

Select Extras

1 April 2021



**Queensland
Country
Health Fund**

Queensland Country Health Fund Ltd ABN 18 085 048 237

Extras cover

Select Extras provides attractive benefits for an exclusive selection of our most regularly used health services. Ideally suited to singles and couples looking for great value benefits, but not wishing to pay for services they may not use, which keeps premiums affordable!

Dental				Benefit limits
Services covered and example items	Waiting periods	Benefit amounts	Sub-limits	
Diagnostic			\$400 per person up to \$800 per policy per Membership Year for general dental	Overall benefit limit for all services (inclusive of dental, optical, therapies, pharmaceutical and Healthy Living) \$2,200 per person up to \$4,400 per policy per Membership Year (sub-limits apply)
Periodic oral exam (012)	2 months	\$40		
Preventative				
Scale and clean (114)	2 months	\$67		
Fluoride application (121)		\$18		
Restorative			\$600 per person up to \$1,200 per policy per Membership Year for major dental	
Filling/restoration (531)	2 months	\$72		
Extractions				
Tooth extraction - surgical# (322)	12 months	\$126		
Crowns & bridges			\$600 per person up to \$1,200 per policy per Membership Year for major dental	
Full crown veneered (615)	12 months	\$560		
Endodontic				
Root canal (417)	12 months	\$119		
Peridontics			\$600 per person up to \$1,200 per policy per Membership Year for major dental	
Specialised gum treatments	12 months	\$600		
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.				
Frames (110)	2 months	\$245 per person up to \$490 per policy per Membership Year for all optical items		
Single vision lenses (212)				
Progressive lenses (512)				
Contact lenses (812)				

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.

Therapies				Benefit limits
Service or consultation type	Waiting periods	Benefit amounts	Sub-limits	
Physiotherapy				Overall benefit limit for all services (inclusive of dental, optical, therapies, pharmaceutical and Healthy Living) \$2,200 per person up to \$4,400 per policy per Membership Year (sub-limits apply)
Initial visit	2 months	\$44	\$500 per person up to \$1,000 per policy per Membership Year	
Subsequent visit		\$37		
Group therapy		\$8 (\$120 sub-limit applies)		
Chiropractic				
Initial visit	2 months	\$44	\$500 per person up to \$1,000 per policy per Membership Year	
Subsequent visit		\$28		
Remedial massage* and myotherapy*				
Initial & subsequent visit	2 months	\$33		
Podiatry				
Initial & subsequent visit	2 months	\$32	\$400 per person up to \$800 per policy per Membership Year	
Approved appliances (orthotics)		Up to limits		
Minor procedures		Up to limits		
Other Extras				
Service or consultation type	Waiting periods	Benefit amounts	Benefit limit per Membership Year	
Pharmaceutical[^]				
	2 months	Up to \$55 per script	\$400 per person up to \$800 per policy per Membership Year	
Healthy Living				
ELIGIBLE SERVICES	2 months		\$125 per person up to \$250 per policy 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 		

* 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 item equal to the current PBS Patient Contribution.

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

[~] 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.

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