

Extras Cover



**Queensland
Country**
Health Fund

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Contents

Why is Extras Cover for me?	6
Packaged Covers	8
Our Extras Covers at a glance	10
Ultra Extras	12
Essential Extras	18
Select Extras	24
Young Extras	28
Features of Extras Cover	32
How to pay contributions	36
Important Benefits Information	38
Government Initiatives	42
Private Health Insurance Code of Conduct	44
Contact	46

As well as hospital cover, we also provide extras cover.

If you need assistance with the cost of visits to the dentist, optometrist, physio and other health services that Medicare does not normally provide a benefit for, then adding an extras cover is for you.

Our Ultra and Essential Extras covers must be purchased as a combined hospital and extras package cover. Select or Young Extras covers are available as stand-alone products.





Welcome to Queensland Country

Our purpose

Queensland Country Health Fund exists to help people living in our communities live better lives through better health by:

- Assisting with access to the Members choice of medical services including doctors, therapists and hospitals in an affordable and timely manner
- Enabling Members to manage and improve their health
- Providing quality, affordable dental care
- Sharing relevant health education and advice
- Helping communities get active.

Our history

In short, we've been taking care of the health insurance needs of Queenslanders for over 48 years. We take pride in offering you a flexible, affordable and extensive health insurance cover. Your health is our number one priority and we work hard to help you get well and stay well.

Whether you're new to health insurance or just thinking about making the switch, give us a call to find out how you can experience the Queensland Country Health Fund difference.



Why is extras cover for me?

Our extras cover provides benefits for a range of health care treatments and services that aren't typically covered by Medicare, like dental, optical, physiotherapy and podiatry – just to name a few. It's a great incentive to keep that six-monthly check-up, get a new pair of glasses, or even have a therapeutic massage.

We've got four extras covers to choose from – Ultra Extras, Essential Extras, Select Extras and Young Extras. You can be confident you'll be covered from head to toe.



Choose your own provider

Visit the dentist, optometrist or health care practitioner of your choice. We aim to give you the freedom to choose who treats you. We'll never direct you to a particular provider to get a better benefit; as we pay the same benefit no matter who you see, as long as they are a registered provider with us.



Claim on the spot

If your provider has HICAPS or HealthPoint, you can claim before leaving the provider by simply swiping your Membership Card.



Dental and optical Premier Provider Network

We pay the same benefits to all providers, but we also have agreements with certain dentists and optometrists. When you visit one of our Premier Providers, you may get access to exclusive discounts and you may even reduce your out-of-pocket expenses.



Cover to suit the therapies you use

You can choose one of our comprehensive covers or select a product that specifically covers the services that you're more likely to use.



Claim Via our Mobile App

Save time and submit your claim through our Mobile App for many of our extras services.

Packaged Covers

We have a simple but flexible product range, so you can choose health cover that meets your budget or need.

We keep it simple and easy to understand:



Choose from one of our three hospital cover options – Better Hospital (Silver+), Vital Hospital (Bronze+) and Budget Hospital (Basic+).

You then select an eligible excess option that you are comfortable with and that's your hospital cover locked in!

You can also pair your hospital cover with the extras cover that best suits you or your family's needs by choosing from Ultra, Essential, Select or Young Extras covers.

You can even take Young or Select Extras as a stand-alone product.

It's that simple!

This brochure provides information about our extras covers. For detailed information on our hospital cover options, see our Hospital Cover Brochure.



Our extras covers at a glance

	Ultra Extras	Essential Extras	Select Extras	Young Extras
Purchased	PACKAGED WITH HOSPITAL		STANDALONE OR PACKAGED WITH HOSPITAL	
Dental				
Diagnostic This includes examinations, consultations and X-Rays etc.	✓	✓	✓	✓
Preventive This includes cleaning and scaling, fluoride treatment and mouth guards	✓	✓	✓	✓
General services e.g. occlusal splints	✓	✓	✓	✓
Restorative e.g. Composite fillings and amalgam fillings	✓	✓	✓	✓
Simple extractions	✓	✓	✓	✓
Surgical extractions e.g. Wisdom teeth extraction, removal of impacted teeth	✓	✓	✓	✓
Crowns or bridges	✓	✓	✓	✓
Endodontic e.g. root canal therapy and root fillings	✓	✓	✓	✗
Periodontics e.g. specialised gum treatments	✓	✓	✓	✗
Prosthodontics e.g. dentures	✓	✓	✗	✗
Orthodontics e.g. braces	✓	✓	✗	✗
Optical				
Single vision spectacles, bifocal spectacles, multifocal spectacles, contact lenses (hard or soft), repairs to frames or spectacle frames only or replacement lenses	✓	✓	✓	✓
Therapies				
Chiropractic	✓	✓	✓	✓
Remedial massage or myotherapy	✓	✓	✓	✓
Podiatry	✓	✓	✓	✓

	Ultra Extras	Essential Extras	Select Extras	Young Extras
Therapies (Continued)				
Physiotherapy	✓	✓	✓	✓
Acupuncture	✓	✓	✗	✓
Osteopathy	✓	✓	✗	✓
Dietitian	✓	✓	✗	✓
Chinese medicine	✓	✓	✗	✓
Audiology	✓	✓	✗	✗
Occupational therapy	✓	✓	✗	✗
Orthoptic therapy	✓	✓	✗	✗
Foot orthoses and orthopaedic shoes (orthoses and custom made footwear)	✓	✓	✗	✗
Exercise physiology	✓	✓	✗	✗
Psychology	✓	✓	✗	✗
Speech therapy	✓	✓	✗	✗
Health Appliances and Services				
Aids and appliances	✓	✗	✗	✗
Mammograms and bone densitometry	✓	✗	✗	✗
Nursing services	✓	✗	✗	✗
Hearing aids	✓	✗	✗	✗
Hearing aid maintenance	✓	✗	✗	✗
Australian hearing services	✓	✗	✗	✗
Other Services				
Healthy Living benefits	✓	✓	✓	✓
Pharmaceuticals	✓	✓	✓	✓
School accidents	✓	✓	✗	✗
Childbirth education	✓	✓	✗	✗

Ultra Extras

Our top level of extras cover

**Must be
packaged**
with one of our
Hospital Cover
options

Ultra Extras is **our top level of extras cover** and gives you benefits for an extensive range of services like dental, optical, physiotherapy, chiropractic and many more. Ultra Extras gives you generous annual limits and high benefits per service (up to your limits) to keep your out-of-pocket expenses to a minimum.

Best suited to

Families, couples
and singles wanting
top cover

Features:

- ✓ Cover for an extensive range of dental, optical and therapy services
- ✓ Cover for orthodontics
- ✓ Generous per person limits
- ✓ Our highest level of benefits
- ✓ Keeps your out-of-pocket costs down
- ✓ Increasing limits for membership loyalty
- ✓ Inclusion of Health Appliance and Services
- ✓ **Must be packaged with one of our hospital cover options**

How benefits work

Overall limits apply to dental, orthodontics, optical, therapies and other services. Sub-limits apply to certain services.

Rewarding limits

We also increase your overall benefit limits for dental (excluding orthodontics) and therapies by \$50 after the first year of membership and then for each year after for the first five years of cover. We honour this loyalty limit for as long as you continuously hold the product. More information is available on page 35.



Ultra Extras				
Type of Service	Waiting Periods	Example of Benefits		Sub-Limit per person per Membership Year
Dental				
		OVERALL DENTAL LIMIT \$1400 overall benefit limit per person per Membership Year for all dental services (excludes orthodontics which has separate claim limits)		
Diagnostic	2 months	Periodic oral exam	\$54	\$600^
		X-Rays	\$35	
Preventive	2 months	Scale and clean	\$89	\$800^
		Fluoride treatment	\$24	
		Mouth guard (limited to one per person per Membership Year)	\$150	
General services	2 months	Occlusal splints	\$300	\$500^
Restorative e.g. Composite fillings and amalgam fillings	2 months	One surface composite filling	\$90	\$800^
Simple extraction	2 months	Simple extraction	\$105	\$700^
Surgical extractions e.g. Wisdom teeth extraction, removal of impacted teeth	12 months	Surgical extraction	\$180	
Crowns or bridges	12 months	Full veneered crown	\$800	\$800^ (sub-limits will increase to \$1,500 per year after holding membership for 2 years)
Endodontic e.g. Root canal therapy and root fillings	12 months	Root canal obturation – one canal	\$170	\$600^
Periodontics e.g. Specialised gum treatments	12 months	Treatment of acute periodontal infection - per appointment	\$50	\$500^
Prosthodontics e.g. Dentures	12 months	Full upper and lower denture	\$850	\$850^

Note: Membership Year limits are calculated from the anniversary date of the establishment of the policy.

[^] Dental sub-limits: The maximum benefit amount claimable per person for treatment/service in a specific area of dentistry per Membership Year. This is providing an individual person's overall dental benefit limit for the Membership Year has not already been reached. Once the overall dental limit is reached, no further dental benefits can be claimed by this individual on any area of dentistry until a new Membership Year commences. Individual dental item benefits apply.

Ultra Extras				
Type of Service	Waiting Periods	Example of Benefits		Sub-Limit per person per Membership Year
Orthodontics				
Orthodontics	12 months	\$1,000 (increases to \$2,000 after holding Ultra Extras for 2 years and \$3,000 after 3 years) \$3,000 Lifetime Limit		
Optical				
Single vision spectacles Bifocal spectacles Multifocal spectacles Contact lenses (hard or soft) Repairs to frames or spectacle frames only or replacement lenses	2 months	\$300 per person Total benefit per person per Membership Year for optical items		
Therapies				
		OVERALL THERAPIES LIMIT \$1400 overall benefit limit per person per Membership Year for all therapy services		
Podiatry	2 months	Initial and subsequent visit	\$40	\$600 [#]
		Approved appliances (orthotics)	Up to limits	
		Minor procedures	Up to limits	
Chiropractic	2 months	Initial visit	\$55	\$400 combined sub-limit ^{##}
		Subsequent visit	\$35	
		X-rays (not reading of x-rays)	\$60	
Osteopathy	2 months	Initial visit	\$55	
		Subsequent visit	\$35	
Remedial massage or myotherapy*	2 months	Initial and subsequent visit	\$40	\$400

* Benefits are payable for services rendered by Australian Regional Health Group Limited approved providers registered with Queensland Country Health Fund.

[#] The maximum benefit amount claimable per person per Membership Year for podiatry services. This is providing an individual person's overall therapies benefit limit for the Membership Year has not already been reached. Once the overall limit is reached, no further benefits can be claimed by this individual on any therapy until a new Membership Year commences.

^{##} Combined sub-limit: the maximum benefit amount claimable per person per Membership Year for a combination of chiropractic and osteopathic services. This is providing an individual person's overall Therapies benefit limit for the Membership Year has not already been reached. If this was the case no further therapy benefits can be claimed on this or any therapy until a new Membership Year commences.

Ultra Extras			
Type of Service	Waiting Periods	Example of Benefits	Sub-Limit per person per Membership Year
Therapies (Continued)			
		OVERALL THERAPIES LIMIT \$1400 overall benefit limit per person per Membership Year for all therapy services	
Dietitian	2 months	Initial visit	\$75
		Subsequent visit	\$40
Chinese medicine*	2 months	Initial and subsequent visit	\$35
Acupuncture*	2 months	Initial and subsequent visit	\$35
Physiotherapy	2 months	Initial visit	\$55
		Subsequent visit	\$45
		Group therapy	\$10
Exercise physiology	2 months	Initial visit	\$50
		Subsequent visit	\$35
		Monthly program fee	\$35
		Group therapy	\$10
Audiology	2 months	Initial and subsequent visit	\$50
		Report	\$60
Occupational therapy	2 months	Initial visit	\$80
		Subsequent visit	\$40
Orthoptic therapy	2 months	Initial and subsequent visit	\$60
Foot orthoses and orthopaedic shoes (orthoses and custom made footwear)	2 months	Up to limits	\$150
Psychology	2 months	Initial and subsequent visit	\$80
		Reports	\$80
		Group therapy	\$80
Speech therapy	2 months	Initial visit	\$80
		Subsequent visit	\$40

* Benefits are payable for services rendered by Australian Regional Health Group Limited approved providers registered with Queensland Country Health Fund.

*** Combined sub-limit: the maximum benefit amount claimable per person per Membership Year for a combination of physiotherapy and exercise physiology services. This is providing an individual person's overall therapies benefit limit for the Membership Year has not already been reached. Once the overall limit is reached, no further therapy benefits can be claimed by this individual on any therapy until a new Membership Year commences. Individual visit benefits apply.

Ultra Extras			
Type of Service	Waiting Periods	Example of Benefits	Limit per person per Membership Year
Health Appliances and Services			
Aids and appliances	12 months	Benefits on the purchase or hire of Aids and Appliances approved by Queensland Country Health Fund. Sub-limits and benefit replacement periods apply to some items. See page 35 for more details.	\$2,000
Mammograms and bone densitometry	12 months	Benefit up to \$75 limited to two services for each of these tests, only if performed in a radiology practice and not claimable from another source.	\$300
Nursing services	12 months	A benefit up to \$50 per visit or \$150 per day is payable: <ul style="list-style-type: none"> Bush nursing services provided by a registered nurse employed at a public hospital or bush nursing centre where there is no resident medical practitioner Home nursing services provided by a registered nurse in private practice 	\$1,000
		A benefit up to \$150 per day is payable: <ul style="list-style-type: none"> for clinically relevant special nursing provided by a registered nurse in private practice. 	\$750
Hearing aids	12 months	The benefit limit applies based on your length of membership: <ul style="list-style-type: none"> Up to 10 years \$1,000 10-15 years \$1,500 15 years+ \$2,000 A benefit amount is provided to use over three Membership Years based on the date of which the purchase of a hearing aid/s is made. The purchase of a hearing aid/s means either a once-only payment or a regular subscription i.e. monthly.	From \$1,000
Hearing aid maintenance, batteries and chargers	12 months	Benefit for the cost of maintenance fees, repairs, batteries or purchase and/or repairs of a charging dock for hearing aids.	Up to \$100
Australian hearing services	12 months	Benefit for the cost of a Hearing Services Card.	\$25
Other Services			
Pharmaceutical^	2 months	\$70	\$500
School accidents	2 months	Up to limit	\$750 per child
Healthy living benefits	2 months	See page 35 for covered services	\$150
Childbirth education	12 months	\$60	\$60

^ Prescriptions not covered by the PBS, excluding contraceptives and items normally available without prescription and drugs not approved for sale in Australia. A co-payment applies to each prescription equal to the current PBS Patient Contribution. Please refer to page 41 for more information.

Essential Extras

Our mid level extras cover

Essential Extras provides benefits **for an extensive range of treatments** like dental, optical, physiotherapy and chiropractic; and other health care services **that aren't always covered by Medicare.**

**Must be
packaged**
with one of our
Hospital Cover
options

Best suited for

Families, couples
and singles

Features:

- ✓ Cover for an extensive range of dental, optical and therapy services
- ✓ Cover for orthodontics
- ✓ Lower limits to make the premium more affordable
- ✓ Increasing limits for membership loyalty
- ✓ **Must be packaged with one of our Hospital cover options**

How benefits work

Overall limits apply to dental, orthodontics, optical, therapies and other services. Sub-limits apply to certain services.

Rewarding limits

We also increase your overall benefit limits for dental (excluding orthodontics) and therapies by \$50 after the first year of membership and then for each year after for the first five years of cover. We honour this loyalty limit for as long as you hold the product. More information is available on page 35.

Essential Extras

Type of Service	Waiting Periods	Example of Benefits		Sub-Limit per person per Membership Year
Dental				
		OVERALL DENTAL LIMIT \$900 overall benefit limit per person per Membership Year for all dental services (excluding orthodontics which has separate claim limits)		
Diagnostic	2 months	Periodic oral exam	\$39	\$400^
		X-Rays	\$24	
Preventive	2 months	Scale and clean	\$63	\$500^
		Fluoride treatment	\$16	
		Mouth guard (Limited to one per person per Membership Year)	\$105	
General services	2 months	Occlusal splints	\$210	\$300^
Restorative				
Composite fillings and amalgam fillings	2 months	One surface composite filling	\$63	\$500^
Simple extraction	2 months	Simple extraction	\$74	\$400^
Surgical extractions				
Wisdom teeth extraction, removal of impacted teeth	12 months	Surgical extraction	\$126	
Crowns or bridges	12 months	Full veneered crown	\$560	\$560^ (sub-limit accumulating to \$1,000 per year after 2 years of membership)
Endodontic e.g. Root canal therapy and root fillings	12 months	Root canal obturation – one canal	\$119	\$350^
Periodontics e.g. Specialised gum treatments	12 months	Treatment of acute periodontal infection - per appointment	\$35	\$300^
Prosthodontics e.g. Dentures	12 months	Full upper and lower denture	\$350	\$500^

Essential Extras

Type of Service	Waiting Periods	Example of Benefits	Sub-Limit per person per Membership Year
Orthodontics			
Orthodontics	12 months	<div>\$500</div> <div>(increases to \$1,000 after holding Essential Extras for 2 years and \$1,500 after 3 years)</div> <div>\$1,500</div> <div>Lifetime Limit</div>	
Optical			
Single vision spectacles Bifocal spectacles Multifocal spectacles Contact lenses (hard or soft) Repairs to frames or spectacle frames only or replacement lenses	2 months	<div>\$215 per person</div> <div>Total benefit per person per Membership Year for optical items</div>	

Note: Membership Year limits are calculated from the anniversary date of the establishment of the policy.

[^] Dental sub-limits: The maximum benefit amount claimable per person for treatment/service in a specific area of dentistry per Membership Year. This is providing an individual person's overall dental benefit limit for the Membership Year has not already been reached. Once the overall limit is reached, no further dental benefits can be claimed by this individual on any area of dentistry until a new Membership Year commences. Individual dental item benefits apply.

Essential Extras				
Type of Service	Waiting Periods	Example of Benefits		Sub-Limit per person per Membership Year
Therapies				
		OVERALL THERAPIES LIMIT \$900 overall benefit limit per person per Membership Year for all therapy services		
Podiatry	2 months	Initial and subsequent visit	\$28	\$400 [#]
		Approved appliances (orthotics)	Up to limits	
		Minor procedures	Up to limits	
Chiropractic	2 months	Initial visit	\$39	\$500 combined sub-limit ^{##}
		Subsequent visit	\$25	
		X-rays (not reading of x-rays)	\$50	
Remedial massage or myotherapy*	2 months	Initial and subsequent visit	\$30	
Osteopathy	2 months	Initial visit	\$39	
		Subsequent visit	\$28	
Dietitian	2 months	Initial visit	\$53	
		Subsequent visit	\$28	
Chinese medicine*	2 months	Initial and subsequent visit	\$25	
Acupuncture*	2 months	Initial and subsequent visit	\$25	
Physiotherapy	2 months	Initial visit	\$39	\$500 combined sub-limit ^{###}
		Subsequent visit	\$33	
		Group therapy	\$7	
Exercise physiology	2 months	Initial visit	\$35	
		Subsequent visit	\$25	
		Monthly program fee	\$25	
		Group therapy	\$7	
Audiology	2 months	Initial and subsequent visit	\$35	
		Report	\$42	
Occupational therapy	2 months	Initial visit	\$56	
		Subsequent visit	\$28	

Essential Extras				
Type of Service	Waiting Periods	Example of Benefits		Sub-Limit per person per Membership Year
Therapies (Continued)				
		OVERALL THERAPIES LIMIT \$900 overall benefit limit per person per Membership Year for all therapy services		
Orthoptic therapy	2 months	Initial and subsequent visit	\$42	
Foot orthoses and orthopaedic shoes (orthoses and custom made footwear)	2 months		Up to limits	\$105
Psychology	2 months	Initial and subsequent visit	\$56	
		Reports	\$56	
		Group therapy	\$56	
Speech therapy	2 months	Initial visit	\$56	
		Subsequent visit	\$28	
Other Services				
Pharmaceutical^	2 months		\$45	\$300
School accidents	2 months		Up to limit	\$450 per child
Healthy living benefits	2 months	See page 35 for covered services	\$125	\$125
Childbirth education	12 months		\$42	\$42

* Benefits are payable for services rendered by Australian Regional Health Group Limited approved providers registered with Queensland Country Health Fund.

[^] Prescriptions not covered by the PBS, excluding contraceptives and items normally available without prescription and drugs not approved for sale in Australia. A co-payment applies to each prescription equal to the current PBS Patient Contribution. Please refer to page 41 for more information.

[#] The maximum benefit amount claimable per person per Membership Year for podiatry services. This is providing an individual person's overall therapies benefit limit for the Membership Year has not already been reached. Once the overall limit is reached, no further benefits can be claimed by this individual on any therapy until a new Membership Year commences.

^{##} Combined sub-limit: the maximum benefit amount claimable per person per Membership Year for a combination of chiropractic and osteopathic services. This is providing an individual person's overall Therapies benefit limit for the Membership Year has not already been reached. If this was the case no further therapy benefits can be claimed on this or any therapy until a new Membership Year commences.

^{###} Combined sub-limit: the maximum benefit amount claimable per person per Membership Year for a combination of physiotherapy and exercise physiology services. This is providing an individual person's overall therapies benefit limit for the Membership Year has not already been reached. Once the overall limit has been reached, no further therapy benefits can be claimed on this or any therapy until a new Membership Year commences. Individual visit benefits apply.

Select Extras

Great value benefits for only the most popular services

Select Extras is a great choice for anyone that doesn't want to pay for services they're not likely to use.

Select Extras provides **great value benefits for only the most popular services** with limits on a per person, per policy basis. Select Extras can be purchased as a stand-alone extras cover or packaged with one of our hospital covers.

**Purchase on its own
or package with one
of our
Hospital Cover
options**

Best suited for

Young singles,
young couples and
families with young
children.

Features:

- ✓ **Cover for the most popular extras services**
- ✓ **Generous annual limits for dental, optical and the most common therapies**
- ✓ **Can be purchased as a stand-alone extras product, or package it with one of our hospital cover options**

How benefits work

Select Extras has an overall benefit limit of \$2,200 per person, up to \$4,400 per policy per Membership Year for all benefits covered by Select Extras, including dental, optical, therapies, pharmaceuticals and Healthy Living benefits. Sub-limits apply. All limits are on a per person, per policy basis.

The following services are not covered under Select Extras:

- Orthodontics
- Prosthodontics (dentures)
- Osteopathy
- Dietitian
- Acupuncture
- Exercise physiology
- Audiology
- Occupational therapy
- Orthoptic therapy
- Foot orthoses and orthopaedic shoes (orthoses and custom footwear)
- Psychology
- Speech therapy
- Childbirth education
- School accidents

Select Extras					
Type of Service	Waiting Periods	Example of Benefits		Sub-Limit per Membership Year	
Dental					
		OVERALL SELECT EXTRAS LIMIT Overall limit for ALL benefits payable under Select Extras (including dental, optical, therapies, pharmaceuticals and Healthy Living benefits) up to \$2,200 per person \$4,400 per policy per Membership Year. Sub-limits apply			
Diagnostic	2 months	Periodic oral exam	\$44	\$400 per person up to \$800 per policy^^ for General Dental	
		X-rays	\$27		
Preventive	2 months	Scale and clean	\$71		
		Fluoride treatment	\$19		
		Mouth guard (Limited to one per person per Membership Year)	\$120		
General services	2 months	Occlusal splints	\$240	\$600 per person up to \$1,200 per policy^^ for Major Dental	
Restorative					
Composite fillings and amalgam fillings	2 months	One surface composite filling	\$72		
Simple extraction	2 months	Simple extraction	\$84		
Surgical extractions**					
Wisdom teeth extraction, removal of impacted teeth	12 months	Surgical extraction	\$126		
Crowns or bridges	12 months	Full veneered crown	\$560		
Endodontic					
e.g. Root canal therapy and root fillings	12 months	Root canal obturation – one canal	\$119		
Periodontics					
e.g. Specialised gum treatments	12 months	Treatment of acute periodontal infection – per appointment	\$35		
Optical					
Single vision spectacles	2 months	\$245 per person Up to \$490 per policy per Membership Year for optical items			
Bifocal spectacles					
Multifocal spectacles					
Contact lenses (hard or soft)					
Repairs to frames or spectacle frames only or replacement lenses					

Note: Membership Year limits are calculated from the anniversary date of the establishment of the policy.

^^ Dental sub-limits: The maximum benefit amount claimable per person and/or per policy for dental treatment/services per Membership Year within this sub-limit. This is providing an individual person's overall limit for ALL other benefits payable under Select Extras for the Membership Year has not already been reached. Once the overall limit is reached, no further dental benefits can be claimed by this individual on any area of dentistry until a new Membership Year commences. Individual dental item benefits apply.

** For surgical extractions claimed under extras cover, benefits will be paid on dental item numbers only, unless hospital cover is held and providing all waits have been served for any inpatient services.

Select Extras				
Type of Service	Waiting Periods	Example of Benefits		Sub-Limit per Membership Year
Therapies				
		OVERALL SELECT EXTRAS LIMIT Overall limit for ALL benefits payable under Select Extras (including dental, optical, therapies, pharmaceuticals and Healthy Living benefits) up to \$2,200 per person \$4,400 per policy per Membership Year. Sub-limits apply		
Podiatry	2 months	Initial and subsequent visit	\$32	\$400 per person up to \$800 per policy
		Approved appliances (orthotics)	Up to limits	
		Minor procedures	Up to limits	
Chiropractic	2 months	Initial visit	\$44	\$500 per person up to \$1,000 per policy combined limit#
		Subsequent visit	\$28	
		X-rays (not reading of x-rays)	\$50	
Remedial massage or myotherapy*	2 months	Initial and subsequent visit	\$33	
Physiotherapy	2 months	Initial visit	\$44	\$500 per person up to \$1,000 per policy
		Subsequent visit	\$37	
		Group therapy	\$8	
Other Services				
Pharmaceutical^	2 months		\$55	\$400 per person up to \$800 per policy
Healthy living benefits	2 months	See page 35 for covered services	\$125	\$125 per person up to \$250 per policy

* Benefits are payable for services rendered by Australian Regional Health Group Limited approved providers registered with Queensland Country Health Fund.

^ Prescriptions not covered by the PBS, excluding contraceptives and items normally available without prescription and drugs not approved for sale in Australia. A co-payment applies to each prescription equal to the current PBS Patient Contribution. Please refer to page 41 for more information.

Combined sub-limit: the maximum benefit amount claimable per person per Membership Year for a combination of chiropractic, remedial massage and myotherapy. This is providing an individual person's overall \$2,200 per Membership Year has not already been exceeded and/or the \$4,400 per policy limit for all services for the Membership Year under Select Extras has also not already been reached. Once the overall Select Extras limit is reached, no further benefits can be claimed by this individual or anyone else on the policy on any service until new Membership Year commences. Individual visit/service benefit limits apply.

Young Extras

Tailor made to keep premiums low but the benefits high

Young Extras is designed as a great entry-level extras cover. It gives you cover for a broad range of services and a good level of benefits with limits on a per person, per policy basis. Young Extras can be purchased as a stand-alone extras cover or packaged with hospital cover.

**Purchase on its own
or package with one
of our
Hospital Cover
options**

Best suited for

Young singles and
Young couples

Features:

- ✓ **Best suited for young people under the age of 30**
- ✓ **Generous annual limits for dental and optical services**
- ✓ **Cover for a wide range of alternative therapies, including remedial massage and podiatry**
- ✓ **Competitive premiums**
- ✓ **Can be purchased as a stand-alone extras product, or package it with one of our hospital cover options**

How benefits work

Overall limits apply to dental, optical, therapies and other services. Sub-limits apply to certain services. All limits are on a per person, per policy basis. Full details are outlined on page 30.

The following services are not covered under Young Extras:

- Orthodontics
- Prosthodontics (dentures)
- Endodontics (root canal therapy)
- Periodontics (gum treatments)
- Exercise physiology
- Audiology
- Occupational therapy
- Orthoptic therapy
- Foot orthoses and orthopaedic shoes (orthoses and custom footwear)
- Psychology
- Speech therapy
- Childbirth education
- School accidents

Young Extras			
Type of Service	Waiting Periods	Example of Benefits	Limit per Membership Year
Dental			
Diagnostic	2 months	Periodic oral exam	\$42
		X-rays	\$26
Preventive	2 months	Scale and clean	\$67
		Fluoride treatment	\$18
		Mouth guard (Limited to one per person per Membership Year)	\$113
General services	2 months	Occlusal splints	\$225
Restorative			
Composite fillings and amalgam fillings	2 months	One surface composite filling	\$68
Simple extraction	2 months	Simple extraction	\$79
Surgical extractions* Wisdom teeth extraction, removal of impacted teeth	12 months	Surgical extraction	\$135
Crowns or bridges	12 months	Full veneered crown	\$500
Optical			
Single vision spectacles Bifocal spectacles Multifocal spectacles Contact lenses (hard or soft) Repairs to frames or spectacle frames only or replacement lenses	2 months	\$225 per person Up to \$450 per policy per Membership Year for optical items	

Note: Membership Year limits are calculated from the anniversary date of the establishment of the policy.

* For surgical extractions claimed under extras cover, benefits will be paid on dental item numbers only, unless hospital cover is held and all waits have been served for any inpatient services.

^^ Dental sub-limits: The maximum benefit amount claimable per person/per policy for treatment/service in dentistry per Membership Year. This is providing an individual person's or per policy overall dental benefit limit for the Membership Year has not already been reached. Once the overall limit has been reached, no further dental benefits can be claimed by this individual or any other person/s on the policy on any area of dentistry until a new Membership Year commences. Individual dental item benefits apply.

Young Extras				
Type of Service	Waiting Periods	Example of Benefits		Limit per Membership Year
Therapies				
Podiatry	2 months	Initial and subsequent visit	\$30	\$300 per therapy \$500 per person up to \$1,000 per policy
		Approved appliances (orthotics)	Up to limits	
		Minor procedures	Up to limits	
Chiropractic	2 months	Initial visit	\$42	
		Subsequent visit	\$30	
		X-rays (not reading of x-rays)	\$50	
Remedial massage or myotherapy*	2 months	Initial and subsequent visit	\$35	
Osteopathy	2 months	Initial visit	\$42	
		Subsequent visit	\$30	
Dietitian	2 months	Initial visit	\$55	
		Subsequent visit	\$35	
Chinese medicine*	2 months	Initial and subsequent visit	\$30	
Acupuncture*	2 months	Initial and subsequent visit	\$30	
Physiotherapy	2 months	Initial visit	\$42	\$400 per person up to \$800 per policy
		Subsequent visit	\$37	
		Group therapy	\$8	
Other Services				
Pharmaceutical^	2 months		\$45	\$150 per person up to \$300 per policy
Healthy living benefits	2 months	See page 35 for covered services	\$125	\$125 per person up to \$250 per policy

* Benefits are payable for services rendered by Australian Regional Health Group Limited approved providers registered with Queensland Country Health Fund.

^ Prescriptions not covered by the PBS, excluding contraceptives and items normally available without prescription and drugs not approved for sale in Australia. A co-payment applies to each prescription equal to the current PBS Patient Contribution. Please refer to page 41 for more information.

Features of extras cover

Provider of your choice

As long as your provider is a registered practitioner, you can visit the dentist, optometrist, physio or other health care provider of your choice and you can claim on-the-spot anywhere that offers HICAPS or HealthPoint.

Dental and optical Premier Providers

We've negotiated agreements with a number of dental and optical providers. Services at one of our Premier Providers are well priced, and will likely reduce your out-of-pocket expenses.

When you visit one of our optical Preferred Providers, you'll receive discounts on frames, lenses and contact lenses.

Details of our Premier Provider Network can be found on our website.



Online Member Services

Online Member Services (OMS) is your online portal where you can access your policy and membership details and claim online for most extras services.

Here's what you can do:

- ✓ Get to know your cover – Access your cover details, including your limits and benefits. Keep track of your benefits and see how much you've got left.
- ✓ Submit claims online – Save time by submitting your extras claims online.
- ✓ Explore the features of your cover – Access your Private Health Insurance Statement or order a new Membership Card.

Mobile App

Our Mobile App offers all Members a 24 hour a day, seven days a week full viewing access to your membership. We strive to give our Members more convenient and easy options to access and manage your membership.

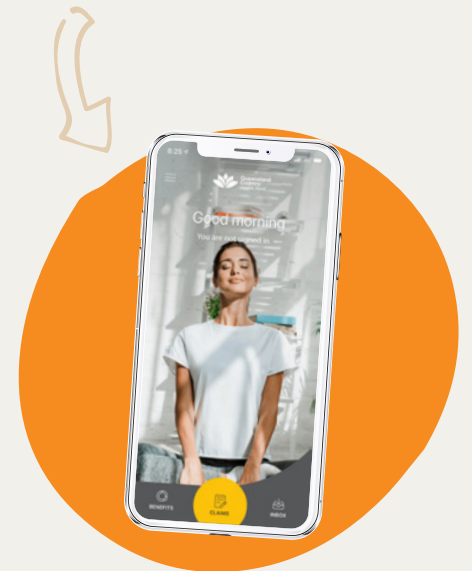
Key features:

- ✓ Online claiming - lodge claims directly to Queensland Country by simply taking a photo of your receipt/s and pressing submit
- ✓ Review your claims history
- ✓ View policy details including contribution details
- ✓ Check your annual benefit limits and see what's remaining
- ✓ View personal details and update your contact information
- ✓ Order new Membership Cards
- ✓ Make immediate payments by credit card
- ✓ Access membership communications through your personal inbox
- ✓ Learn more about your health insurance and how you can experience genuine value via our blogs and news
- ✓ Find your nearest Queensland Country Retail Centre

Available for download on iPhone or Android devices.



Once you've registered for Online Member Services you will be able to **download our Mobile App and claim on the go!**



Claim your way

There are a number of ways you can claim for your extras services.



On the spot at your provider by swiping your Membership Card

The easiest way to claim your benefit at participating health professionals is to swipe your Membership Card at the time of your service. HICAPS/ HealthPoint are electronic claiming and payments systems that process your claim for treatment on the spot.



Mobile App

Our Mobile App lets you claim quickly and easily for most extras services by submitting just a photo of your receipts. Download this app by searching "Queensland Country Health Fund". Terms and conditions apply.



Email

Email your claim form and receipts to info@queenslandcountry.health



Online claiming

If on-the-spot claiming isn't available, we've made it easier than ever to claim through Online Member Services. Online Member Services (OMS). Simply login to OMS and upload a copy of the receipts you received from your service provider.



In person

We have dedicated Retail Centres in Ayr, Cairns, Darwin, Mackay, Mount Isa, Rockhampton and Townsville where you can present your claim form and our friendly staff will take care of it for you.

Healthy Living benefits

As well as helping you get well, we want you to stay well. Our Healthy Living benefits encourage you to live a healthy lifestyle. We'll pay up to \$150 per person per Membership Year (if you have Ultra Extras, lower benefit amount applies for other extras products) in benefits to assist you to:

- Participate in a choice of approved weight management programs^^
- Participate in quit smoking programs
- Participate in other approved health management programs* including gym memberships, personal training programs, and aquatic exercise/ rehabilitation including pool entry and exercise classes (excludes swim classes/lessons)
- Have your skin checked for skin cancers (except where there is a Medicare benefit)
- Attend consultations for diabetes education
- Consult a metabolic dietitian or nutritionist to assist with weight management
- Undertake bowel screening tests and Bone Density (not performed in a radiology practice and no doctor's referral required)
- Undertake a Prostate-Specific Antigen test (one per year) – we cover a second yearly test not covered by Medicare
- Supermarket tours conducted by a dietitian or other allied health professional qualified to provide nutrition advice

* To comply with private health insurance legislation, you must have been referred by your health care professional to participate in a health management program to address or improve a specific medical condition. A Health Management Program Benefit Approval Form (available on our website) must accompany a claim for these benefits.

^^ Before enrolling in a weight management program please contact the Fund to clarify the eligibility to benefits.

Aids and appliances

Under our aids and appliances benefit, available only on our Ultra Extras Cover, we pay benefits towards the cost to purchase or hire a selected range of aids and appliances approved by Queensland Country Health Fund, such as a blood pressure monitor, glucometer, tens machine, etc. A limit of \$2,000 per person per Membership Year applies. Sub-limits apply to some items.

Benefits are not available on second hand equipment or on consumables. For some items, the benefit is for short term hiring (up to 3 months). The purchase of some machines and monitors are limited to once every 3 years from the initial date of purchase (see the next section on benefit replacement periods).

A letter of referral from your doctor or practitioner and/or evidence of a recent medical episode or hospitalisation may be required to accompany a claim for benefits. Please contact us before purchasing an Aid or Appliance to check these requirements and what benefits you may be eligible for.

Cover for aids and appliances is not available on our Essential, Select, and Young Extras covers.

Benefit replacement period

A benefit replacement period applies to certain aids and appliances. This means once you've been paid a benefit for a particular item, you'll need to wait a period of three years from the date of purchase of the item before you're entitled to a benefit for the replacement of that item. Benefit replacement periods apply per person.

Benefit replacement period	Items
3 years	Blood glucose monitors (glucometer) Blood pressure monitor Tens machine (not circulation booster)

Loyalty rewards

Once you've held cover under either our Ultra Extras or Essential Extras products for a year, we automatically increase your respective overall benefit limits for **dental** (excluding orthodontic) and our full range of **therapies** by \$50 per year.

We provide this loyalty incentive for the first five years of cover and continue to honour it for as long as you continuously hold your Ultra or Essential Extras cover. For example, after five continuous years on Ultra Extras, your overall dental limit would have increased from \$1,400 to \$1,650 per person per Membership Year.

Loyalty limit increases don't apply to sub-limits or individual service or item benefits.

We also increase the available benefit limits for orthodontics over the first three years on our Ultra and Essential Extras covers. A Lifetime Limit applies to orthodontic services. Initial waiting periods may apply.

How to pay contributions

Queensland Country offers a variety of payment options to choose from, and you can pay weekly, fortnightly, monthly, quarterly, six monthly or yearly. If you choose to pay by EFTPOS, BPAY® or credit card and your payment frequency is quarterly or greater, we'll send you a reminder notice as a courtesy.

It is your responsibility to ensure that the payment amounts are correct and made in advance. This avoids claims being rejected because your policy is in an unfinancial status.

Your policy starts on the day you apply, or a future date that you nominate. You'll receive your Membership Card by mail within 14 days of your application.

Direct Debit

Pay by direct debit from a bank account or credit card.

EFTPOS

Pay by EFTPOS at any of our Health Fund Retail Centres located in Ayr, Cairns, Darwin, Mackay, Mount Isa, Rockhampton and Townsville.

Phone

Call us on 1800 813 415 and pay by phone by speaking with a Member Service Officer.



Our biller reference code is 91082 and the reference number for your policy can be provided on request.

Online Member Services (OMS)

Make a credit card payment online or update your details by logging into OMS and accessing Membership > Contribution account.

Mobile App

Make immediate credit card payments through our Mobile App.



Important benefits information

This brochure outlines some of the important information that you should know and consider before taking out an extras product with Queensland Country.

Our Membership Guide contains a more comprehensive listing of rules and conditions that apply to your membership, and should be read in conjunction with this Extras Covers Brochure and our Hospital Covers Brochure.

Waiting periods

When will you be fully covered?

Waiting periods apply when you join any health fund for the very first time, or when you upgrade to a higher level of cover.

If you're transferring from another health fund, or you're coming off your parents' policy onto your own, and you've switched to an equivalent level of cover, you won't have to serve waiting periods again.

Waiting periods are necessary to keep health cover fair. Without waiting periods, people may join, claim for something planned and then leave. Having waiting periods aims to protect our existing policy holders who contribute to a fund over a long period of time for when they need cover.

Always make sure you have served the waiting period that applies to your service before claiming, otherwise you may not be covered.

If you want to upgrade your extras cover to a higher level, you'll only have to serve waits on the increased benefits.

Newborn babies and waiting periods

If you're thinking of starting a family and currently have a single policy, you'll need to convert your policy to a family or single parent family policy and add your newborn baby within two months of their date of birth for the baby to be covered. The baby will not have to serve any waiting periods* as long they have been served by the policy holder, and you make this change within this time frame.

* For policy holders with no previous cover, the pre-existing condition waiting periods may apply to the baby within the first 12 months.

Extras services

2 MONTHS

General Dental:

Diagnostic – includes examinations and consultations

Preventive – includes cleaning and scaling, fluoride treatment, mouth guards etc.

Simple extraction

Restorative – composite and amalgam fillings

General services – includes occlusal splints

Optical

Pharmaceutical

Sporting accidents^

School Accidents^

Healthy Living benefits

Acupuncture

Audiology

Chiropractor

Massage therapy

Osteopathy

Chinese Medicine

Dietitian

Foot orthoses and orthopaedic shoes

Occupational therapy

Orthoptic therapy

Physiotherapy

Exercise physiology

Podiatry

Psychology

Speech therapy

12 MONTHS

Major dental services:

Periodontics – specialised gum treatment

Surgical extraction – includes wisdom tooth extraction

Endodontic services – includes root canal therapy

Prosthodontics – dentures

Orthodontics – braces

Childbirth education

Aids and appliances

Hearing aids

Hearing aid maintenance

Australian hearing services

Nursing services

Mammograms and bone densitometry

^ The two month waiting period is waived for treatment arising from an accident that occurred after joining (excluding sporting accidents sustained by sportspeople in activities relating to their full-time employment as a sporting professional, including training and competition).

Benefit conditions

Queensland Country will only pay benefits when:

- Goods and services are provided in Australia
- You have been charged for the treatment or service
- The business or individual supplying the goods or services can supply a valid Australian Business Number (ABN) matching details on the tax invoice issued.
- The service is medically necessary and clinically relevant
- Services are part of a course of treatment recognised by Queensland Country
- The service is provided in person
- The service is provided to a person on the membership
- The service or treatment has been provided by a practitioner or therapist recognised by Queensland Country
- The treatment or service is covered under your level of cover
- For ancillary (extras) health care services, benefits are either to be paid by the health fund or by Medicare; you cannot claim benefits for the same service/treatment from both sources
- There is no entitlement to a Medicare benefit under an Allied Health Service program
- The conditions of the level of cover have been met
- A claim for a service is submitted within 24 months of the date of service
- The waiting period for that service has been served
- Benefits are not claimable from another source, e.g. Medicare Australia, workers compensation, motor vehicle accident insurance or third party liability. If Queensland Country has already paid benefits by way of provisional payments and, where compensation has been paid in respect of an injury, the insured person must repay to the health fund benefits received in relation to the injury, upon settlement of the claim for compensation.

The amount received as a benefit for a service under your cover is calculated on the cost of the treatment or aid you receive, taking into account any allowances or discounts given by the provider.

No benefit paid by us can exceed the actual charge for the service or appliance.

Recognised providers

We will only pay benefits for eligible services where the service is provided by a practitioner that is recognised by Queensland Country. We do not pay benefits for overseas healthcare.

Recognition of providers is only for the purpose of determining the payment of benefits. It should not be taken as or considered an approval of, or any recommendation of the qualifications and skills of the provider and their services.

Recognition is subject to change without notice.

You should check with Queensland Country that your practitioner is recognised before commencing treatment.

Pharmaceutical

The Pharmaceutical Benefits Scheme (PBS) is a national pharmaceutical scheme funded by the Federal Government where patients contribute to the cost of prescribed drugs.

We'll pay benefits as outlined in the extras table provided in this document, up to the individual script benefit limit for your cover. The benefit amount per script is calculated by deducting the PBS General Patient Contribution amount from the purchase price. This is conditional on the pharmaceutical prescription being listed in the MIMs Schedule as S4 or S8 and being dispensed in quantities in accordance with this schedule. We also pay for compound pharmacy scripts, as long as one of the ingredients meets these criteria. The PBS General Patient Contribution amount is updated by the Government and changes every year on 1 January. Current details on the PBS contribution amount is available on our website.

Queensland Country doesn't cover pharmaceutical prescriptions covered by the PBS or contraceptives and items normally available without prescriptions.

It's important to note that a doctor's letter may be required for some pharmacy items.

Government Initiatives



Australian Government Rebate on private health insurance

The Australian Government Rebate was introduced by the Federal Government to help Australians by reducing the premium costs of their private health cover. The government recognised that Australians with private health insurance not only make a substantial contribution to their own health care, but also to Australia's health care system by taking pressure off the public system.

Both the age of the oldest policy holder and income* determine the amount of rebate assistance. When you join, you must nominate an appropriate rebate tier (based on your age and income).

The Australian Government Rebate on private health insurance applies to the base hospital and extras component of your premium. It does not apply to any Lifetime Health Cover loading component of the hospital premium.

Your options for claiming the rebate include:

- **You can choose to claim the appropriate rebate upfront to lower your policy premium.**
- **You can nominate to claim a lower rebate than your entitlement, and claim the difference at tax time.**
- **You can claim no rebate at all, and reconcile this when lodging your tax return.**

Most people with private health insurance who are eligible for the rebate claim it upfront as a reduction in their premiums they pay to us for their health cover.

If you're eligible for the rebate, the rebate percentage you receive today will be reduced every year if insurers increase their premiums more than the Consumer Price Index (CPI). This is because the Australian Federal Government now indexes the rebate either by the CPI or by the actual average increases in premiums charged by consumers, whichever is the lesser.

Premiums quoted by the Fund will take into consideration all of these variables, once you've nominated your rebate tier.

* For information on the income, including the calculation for this income known as income for Medicare Levy Surcharge purposes, please see the advice of your tax agent, financial advisor or the Australian Tax Office (ATO) Help Line on 132 861 or visit their website at <https://www.ato.gov.au/Individuals/Medicare-and-private-health-insurance/Private-health-insurance-rebate/>



Private Health Insurance Code of Conduct



Queensland Country Health Fund is a signatory to the Private Health Insurance Code of Conduct ('the Code'). The Code was developed by the health insurance industry and aims to promote the standards of service to be applied throughout the industry.

A full copy of the Code is available at www.privatehealth.com.au/codeofconduct.

Summary of rules

The information contained in this brochure provides only a summary of the fund rules. The full terms and conditions of membership and liability under the fund are set out in the Complete Rules of the Health Benefit Fund.

These rules are available for inspection at
Queensland Country Centre,
Level 1, 333 Ross River Road,
Aitkenvale QLD 4814.

Private health insurance complaints

If for any reason you're not happy with something, we want to hear about it.

While we're absolutely committed to providing you with the best possible service, we are only human and sometimes we may make mistakes or see things differently from our Members, so we have processes in place to make sure you're absolutely satisfied.

If you have any complaints, and we hope you don't, then please contact us immediately.

Call: 1800 813 415
Website: queenslandcountry.health
Email: info@queenslandcountry.health
Address: Queensland Country Centre
Level 1, 333 Ross River Road
Aitkenvale QLD 4814

We take all complaints very seriously. Your health and wellbeing is our number one priority and if you're not completely happy with our service, we would like to know about it. Our understanding staff are here to answer your questions and understand your concerns.

If after we've done all we can to rectify the situation, you're still not satisfied with the outcome, you have every right to contact the Private Health Insurance Ombudsman. The Ombudsman is an independent body formed to help resolve complaints and to provide advice and information to members of private health funds.

To make a complaint, contact the Commonwealth Ombudsman at www.ombudsman.gov.au

For general information about private health insurance, see www.privatehealth.gov.au

Alternatively, the Ombudsman can be contacted by phone on **1300 362 072**.

Privacy policy

We're committed to managing all personal information in accordance with our Privacy Policy. Our Privacy Policy is available on our website at queenslandcountry.health/privacy, or from any of our Retail Centres.

Information

Please ensure that you read all documentation provided to you before any decision is made to purchase a health insurance product and ensure you retain a copy of the documentation for future reference.

Contact

Townsville Contact Centre

Phone: 1800 813 415

Email: info@queenslandcountry.health

Web: queenslandcountry.health



Head Office

Queensland Country Centre
Level 1, 333 Ross River Road
Aitkenvale
Post: PO Box 42
Aitkenvale Qld 4814

Townsville Retail Centre

Queensland Country Bank
333 Ross River Road
Aitkenvale

Cairns Retail Centre

Queensland Country Bank
514-516 Mulgrave Road
Earlville

Rockhampton Retail Centre

Queensland Country Bank
103 Bolsover Street
Rockhampton

Mount Isa Retail Centre

Queensland Country Bank
70 Camooweal Street
Mount Isa

Burdekin Retail Centre

Queensland Country Bank
186 Queen Street
Ayr

Mackay Retail Centre

Queensland Country Bank
Caneland Central
Shopping Centre

Northern Territory Retail Centre

Gateway Shopping Centre
Shop k10, 1 Roystonea Ave
Yarrowonga

Queensland Country Dental

Queensland Country Centre
333 Ross River Road
Aitkenvale

How to contact us

If you have any questions or need more information, please contact us:

Retail Centre Visit our website for a listing of all our Retail Centres

Post PO Box 42 Aitkenvale Qld 4814

Phone 1800 813 415

Website queenslandcountry.health

Email info@queenslandcountry.health



Queensland Country Health Fund