



## Hospital Cover

**Value Hospital cover** provides an affordable mid-level hospital cover ideal for a young or healthy person who doesn't want to pay for hospital services they're less likely to need, like pregnancy, IVF, heart surgery, major eye surgery, in-hospital psychiatric care or even a hip or knee replacement. This cover is a cost effective option if you want hospital cover for the majority of hospital treatments but are prepared to have limited or no cover for the hospital services that are restricted and excluded.

## What You Are Covered For

*This provides a summary of cover and isn't intended to be a comprehensive list of all the services covered*

- |  |  |
|--|--|
| ✓ Choice of doctor/hospital                          | ✓ In-hospital rehabilitation treatment |
| ✓ Public hospital accommodation as a private patient | ✓ Private hospital accommodation       |
| ✓ Theatre fees                                       | ✓ Back surgery                         |
| ✓ Intensive care                                     | ✓ Appendix removal                     |
| ✓ Tonsils and adenoids removal                       | ✓ Colonoscopies                        |
| ✓ Gastroscopies                                      | ✓ Grommets in ears                     |
| ✓ Gynaecological services                            | ✓ Hernia repair                        |
| ✓ Joint reconstructions                              | ✓ Plastic and reconstructive surgery   |
| ✓ Brain surgery                                      |  |

## Restricted and excluded services

### RESTRICTED SERVICES

If a service is covered as a restricted benefit, this means that you will be covered by your choice of doctor in a shared ward accommodation for public hospital only. If you go to a private hospital/day surgery for a restricted service, you will only receive a minimum benefit and may face large out-of-pocket expenses.

- In-hospital psychiatric treatment
- Cardiac and cardiac related procedures - e.g. open heart surgery
- Major eye surgery - e.g. cataract and eyes lens procedures
- Obstetric related services
- Assisted reproductive services - e.g. IVF
- Dialysis for chronic renal failure

### EXCLUDED SERVICES

Hospital or day surgery admissions for these services in either a public or private facility will receive no benefit from Queensland Country. As well there is no benefit payable for services for which Medicare pays no benefit e.g. most cosmetic surgery.

- ✗ Weight loss surgery. Weight loss surgery includes gastric banding, sleeving/diversions or bypass including replacements, repairs and adjustments.
- ✗ Knee and hip joint replacements
- ✗ Cosmetic surgery
- ✗ Mechanical Aids and Appliances - for example blood pressure monitors etc.
- ✗ Hearing Aids

## Waiting Periods

Initial waiting period

Palliative care, in-hospital psychiatric care<sup>^^</sup>, rehabilitation services, and all other hospital treatment/services where there are

no pre-existing conditions (excluding accidental injury\*) ..... 2 months

Pre-existing ailments, conditions or illnesses ..... 1 year

Pregnancy related services (including childbirth) and assisted reproductive services ..... 1 year

\* Cover for an accident is immediate provided it is not recoverable from another source such as Worker's Compensation, third party or other liability provision. Sporting accidents sustained by professional sportspeople in activities relating to their full-time employment, including training and competition are subject to a two month waiting period.

## Excess options

✓ \$250

✓ \$500

An excess is an amount you agree to pay upfront before a benefit is paid for overnight or same day hospital/day surgery admissions. You can choose to have a \$250 or \$500 excess. The total excess is payable once per person per Membership Year, up to a maximum of twice the nominated excess amount for a couples/family membership. Each person on the membership will never pay the excess more than once per Membership Year. The only exception to this would be where the nominated excess is not fully paid or charged on a single hospital/day surgery admission. In this situation the remaining balance up to the nominated excess amount will be payable on any subsequent admissions that person may have in the same Membership Year.

**Children aged 12 and under are NOT exempt from paying an excess on this product. This excess exemption is only available under our Value Plus Hospital cover.**

## Medical costs

**These are the fees that are charged by a doctor, surgeon, anaesthetist or other specialist for any treatment given to you whilst you're an inpatient in hospital. Private health insurance means that generally you can choose your own doctor and decide whether you will go into a public or private hospital. If you choose private, this may also mean you will have more of a choice of when your procedure will take place.**

You are covered for the cost of medical fees up to the Medicare Benefit Schedule (MBS) fee. The MBS fee is the amount set by the Federal Government for each medical service covered by Medicare. You must be eligible for Medicare in order to be covered up to the MBS fee. If you choose to be treated as a private patient in a hospital (public or private), Medicare will cover you for 75% of the MBS fee for associated medical costs and we will cover the remaining 25%. If your specialist charges more than the MBS fee there will be a 'gap' for you to pay. However, the Queensland Country Health Fund Access Gap Agreement can help eliminate or reduce the gap for you if your doctor/s chooses to participate.

**Please note:** Access to benefits for medical costs associated with a hospital or day surgery admission is still subject to the eligibility to benefits for the treatment or service. If the hospital treatment or service is an excluded service on your cover or you have not fully served all the appropriate waiting periods for that service, you will only be entitled to 75% of the MBS fee. No benefit will be paid by Queensland Country.

## Access Gap Cover

This is a direct billing arrangement between Queensland Country Health Fund and your doctor/s that in most instances eliminates your out-of-pocket expenses for in-hospital doctors' fees (the gap). If your doctor charges up to the Medicare Benefits Schedule (MBS) fee or is participating in the Access Gap Cover Scheme, in most cases you will have limited out-of-pocket costs. For doctors who are not participating in the Access Gap Scheme and are charging above the MBS fee, we will pay the difference between the Medicare benefit and the MBS fee. Any amount above the MBS fee will be the amount you are required to pay and this is referred to as your 'gap' fee or out of pocket expenses.

## Extra value from your Membership

### **EXCLUSIVE UNIT ACCOMMODATION**

Queensland Country Health Fund has self-contained units in both Brisbane and Townsville exclusively available to our Members travelling to those locations for medical treatment. These two bedroom units can be booked at very reasonable rates for an overnight stay or for several weeks, depending on your needs.

## Planning a trip to hospital?

If you're planning any treatment, or have a hospital procedure coming up, we would love to hear from you. If you call us first we can discuss your options, assist with what you're covered for, check that you have served all waiting periods and you're all set to go. That way you can be more confident when attending medical appointments and will have a better idea of what to expect when you're admitted to hospital.

# Need more info?

**CALL: 1800 813 415 VISIT: [qldcountryhealth.com.au](http://qldcountryhealth.com.au) EMAIL: [info@qchfund.com.au](mailto:info@qchfund.com.au)**