

## Private Health Information Statement - Combined policy

### Core Hospital (Basic+) \$500 excess & Ultra Extras

#### Queensland Country Health Fund

<https://www.queenslandcountry.health/>  
[info@queenslandcountry.health](mailto:info@queenslandcountry.health)  
 1800 813 415

#### Monthly Premium

**\$244.53<sup>#</sup>**  
 (before any rebate, loading or discount)

Covers only one person  
 Available in Western Australia

<sup>#</sup> 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.

### Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy provides accident cover and benefits for travel or accommodation (outside of hospital) - check with your insurer for details.

#### ✓ Covered

For information on what is covered under each category, see <https://privatehealth.gov.au/categories>

#### R Restricted

Restricted categories partially cover your hospital costs as a private patient in a public hospital. You may incur significant expenses in a private room or private hospital.

#### ✗ Not Covered

These categories are not covered by this policy.

### This policy ✓ includes cover for

|                              |  |                                 |
|------------------------------|--|---------------------------------|
| ✓ Dental surgery             | ✓ Joint reconstructions                    | R Hospital psychiatric services |
| ✓ Eye (not cataracts)        | ✓ Male reproductive system                 | R Palliative care               |
| ✓ Gastrointestinal endoscopy | ✓ Miscarriage and termination of pregnancy | R Rehabilitation                |
| ✓ Gynaecology                | ✓ Skin                                     |                                 |
| ✓ Hernia and appendix        | ✓ Tonsils, adenoids and grommets           |                                 |

### This policy ✗ does not include cover for

|   |                                       |   |
|---|---------------------------------------|---|
| ✗ Assisted reproductive services                          | ✗ Dialysis for chronic kidney failure | ✗ Pain management   |
| ✗ Back, neck and spine                                    | ✗ Digestive system                    | ✗ Pain management with device   |
| ✗ Blood   | ✗ Ear, nose and throat                | ✗ Plastic and reconstructive surgery (medically necessary)                          |
| ✗ Bone, joint and muscle                                  | ✗ Heart and vascular system           | ✗ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits) |
| ✗ Brain and nervous system                                | ✗ Implantation of hearing devices     | ✗ Pregnancy and birth   |
| ✗ Breast surgery (medically necessary)                    | ✗ Insulin pumps                       | ✗ Sleep studies   |
| ✗ Cataracts   | ✗ Joint replacements                  | ✗ Weight loss surgery   |
| ✗ Chemotherapy, radiotherapy and immunotherapy for cancer | ✗ Kidney and bladder                  |   |
| ✗ Diabetes management (excluding insulin pumps)           | ✗ Lung and chest                      |   |

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 \$500 per admission. This is limited to a maximum of \$500 per person and \$500 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](#) 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/core\\_ultra.pdf](https://www.queenslandcountry.health/siteassets/product-factsheet-download/core_ultra.pdf)

## General Treatment Cover

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/>.

This policy  includes General treatment (Extras) cover for

| Treatment               | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)   | Examples of maximum benefits   |
|-------------------------|-------------------------|--|--|
| General dental          | 2                       | \$1,400 per policy<br>(combined limit for general dental, major dental, endodontic & other services - <b>Sub-limits apply</b> )  | Periodic oral examination - \$54.00<br>Scale & clean - \$89.00<br>Fluoride treatment - \$24.00 |
| Major dental            | 12                      |  | Surgical tooth extraction - \$180.00<br>Full crown veneered - \$800.00                         |
| Endodontic              | 12                      |  | Filling of one root canal - \$170.00   |
| Orthodontic             | 12                      | \$3,000 lifetime limit<br>( <b>Sub-limits apply</b> )  | Braces for upper & lower teeth, including removal plus fitting of retainer - \$1,000.00        |
| Optical                 | 2                       | \$300 per policy   | Single vision lenses & frames - \$300.00<br>Multi-focal lenses & frames - \$300.00             |
| Non PBS pharmaceuticals | 2                       | \$500 per policy<br>(combined limit for non pbs pharmaceuticals & vaccinations)  | Per eligible prescription - \$70.00  |
| Physiotherapy           | 2                       | \$1,400 per policy<br>(combined limit for physiotherapy, chiropractic, podiatry, psychology, acupuncture, remedial massage, audiology, chinese medicine, dietetics/dietary advice, exercise physiology, eye therapy (orthoaptics), | Initial visit - \$55.00<br>Subsequent visit - \$45.00  |
| Chiropractic            | 2                       |  | Initial visit - \$55.00<br>Subsequent visit - \$35.00  |

|                                       |    |   |   |
|---------------------------------------|----|---|---|
| Podiatry                              | 2  | occupational therapy, orthotics (podiatric orthoses), osteopathy & speech therapy - <b>Sub-limits apply</b> )           | Initial visit - \$40.00<br>Subsequent visit - \$40.00 |
| Psychology                            | 2  |   | Initial visit - \$80.00<br>Subsequent visit - \$80.00 |
| Acupuncture                           | 2  |   | Initial visit - \$35.00<br>Subsequent visit - \$35.00 |
| Remedial massage                      | 2  |   | Initial visit - \$40.00<br>Subsequent visit - \$40.00 |
| Hearing aids                          | 12 | Less than 10 years \$1000. Between 10-14 years \$1500. 15 years and over \$2000. Limit renews every 3 Membership years. | Hearing aid - 100% of charge                          |
| Blood glucose monitors                | 12 | \$2000 per person 1 appliance(s) every 3 years (combined limit of blood glucose monitors & other services).             | Per monitor - 100% of charge                          |
| Audiology                             | 2  | Combined limit - see Physiotherapy  | Initial visit - \$50.00<br>Subsequent visit - \$50.00 |
| Ante-natal/Post-natal classes         | 12 | \$60 per policy   | Initial visit - \$60.00<br>Subsequent visit - \$60.00 |
| Chinese medicine                      | 2  | Combined limit - see Physiotherapy  | Initial visit - \$35.00<br>Subsequent visit - \$35.00 |
| Dietetics/dietary advice              | 2  | Combined limit - see Physiotherapy  | Initial visit - \$75.00<br>Subsequent visit - \$40.00 |
| Exercise physiology                   | 2  | Combined limit - see Physiotherapy  | Initial visit - \$50.00<br>Subsequent visit - \$35.00 |
| Eye therapy (orthoptics)              | 2  | Combined limit - see Physiotherapy  | Initial visit - \$60.00<br>Subsequent visit - \$60.00 |
| Health management / Healthy lifestyle | 2  | \$150 per policy  | Health management - \$150.00                          |
| Home nursing                          | 12 | \$50 per visit or \$150 per day up to \$1000 per person per Membership year.  | Initial visit - \$50.00<br>Subsequent visit - \$50.00 |
| Occupational therapy                  | 2  | Combined limit - see Physiotherapy  | Initial visit - \$80.00<br>Subsequent visit - \$40.00 |
| Orthotics (podiatric orthoses)        | 2  | Combined limit - see Physiotherapy  | Orthotics supply & fit - 100% of charge               |
| Osteopathy                            | 2  | Combined limit - see Physiotherapy  | Initial visit - \$55.00<br>Subsequent visit - \$35.00 |
| Speech therapy                        | 2  | Combined limit - see Physiotherapy  | Initial visit - \$80.00<br>Subsequent visit - \$40.00 |
| Vaccinations                          | 2  | Combined limit - see Non PBS pharmaceuticals  | Per service - \$70.00                                 |

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. \$400 sub-limit applies for Western Herbalism, Naturopathy, Yoga, Pilates, Tai Chi, Shiatsu and Alexander Technique under combined Physiotherapy limit. Ultra Extras also includes cover for: Western Herbalism (waiting period 2 months, \$35 benefit for consultations up to sub-limit), Naturopathy (waiting period 2 months, \$35 benefit for consultations up to sub-limit), Yoga (waiting period 2 months, \$35 benefit for consultations, \$17 for group consults up to sub-limit), Pilates (waiting period 2 months, \$35 benefit for consultations, \$17 for group consults up to sub-limit), Tai Chi (waiting period 2 months, \$17 benefit for consultations up to sub-limit), Shiatsu (waiting period 2 months, \$35 benefit for consultations up to sub-limit) and Alexander Technique (waiting period 2 months, \$35 benefit for consultations, \$17 for group consults up to sub-limit).

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

**X** Other treatments - check with your insurer

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/core\\_ultra.pdf](https://www.queenslandcountry.health/siteassets/product-factsheet-download/core_ultra.pdf)

## Ambulance cover

In Western Australia this policy provides:

**Emergency:** with a waiting period of 1 day, limited to 1 services 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/>

## Disclaimer

The information contained in this Private Health Information Statement was provided by the insurer and is intended as general information. It may not take into account your particular circumstances. For information please contact the insurer.