

**Queensland Country Health Fund****Budget Hospital (Basic+) \$750 excess & Young Extras****\$354.24 / 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:** Two adults & dependants (3 or more people, only 2 of whom are adults).

Children (0 - 17), non-classified\* dependant (18 - 20) and students (21 - 31), as well as persons with a disability who qualify as a child, non-classified\* dependant and 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/HY9/TMRZ2D****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](https://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\\_young.pdf](https://www.queenslandcountry.health/siteassets/product-factsheet-download/budget_young.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/HY9/TMRZ2D 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>\$500 per person up to \$300 per service up to \$1,000 per policy</b><br>combined limit for acupuncture, chinese medicine, chiropractic, orthotics (podiatric orthoses), osteopathy, podiatry & remedial massage | <ul style="list-style-type: none"><li>• Initial visit: \$30</li><li>• Subsequent visit: \$30</li></ul> |
| ✓ Chinese medicine                  | 2 | <b>\$500 per person up to \$300 per service up to \$1,000 per policy</b><br>combined limit for acupuncture, chinese medicine, chiropractic, orthotics (podiatric orthoses), osteopathy, podiatry & remedial massage | <ul style="list-style-type: none"><li>• Initial visit: \$30</li><li>• Subsequent visit: \$30</li></ul> |

|                                         |    |                                                                                                                                                                                                                     |                                                                                                                                                      |
|-----------------------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Chiropractic                          | 2  | <b>\$500 per person up to \$300 per service up to \$1,000 per policy</b><br>combined limit for acupuncture, chinese medicine, chiropractic, orthotics (podiatric orthoses), osteopathy, podiatry & remedial massage | <ul style="list-style-type: none"> <li>Initial visit: \$42</li> <li>Subsequent visit: \$30</li> </ul>                                                |
| ✓ General dental                        | 2  | <b>\$500 per person up to \$1,000 per policy</b><br>combined limit for general dental & major dental                                                                                                                | <ul style="list-style-type: none"> <li>Fluoride treatment: \$18</li> <li>Scale &amp; clean: \$67</li> <li>Periodic oral examination: \$42</li> </ul> |
| ✓ Health management / Healthy lifestyle | 2  | <b>\$125 per person up to \$250 per policy</b>                                                                                                                                                                      | <ul style="list-style-type: none"> <li>Health management: \$125</li> </ul>                                                                           |
| ✓ Major dental                          | 12 | <b>\$500 per person up to \$1,000 per policy</b><br>combined limit for general dental & major dental                                                                                                                | <ul style="list-style-type: none"> <li>Surgical tooth extraction: \$135</li> <li>Full crown veneered: \$500</li> </ul>                               |
| ✓ Non PBS pharmaceuticals               | 2  | <b>\$150 per person up to \$300 per policy</b><br>combined limit for non pbs pharmaceuticals & vaccinations                                                                                                         | <ul style="list-style-type: none"> <li>Per eligible prescription: \$45</li> </ul>                                                                    |
| ✓ Optical                               | 2  | <b>\$225 per person up to \$450 per policy</b>                                                                                                                                                                      | <ul style="list-style-type: none"> <li>Multi-focal lenses &amp; frames: \$225</li> <li>Single vision lenses &amp; frames: \$225</li> </ul>           |
| ✓ Orthotics (podiatric orthoses)        | 2  | <b>\$500 per person up to \$300 per service up to \$1,000 per policy</b><br>combined limit for acupuncture, chinese medicine, chiropractic, orthotics (podiatric orthoses), osteopathy, podiatry & remedial massage | <ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: 100% of charge</li> </ul>                                                         |
| ✓ Osteopathy                            | 2  | <b>\$500 per person up to \$300 per service up to \$1,000 per policy</b><br>combined limit for acupuncture, chinese medicine, chiropractic, orthotics (podiatric orthoses), osteopathy, podiatry & remedial massage | <ul style="list-style-type: none"> <li>Initial visit: \$42</li> <li>Subsequent visit: \$30</li> </ul>                                                |
| ✓ Physiotherapy                         | 2  | <b>\$400 per person up to \$800 per policy</b><br>sub-limits apply                                                                                                                                                  | <ul style="list-style-type: none"> <li>Initial visit: \$42</li> <li>Subsequent visit: \$37</li> </ul>                                                |
| ✓ Podiatry                              | 2  | <b>\$500 per person up to \$300 per service up to \$1,000 per policy</b><br>combined limit for acupuncture, chinese medicine, chiropractic, orthotics (podiatric orthoses), osteopathy, podiatry & remedial massage | <ul style="list-style-type: none"> <li>Initial visit: \$30</li> <li>Subsequent visit: \$30</li> </ul>                                                |
| ✓ Remedial massage                      | 2  | <b>\$500 per person up to \$300 per service up to \$1,000 per policy</b><br>combined limit for acupuncture, chinese medicine, chiropractic, orthotics (podiatric orthoses), osteopathy, podiatry & remedial massage | <ul style="list-style-type: none"> <li>Initial visit: \$35</li> <li>Subsequent visit: \$35</li> </ul>                                                |
| ✓ Vaccinations                          | 2  | <b>\$150 per person up to \$300 per policy</b><br>combined limit for non pbs pharmaceuticals & vaccinations                                                                                                         | <ul style="list-style-type: none"> <li>Per service: \$45</li> </ul>                                                                                  |

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

- |                                 |                            |                  |
|---------------------------------|----------------------------|------------------|
| ✗ Ante-natal/Post-natal classes | ✗ Exercise physiology      | ✗ Orthodontic    |
| ✗ Audiology                     | ✗ Eye therapy (orthoptics) | ✗ Psychology     |
| ✗ Blood glucose monitors        | ✗ Hearing aids             | ✗ Speech therapy |
| ✗ Dietetics/dietary advice      | ✗ Home nursing             |                  |
| ✗ Endodontic                    | ✗ Occupational therapy     |                  |

**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\\_young.pdf](https://www.queenslandcountry.health/siteassets/product-factsheet-download/budget_young.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**

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**\$354.24 / month**

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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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