

Private Health Information Statement - Hospital policy

Value Hospital (Basic+) \$250 excess

Queensland Country Health Fund

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

Monthly Premium

\$202.02 #
(before any rebate, loading or discount)

Covers only one person
Available in NSW & ACT
Closed to new members

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

✓ Back, neck and spine	✓ Gynaecology	✓ Plastic and reconstructive surgery (medically necessary)
✓ Blood	✓ Hernia and appendix	✓ Podiatric surgery (provided by a registered podiatric surgeon - limited benefits)
✓ Bone, joint and muscle	✓ Implantation of hearing devices	✓ Rehabilitation
✓ Brain and nervous system	✓ Insulin pumps	✓ Skin
✓ Breast surgery (medically necessary)	✓ Joint reconstructions	✓ Sleep studies
✓ Chemotherapy, radiotherapy and immunotherapy for cancer	✓ Kidney and bladder	✓ Tonsils, adenoids and grommets
✓ Dental surgery	✓ Lung and chest	R Assisted reproductive services
✓ Diabetes management (excluding insulin pumps)	✓ Male reproductive system	R Cataracts
✓ Digestive system	✓ Miscarriage and termination of pregnancy	R Dialysis for chronic kidney failure
✓ Ear, nose and throat	✓ Pain management	R Heart and vascular system
✓ Eye (not cataracts)	✓ Pain management with device	R Hospital psychiatric services
✓ Gastrointestinal endoscopy	✓ Palliative care	R Pregnancy and birth

This policy ✗ does not include cover for

✗ Joint replacements

✗ Weight loss surgery

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 \$250 per admission. This is limited to a maximum of \$250 per person and \$250 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

[For further information about this policy see](#)

<https://www.queenslandcountry.health/siteassets/product-factsheet-download/value.pdf>

Ambulance cover

In NSW & ACT 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 automatic cover for emergency ambulance services within your respective State/Territory only. When travelling outside your home State/Territory you are covered for one emergency ambulance transport service or on-the-spot emergency treatment per person per Membership Year. 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.