

**Queensland Country Health Fund****Budget Hospital (Basic+) \$750 excess & Premium Extras****\$520.59 / month**

(Before Rebate, Discount &amp; Loading)

Available in SA

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/HS9/SMPG1Y****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](http://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\\_premium.pdf](https://www.queenslandcountry.health/siteassets/product-factsheet-download/budget_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/HS9/SMPG1Y 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  | <b>\$1,400 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> |
| ✓ Ante-natal/Post-natal classes     | 12 | <b>\$60 per person</b>                                                                                                                                                                                                                                                                                                    | <ul style="list-style-type: none"><li>• Initial visit: \$60</li><li>• Subsequent visit: \$60</li></ul> |

|                                                |    |                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                      |
|------------------------------------------------|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ <b>Audiology</b>                             | 2  | <b>\$1,400 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: \$50</li> <li>Subsequent visit: \$50</li> </ul>                                                |
| ✓ <b>Chinese medicine</b>                      | 2  | <b>\$1,400 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>                                                |
| ✓ <b>Chiropractic</b>                          | 2  | <b>\$1,400 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: \$55</li> <li>Subsequent visit: \$35</li> </ul>                                                |
| ✓ <b>Dietetics/dietary advice</b>              | 2  | <b>\$1,400 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: \$75</li> <li>Subsequent visit: \$40</li> </ul>                                                |
| ✓ <b>Endodontic</b>                            | 12 | <b>\$1,400 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: \$170</li> </ul>                                                                   |
| ✓ <b>Exercise physiology</b>                   | 2  | <b>\$1,400 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: \$50</li> <li>Subsequent visit: \$35</li> </ul>                                                |
| ✓ <b>Eye therapy (orthoptics)</b>              | 2  | <b>\$1,400 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: \$60</li> <li>Subsequent visit: \$60</li> </ul>                                                |
| ✓ <b>General dental</b>                        | 2  | <b>\$1,400 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: \$24</li> <li>Scale &amp; clean: \$89</li> <li>Periodic oral examination: \$54</li> </ul> |
| ✓ <b>Health management / Healthy lifestyle</b> | 2  | <b>\$150 per person</b>                                                                                                                                                                                                                                                                                                                       | <ul style="list-style-type: none"> <li>Health management: \$150</li> </ul>                                                                           |
| ✓ <b>Major dental</b>                          | 12 | <b>\$1,400 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: \$180</li> <li>Full crown veneered: \$800</li> </ul>                               |

|                                         |    |                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                            |
|-----------------------------------------|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ <b>Non PBS pharmaceuticals</b>        | 2  | <b>\$500 per person</b><br>combined limit for non pbs pharmaceuticals & vaccinations                                                                                                                                                                                                                                                       | <ul style="list-style-type: none"> <li>Per eligible prescription: \$70</li> </ul>                                                          |
| ✓ <b>Occupational therapy</b>           | 2  | <b>\$1,400 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: \$80</li> <li>Subsequent visit: \$40</li> </ul>                                      |
| ✓ <b>Optical</b>                        | 2  | <b>\$300 per person</b>                                                                                                                                                                                                                                                                                                                    | <ul style="list-style-type: none"> <li>Multi-focal lenses &amp; frames: \$300</li> <li>Single vision lenses &amp; frames: \$300</li> </ul> |
| ✓ <b>Orthodontic</b>                    | 12 | <b>\$3,000 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: \$1000</li> </ul>   |
| ✓ <b>Orthotics (podiatric orthoses)</b> | 2  | <b>\$1,400 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>Orthotics supply &amp; fit: 100% of charge</li> </ul>                                               |
| ✓ <b>Osteopathy</b>                     | 2  | <b>\$1,400 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: \$55</li> <li>Subsequent visit: \$35</li> </ul>                                      |
| ✓ <b>Physiotherapy</b>                  | 2  | <b>\$1,400 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 sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$55</li> <li>Subsequent visit: \$45</li> </ul>                                      |
| ✓ <b>Podiatry</b>                       | 2  | <b>\$1,400 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 sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$40</li> </ul>                                      |
| ✓ <b>Psychology</b>                     | 2  | <b>\$1,400 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: \$80</li> <li>Subsequent visit: \$80</li> </ul>                                      |
| ✓ <b>Remedial massage</b>               | 2  | <b>\$1,400 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 sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$40</li> </ul>                                      |

|                         |   |                                                                                                                                                                                                                                                                                                                           |                                                                                                       |
|-------------------------|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| ✓ <b>Speech therapy</b> | 2 | <b>\$1,400 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: \$80</li> <li>Subsequent visit: \$40</li> </ul> |
| ✓ <b>Vaccinations</b>   | 2 | <b>\$500 per person</b><br>combined limit for non pbs pharmaceuticals & vaccinations                                                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>Per service: \$70</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 \$1,650 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/budget\\_premium.pdf](https://www.queenslandcountry.health/siteassets/product-factsheet-download/budget_premium.pdf)

## Ambulance cover

In SA 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 cover for one emergency ambulance transport service or on-the-sport 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



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Budget Hospital (Basic+) \$750 excess & Premium Extras

**\$520.59 / month**

(Before Rebate, Discount & Loading)

Available in SA

Call now  1800 813 415 Sponsor link

**Queensland Country Health Fund**

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

 [info@queenslandcountry.health](mailto:info@queenslandcountry.health)

 1800 813 415

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