

## Private Health Information Statement - Combined policy

### Signature Hospital (Silver+) \$750 excess & Select Extras

#### Queensland Country Health Fund

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

#### Monthly Premium

**\$584.85 #**  
(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 Western Australia

# 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

|                                                           |                                   |                                                                                     |
|-----------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------|
| ✓ Back, neck and spine                                    | ✓ Eye (not cataracts)             | ✓ Miscarriage and termination of pregnancy                                          |
| ✓ Blood                                                   | ✓ Gastrointestinal endoscopy      | ✓ Pain management                                                                   |
| ✓ Bone, joint and muscle                                  | ✓ Gynaecology                     | ✓ Palliative care                                                                   |
| ✓ Brain and nervous system                                | ✓ Heart and vascular system       | ✓ 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 | ✓ Implantation of hearing devices | ✓ Rehabilitation                                                                    |
| ✓ Dental surgery                                          | ✓ Joint reconstructions           | ✓ Skin                                                                              |
| ✓ Diabetes management (excluding insulin pumps)           | ✓ Kidney and bladder              | ✓ Sleep studies                                                                     |
| ✓ Digestive system                                        | ✓ Lung and chest                  | ✓ Tonsils, adenoids and grommets                                                    |
| ✓ Ear, nose and throat                                    | ✓ Male reproductive system        | R Hospital psychiatric services                                                     |

### This policy ✗ does not include cover for

|                                       |                               |                       |
|---------------------------------------|-------------------------------|-----------------------|
| ✗ Assisted reproductive services      | ✗ Insulin pumps               | ✗ Pregnancy and birth |
| ✗ Cataracts                           | ✗ Joint replacements          | ✗ Weight loss surgery |
| ✗ Dialysis for chronic kidney failure | ✗ 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](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](#) 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/signature\\_select.pdf](https://www.queenslandcountry.health/siteassets/product-factsheet-download/signature_select.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

*Note, for items marked with an asterisk \*: There is an overall combined benefit limit for ALL benefits payable under this product (including dental, optical, therapies, pharmaceuticals, and Healthy Living benefits) up to \$2,200 per person and \$4,400 per policy per Membership Year. Sub-limits apply.*

| Treatment                | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)                                              | Examples of maximum benefits                                                                   |
|--------------------------|-------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| General dental*          | 2                       | \$400 per person up to \$800 per policy                                                             | Periodic oral examination - \$44.00<br>Scale & clean - \$71.00<br>Fluoride treatment - \$19.00 |
| Major dental*            | 12                      | \$600 per person up to \$1,200 per policy (combined limit for major dental & endodontic)            | Surgical tooth extraction - \$126.00<br>Full crown veneered - \$560.00                         |
| Endodontic*              | 12                      |                                                                                                     | Filling of one root canal - \$119.00                                                           |
| Optical*                 | 2                       | \$245 per person up to \$490 per policy                                                             | Single vision lenses & frames - \$245.00<br>Multi-focal lenses & frames - \$245.00             |
| Non PBS pharmaceuticals* | 2                       | \$400 per person up to \$800 per policy (combined limit for non pbs pharmaceuticals & vaccinations) | Per eligible prescription - \$55.00                                                            |
| Physiotherapy*           | 2                       | \$500 per person up to \$1,000 per policy (Sub-limits apply)                                        | Initial visit - \$44.00<br>Subsequent visit - \$37.00                                          |
| Chiropractic*            | 2                       | \$500 per person up to \$1,000 per policy (combined limit for chiropractic & remedial massage)      | Initial visit - \$44.00<br>Subsequent visit - \$28.00                                          |

|                                        |   |                                                                                                                                   |                                                       |
|----------------------------------------|---|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Podiatry*                              | 2 | \$400 per person up to \$800 per policy (combined limit for podiatry & orthotics (podiatric orthoses) - <b>Sub-limits apply</b> ) | Initial visit - \$32.00<br>Subsequent visit - \$32.00 |
| Remedial massage*                      | 2 | Combined limit - see Chiropractic                                                                                                 | Initial visit - \$33.00<br>Subsequent visit - \$33.00 |
| Health management / Healthy lifestyle* | 2 | \$125 per person up to \$250 per policy                                                                                           | Health management - \$125.00                          |
| Orthotics (podiatric orthoses)         | 2 | Combined limit - see Podiatry                                                                                                     | Orthotics supply & fit - 100% of charge               |
| Vaccinations*                          | 2 | Combined limit - see Non PBS pharmaceuticals                                                                                      | Per service - \$55.00                                 |

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

|                                 |                       |                                                     |
|---------------------------------|-----------------------|-----------------------------------------------------|
| <b>X</b> Acupuncture            | <b>X</b> Hearing aids | <b>X</b> Psychology                                 |
| <b>X</b> Blood glucose monitors | <b>X</b> Orthodontic  | <b>X</b> 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/signature\\_select.pdf](https://www.queenslandcountry.health/siteassets/product-factsheet-download/signature_select.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.