



Extras cover

Premium Extras is the highest level of extras health cover we offer. It gives you superior benefits on a wide range of treatments like dental, optical, physiotherapy and chiropractic; and other health care services that aren't always covered by Medicare. With Premium Extras you receive generous rebates for each service up to your available limits. Benefits listed below are examples only and not a complete list.

Dental

Services covered and example items	Waiting periods	Benefit amounts	Overall benefit limit \$1,400
			<i>Per person, per Membership Year for all dental services (excluding orthodontic which has separate claim limits)</i>
Diagnostic			Sub-limit
Periodic oral exam (012)	2 months	\$50	\$600
Preventative			
Scale and clean (114)		\$84	
Mouth guards (151) <i>(limited to one per person per Membership Year)</i>	2 months	\$150	\$800
Restorative			
Filling/restoration (531)	2 months	\$90	\$800
Extractions			
Tooth extraction - surgical (322)	12 months	\$180	\$700
Endodontics			
Root canal 1st stage (415)	12 months	\$170	\$600
Peridontics			
Specialised gum treatments	12 months		\$500
Prosthodontics			
Full upper and lower denture (719)	12 months	\$850	\$850
Crowns & bridges			
Full veneered crown (615)	12 months	\$800	\$800 <i>(sub-limit accumulating to \$1,500 per year after 2 years of membership)</i>

Orthodontics

	Period of membership*			
	First 12 months	12-23 months	24-35 months	36 months onwards
MEMBER CATEGORY	\$3,000 Lifetime Limit. All limits per person.			
New - no previous cover	Nil	\$1,000	\$2,000	\$3,000
New or existing Member upgrading extras cover <i>(having served all Waiting periods on current Extras cover)</i>	Previous extras cover benefit entitlement	\$1,000	\$2,000	\$3,000
Transferring from another fund with an equivalent level of cover	\$1,000	\$1,000	\$2,000	\$3,000

N.B. If an individual has already claimed orthodontic benefits on a previous cover, the amount that has already been claimed by that person will affect the available limit remaining under the Lifetime Limit of their chosen cover.

* Period of membership refers specifically to actual period of cover under this product with Queensland Country Health Fund.

Optical

We have negotiated agreements with a large number of optical providers across Australia. When you visit one of our preferred optical providers you will receive substantial discounts on frames, lenses and contact lenses.

For a full list of our Premier Providers visit queenslandcountry.health/premierprovider.

Services covered and example items	Waiting periods	Overall benefit limit
Frames (110) Single vision lenses (212) Progressive lenses (512) Contact lenses (812)	2 months	\$300 per person per Membership Year for all optical services

Therapies

Service or consultation type	Waiting periods	Benefit amounts	Overall benefit limit \$1,400 <small>Per person, per Membership Year for all therapy services</small>
Physiotherapy			Sub-limit
Initial visit		\$55	
Subsequent visit	2 months	\$45	
Group therapy		\$10 (\$150 combined sub-limit applies#)	
Exercise physiology			
Initial visit		\$50	
Subsequent visit	2 months	\$35	
Monthly program fee		\$35	
Group therapy		\$10 (\$150 combined sub-limit applies#)	
Chiropractic			
Initial visit	2 months	\$55	
Subsequent visit		\$35	
Osteopathy			
Initial & subsequent visit	2 months	\$35	
Remedial massage*, myotherapy*			
Initial & subsequent visit	2 months	\$40	
Acupuncture*			
Initial & subsequent visit	2 months	\$35	
Chinese Medicine*			
Initial & subsequent visit	2 months	\$35	
Audiology			
Initial & subsequent visit	2 months	\$50	
Report		\$60	
Dietitian			
Initial visit	2 months	\$75	
Subsequent visit		\$40	
Occupational therapy			
Initial visit	2 months	\$80	
Subsequent visit		\$40	
Orthoptic therapy			
Initial & subsequent visit	2 months	\$60	
Foot orthoses and orthopaedic shoes			
Approved appliances <small>(orthoses and custom made footwear)</small>	2 months	Up to limits	

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

Group therapy has a combined sub-limit for services provided under physiotherapy and exercise physiology.

Therapies cont.

Service or Consultation Type	Waiting periods	Benefit amounts	Overall benefit limit \$1,400 <small>Per person, per Membership Year for all therapy services</small>
Psychology			Sub-limit
Initial & subsequent visit	2 months	\$80	No sub-limit. Benefits paid providing Overall benefit limit for all therapies is not exceeded.
Speech therapy			
Initial visit	2 months	\$70	
Subsequent visit		\$35	
Podiatry			
Initial & subsequent visit	2 months	\$40	\$600
Approved appliances (orthotics)		Up to limits	
Minor procedures	2 months	Up to limits	No sub-limit

Other Extras

Service or consultation type	Waiting periods	Benefit amounts	Benefit limit per Membership Year
Childbirth education			
	12 months	\$60	\$60
Pharmaceutical[^]			
	2 months	Up to \$70 per script	\$500 per person
School accidents			
	2 months	Up to limit	Limit of \$750 per child
Healthy living			
ELIGIBLE SERVICES	2 months	\$150 per person, per Membership Year	
<ul style="list-style-type: none"> ✓ Participate in a choice of approved weight management programs^{^^} ✓ Participate in other approved health management programs* including: <ul style="list-style-type: none"> ○ Gym membership ○ Personal training programs ○ Aquatic exercise/rehabilitation including pool entry and exercise classes (excludes swim classes/lessons) ✓ Participate in quit smoking programs 		<ul style="list-style-type: none"> ✓ Have your skin checked for skin cancers through mole mapping ✓ Consultation fees for diabetes educator ✓ Consultation fees for metabolic dietitian and nutritionists when providing assistance with weight management ✓ Bowel screening tests and bone density test (no doctor's referral will be required) ✓ PSA test (one per year) we will cover a second yearly test not covered by Medicare 	

[^] 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 item equal to the current PBS Patient Contribution.

* To comply with private health insurance legislation you must have been referred by your health care professional to participate in a health management or chronic disease management program to address or improve a specific health or 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.

Extra value from your membership

Rewarding limits

Once you have held your extras cover with us for one year, we will automatically increase your annual limits for dental (excluding orthodontics) and therapies by \$50 per year, up to a maximum of \$250. After five years of membership, your limits will increase to \$1,650 per person per Membership Year. We honour this loyalty limit for as long as you continuously hold your Extras cover.

Rewarding limits do not apply to sub-limits.

If you've had a busy claiming year; visits to the dentist, podiatrist, regular massages, you may be curious about what benefits you have used and what you have left to claim. You can always check your membership online with our Mobile App, available for Apple iOS and Android. It's a great way to keep track of all your claims and view benefit limits from the comfort of your own home. You can also process your own claims online for some services and do quotes. To utilise our Mobile App you just need to register and log on. Of course, not everyone is tech savvy, so we are here on the phones to assist you any way that we can.

Need more info?

CALL: 1800 813 415 **Visit:** queenslandcountry.health **Email:** info@queenslandcountry.health