

Private Health Information Statement - Hospital policy

Budget Hospital (Basic+) \$750 excess

Queensland Country Health Fund

<https://www.queenslandcountry.health/info@queenslandcountry.health>
1800 813 415

Monthly Premium

\$350.06 #
(before any rebate, loading or discount)

Covers two adults & dependants, including non-student dependants (3 or more people, only 2 of whom are adults)

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.

This policy covers children, students up to and including the age of 31 and non-students up to and including the age of 31, as well as persons with a disability who qualify as a child, student or non-student in these age ranges.

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

✓ Bone, joint and muscle	✓ Kidney and bladder	R Hospital psychiatric services
✓ Dental surgery	✓ Lung and chest	R Palliative care
✓ Diabetes management (excluding insulin pumps)	✓ Miscarriage and termination of pregnancy	R Rehabilitation
✓ Hernia and appendix	✓ Skin	
✓ Joint reconstructions	✓ Tonsils, adenoids and grommets	

This policy ✗ does not include cover for

✗ Assisted reproductive services	✗ Ear, nose and throat	✗ Pain management
✗ Back, neck and spine	✗ Eye (not cataracts)	✗ Pain management with device
✗ Blood	✗ Gastrointestinal endoscopy	✗ Plastic and reconstructive surgery (medically necessary)
✗ Brain and nervous system	✗ Gynaecology	✗ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits)
✗ Breast surgery (medically necessary)	✗ Heart and vascular system	✗ Pregnancy and birth
✗ Cataracts	✗ Implantation of hearing devices	✗ Sleep studies
✗ Chemotherapy, radiotherapy and immunotherapy for cancer	✗ Insulin pumps	✗ Weight loss surgery
✗ Dialysis for chronic kidney failure	✗ 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 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](#) 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.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.

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.