

## Private Health Information Statement - Hospital policy

### Budget Hospital (Basic+) \$750 excess

#### Queensland Country Health Fund

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

#### Monthly Premium

**\$275.64<sup>#</sup>**  
 (before any rebate, loading or discount)

Covers 2 adults (and no-one else)

Available in NSW & ACT

<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

|   |  |                                 |
|---|--|---------------------------------|
| ✓ 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              |   |
| ✗ Digestive system  | ✗ Male reproductive system        |   |

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/budget.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.