - Periodic oral examination: \$54
✓ Health management / Healthy lifestyle	2	\$150 per person	Health management: \$150

✓ Major dental	12	\$1,400 per person combined limit for endodontic, general dental, major dental & other services sub-limits apply	- Surgical tooth extraction: \$180 - Full crown veneered: \$800
✓ Non PBS pharmaceuticals	2	\$500 per person combined limit for non pbs pharmaceuticals & vaccinations	Per eligible prescription: \$70
✓ Occupational therapy	2	\$1,400 per person 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	- Initial visit: \$80 - Subsequent visit: \$40
✓ Optical	2	\$300 per person	- Multi-focal lenses & frames: \$300 - Single vision lenses & frames: \$300
✓ Orthodontic	12	\$3,000 lifetime limit sub-limits apply	Braces for upper & lower teeth, including removal plus fitting of retainer: \$1000
✓ Orthotics (podiatric orthoses)	2	\$1,400 per person 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	Orthotics supply & fit: 100% of charge
✓ Osteopathy	2	\$1,400 per person 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	- Initial visit: \$55 - Subsequent visit: \$35
✓ Physiotherapy	2	\$1,400 per person 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 sub-limits apply	- Initial visit: \$55 - Subsequent visit: \$45
✓ Podiatry	2	\$1,400 per person 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 sub-limits apply	- Initial visit: \$40 - Subsequent visit: \$40

✓ Psychology	2	\$1,400 per person 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	- Initial visit: \$80 - Subsequent visit: \$80
✓ Remedial massage	2	\$1,400 per person 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 sub-limits apply	- Initial visit: \$40 - Subsequent visit: \$40
✓ Speech therapy	2	\$1,400 per person 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	- Initial visit: \$80 - Subsequent visit: \$40
✓ Vaccinations	2	\$500 per person combined limit for non pbs pharmaceuticals & vaccinations	Per service: \$70

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 \$1,650 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.

This policy **does not include General treatment (Extras) cover for**

✗ Blood glucose monitors

✗ Hearing aids

✗ Home nursing

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_premium.pdf

Ambulance cover

In WA this policy provides:

Emergency: With a waiting period of 1 day, limited to 1 service per year.

Call-out fees: Will not be paid.

Other features of this ambulance cover: This product provides Australia wide cover for one emergency ambulance transport service or on-the-spot emergency treatment per person per Membership Year Australia wide. 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 & Premium Extras

\$698.29 / month

(Before Rebate, Discount & Loading)

Available in WA

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/HS5A/WHWH20>