Private Health Information Statement - Combined policy

Vital Hospital (Bronze+) $500 excess & Ultra Extras

Queensland Country Health Fund	*Monthly Premium*	Covers only one person
https://www.queenslandcountry.health/ info@queenslandcountry.health 1800 813 415	*$268.83 #* (before any rebate, loading or discount)	Available in Tasmania

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.

X **Not Covered**
These categories are not covered by this policy.

This policy ✓ **includes** cover for

✓ Back, neck and spine	✓ Ear, nose and throat	✓ Miscarriage and termination of pregnancy
✓ Blood	✓ Eye (not cataracts)	✓ Pain management
✓ Bone, joint and muscle	✓ Gastrointestinal endoscopy	✓ Palliative care
✓ Brain and nervous system	✓ Gynaecology	✓ Plastic and reconstructive surgery (medically necessary)
✓ Breast surgery (medically necessary)	✓ Hernia and appendix	✓ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits)
✓ Chemotherapy, radiotherapy and immunotherapy for cancer	✓ Joint reconstructions	✓ Rehabilitation
✓ Dental surgery	✓ Kidney and bladder	✓ Skin
✓ Diabetes management (excluding insulin pumps)	✓ Lung and chest	✓ Tonsils, adenoids and grommets
✓ Digestive system	✓ Male reproductive system	R Hospital psychiatric services

This policy X **does not include** cover for

X Assisted reproductive services	X Implantation of hearing devices	X Pregnancy and birth
X Cataracts	X Insulin pumps	X Sleep studies
X Dialysis for chronic kidney failure	X Joint replacements	X Weight loss surgery
X Heart and vascular system	X Pain management with device	

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 $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

If you are young and healthy and are not planning a family, this cover may be for you. Benefits for some hospital services are restricted or excluded to keep the premium more affordable. No excess applies for Dependent Children up to and including 21 years

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 (combined limit for general dental, major dental, endodontic & other services - **Sub-limits apply**)	Periodic oral examination - $54.00 Scale & clean - $89.00 Fluoride treatment - $24.00
Major dental	12		Surgical tooth extraction - $180.00 Full crown veneered - $800.00
Endodontic	12		Filling of one root canal - $170.00
Orthodontic	12	$3,000 lifetime limit **(Sub-limits apply)**	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 Multi-focal lenses & frames - $300.00
Non PBS pharmaceuticals	2	$500 per policy (combined limit for non pbs pharmaceuticals & vaccinations)	Per eligible prescription - $70.00
Physiotherapy	2	$1,400 per policy (combined limit for physiotherapy, chiropractic, podiatry, psychology, acupuncture, remedial massage, audiology, chinese medicine, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), osteopathy & speech therapy - **Sub-limits apply**)	Initial visit - $55.00 Subsequent visit - $45.00
Chiropractic	2		Initial visit - $55.00 Subsequent visit - $35.00
Podiatry	2		Initial visit - $40.00 Subsequent visit - $40.00

Psychology	2		Initial visit - $80.00 Subsequent visit - $80.00
Acupuncture	2		Initial visit - $35.00 Subsequent visit - $35.00
Remedial massage	2		Initial visit - $40.00 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 Subsequent visit - $50.00
Ante-natal/Post-natal classes	12	$60 per policy	Initial visit - $60.00 Subsequent visit - $60.00
Chinese medicine	2	Combined limit - see Physiotherapy	Initial visit - $35.00 Subsequent visit - $35.00
Dietetics/dietary advice	2	Combined limit - see Physiotherapy	Initial visit - $75.00 Subsequent visit - $40.00
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - $50.00 Subsequent visit - $35.00
Eye therapy (orthoptics)	2	Combined limit - see Physiotherapy	Initial visit - $60.00 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 Subsequent visit - $50.00
Occupational therapy	2	Combined limit - see Physiotherapy	Initial visit - $80.00 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 Subsequent visit - $35.00
Speech therapy	2	Combined limit - see Physiotherapy	Initial visit - $80.00 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.			

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

✗ 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.

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/

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.