Signature Hospital (Silver+)

1 November 2026

Queensland Country Health Fund

Queensland Country Health Fund is a registered business name of HBF Health Limited ABN 11 126 884 786

Hospital Cover

Signature Hospital (Silver+) Cover is an affordable mid-tier hospital product suited to those who want broad cover for a wide range of hospital services while keeping costs manageable. It covers many common hospital treatments and procedures, providing reassurance for everyday health needs without including some higher-cost services. Signature Hospital (Silver+) Cover can be taken on its own or packaged with any of our extras packages. You can choose a $250, $500 or $750 excess with this cover, which is payable on admission to a hospital or day surgery.

What you are covered for

This provides a summary of cover and isn't intended to be an extensive list of all the services covered. Additional information on this cover can be found in the Membership Guide available at queenslandcountry.health/brochures

- Choice of doctor/hospital
- Public hospital accommodation as a private patient
- Private hospital accommodation
  If you have Signature Hospital (Silver+) cover and are an inpatient at a private hospital or day surgery for any of the Restricted (R) services you will have a benefit entitlement to the default rate benefit only. This will lead to large out of pocket expenses if admitted under this level of hospital cover.
- Theatre fees
- Intensive care
- Age-based discount eligible policy
  For more details see age-based discount section on the last page of this summary.
- Nationwide ambulance cover
  Ambulance benefits will be applied to emergencies only and limited to one per person per Membership Year, when provided by recognised providers. For more details see Ambulance Cover section on the last page of this summary.
- Accommodation benefits
  Accommodation benefit of up to $50 per night for Members travelling 300 kilometres or more return from their home address for hospitalisation. For more details see Accommodation Benefits section on the last page of this summary.
- Surgically implanted medical devices and human tissue products
  Surgically implanted stents, screws and plates, (for fractures) and pacemakers etc. Benefits as per the Government Prescribed Listing. No benefit payable on an excluded services.
- Access Gap Cover
  A benefit over and above the Medicare Benefits Schedule for participating doctors on inpatient services.
- Rehabilitation
  e.g. inpatient rehabilitation, stroke recovery and cardiac rehabilitation.
- Palliative care
  e.g. treatment for care where the intent is primarily providing quality of life for a patient with a terminal illness, including treatment to alleviate and manage pain.
- Brain and nervous system
  e.g. stroke, brain or spinal cord tumours, head injuries, epilepsy and Parkinson's disease.
- Eye (not cataracts)
  e.g. retinal detachment, tear duct conditions, eye infections and medically managed trauma to the eye.
- Ear, nose and throat
  e.g. damaged ear drum, sinus surgery, removal of foreign bodies and throat cancer.
- Tonsils, adenoids and grommets
  e.g. treatment of the tonsils, adenoids and insertion or removal of grommets.
- Bone, joint and muscle
  e.g. carpal tunnel, fractures, hand surgery, joint fusion, bone spurs, osteomyelitis and bone cancer.
- Joint reconstructions
  e.g. torn tendons, rotator cuff tears and damaged ligaments.
- Kidney and bladder
  e.g. kidney stones, adrenal gland tumour and incontinence.
- Male reproductive system
  e.g. male sterilisation, circumcision and prostate cancer.
- Digestive system
  e.g. oesophageal cancer, irritable bowel syndrome, gall stones and haemorrhoids.
- Hernia and appendix
  e.g. investigation and treatment of a hernia or appendicitis.
- Gastrointestinal endoscopy
  e.g. colonoscopy, gastroscopy and endoscopy.
- Gynaecology
  e.g. endometriosis, polycystic ovaries, female sterilisation and cervical cancer.
- Miscarriage and termination of pregnancy
  e.g. investigation and treatment of a miscarriage or for termination of pregnancy.
- Chemotherapy, radiotherapy and immunotherapy for cancer
  e.g. chemotherapy, radiotherapy and immunotherapy for the treatment of cancer or benign tumours.
- Pain management
  e.g. treatment for pain management that does not require the insertion or surgical management of a device, treatment of nerve pain and chest pain due to cancer by injection of a nerve block.
- Skin
  e.g. investigation and treatment of skin, skin-related conditions and nails including melanoma, minor wound repair and abscesses.

What you are covered for

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- ✓ Breast surgery (medically necessary)
  e.g. investigation and treatment of breast disorders and associated lymph nodes, and reconstruction and/or reduction following breast surgery or a preventative mastectomy.
- ✓ Diabetes management (excluding insulin pumps)
  e.g. stabilisation of hypo- or hyper- glycaemia and contour problems due to insulin injections.
- ✓ Heart and vascular system
  e.g. heart failure and heart attack, monitoring of heart conditions, varicose veins and removal of plaque from arterial walls.
- ✓ Lung and chest
  e.g. lung cancer, respiratory disorders such as asthma, pneumonia, and treatment of trauma to the chest.
- ✓ Blood
  e.g. investigation and treatment of blood and blood-related conditions including blood clotting disorders and bone marrow transplants.
- ✓ Back, neck and spine
  e.g. sciatica, prolapsed or herniated disc, spinal disc replacement and spine curvature disorders such as scoliosis, kyphosis, lordosis and spinal fusion.
- ✓ Plastic and reconstructive surgery (medically necessary)
  e.g. treatment which is medically necessary for the investigation and treatment of any physical deformity, whether acquired as a result of illness or accident, or congenital such as burns requiring a graft, cleft palate, club foot.
- ✓ Dental surgery
  e.g. surgery to remove wisdom teeth and dental implant surgery.
- ✓ Podiatric surgery (provided by a registered surgical podiatrist)
  e.g. investigation and treatment of conditions affecting the foot and/or ankle.
- ✓ Implantation of hearing devices
  e.g. correct hearing loss, including implantation of a prosthetic hearing device.
- ✓ Sleep studies
  e.g. investigation of sleep patterns and anomalies. e.g. sleep apnoea and snoring.

Restricted and excluded services

Restricted benefits (R)

You will be covered for shared ward accommodation in a public hospital only. While you can choose to go to a private hospital or day surgery for the service or treatment, your admission is not fully covered and will likely result in large out-of-pocket expenses. Some private specialists may not operate in a public facility, please take this into consideration when making a hospital product choice.

- **R** Hospital psychiatric services
  e.g. psychoses such as schizophrenia, mood disorders such as depression, eating disorders and addiction therapy.

Excluded Services

Hospital or day surgery admissions for these services in either a public or private facility will receive no benefit from Queensland Country.

- ✗ Cataracts
  e.g. surgery to remove a cataract and replace with an artificial lens.
- ✗ Joint replacements
  e.g. replacement of shoulder, wrist, finger, hip, knee, ankle, or toe joint.
- ✗ Dialysis for chronic kidney failure
  e.g. dialysis treatment for chronic kidney failure.
- ✗ Pregnancy and birth
  e.g. investigation and treatment of conditions associated with pregnancy and child birth.
- ✗ Assisted reproductive services
  e.g. fertility treatments or procedures such as retrieval of eggs or sperm, IVF, and GIFT.
- ✗ Insulin pumps
  e.g. provision and replacement of insulin pumps for treatment of diabetes.
- ✗ Pain management with device
  e.g. treatment of nerve pain, back pain, and pain caused by coronary heart disease with a device.
- ✗ Weight loss surgery
  Surgery that is designed to reduce a person's weight, remove excess skin due to weight loss and reversal of a bariatric procedure. such as gastric banding, gastric bypass, sleeve gastrectomy, lipectomy and abdominoplasty.
- ✗ Hospital boarder
  Benefits up to $35 per day to a maximum of four days per person, where such accommodation is necessary for the wellbeing of the patient.
- ✗ Care Navigation
  Provides assistance immediately following a period of time in hospital or for those living with one or more chronic diseases.
- ✗ Surgery or hospital treatment where Medicare does not pay a benefit
  e.g. elective cosmetic surgery, experimental treatment/procedures and laser eye surgery (LASIK etc.)

Excess options

✓ $250 ✓ $500 ✓ $750

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, $500 or $750 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.

Dependents aged 21 and under are exempt from paying an excess.

Waiting periods

Initial waiting period

Palliative care, Hospital psychiatric services, Rehabilitation and all other hospital treatment/services where there are no Pre-existing conditions (excluding accidental injury*)	2 months
Pre-existing ailments, conditions or illnesses	12 months
Pregnancy and birth	12 months
Emergency ambulance treatment	1 day

* Cover for an accident is immediate provided it is not recoverable from another source such as Workers' 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.

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 up 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 use it.

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 and your doctor/s that in most instances eliminates your out-of-pocket expenses for in-hospital doctor's fees (the gap). If your doctor charges up to the Medicare Benefits Schedule fee or is participating in the Access Gap 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

For further information on any of the following benefits please visit our website at queenslandcountry.health

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.

Accommodation benefits

An accommodation benefit is available on all Queensland Country hospital products. This will apply to Members who need to travel 300 km or more return journey for hospital treatment. Where a parent or carer travels with a dependent aged 12 years and under (the patient), there is no minimum travel distance required. The benefit will be up to $50 per night and will apply for the period of hospitalisation, including one night prior to hospitalisation and also the night of discharge. A carer or support person is permitted to stay in the accommodation, however the benefit will only apply to one room per Member per hospitalisation.

The benefit will not be paid for stays in Queensland Country Health Fund units, which are already heavily discounted for Members.

Age-based discount

If you're 18-29 years and not currently covered under your parent/s or guardian/s policy, you'll be entitled to a discount on your Queensland Country hospital cover. Depending on your age, the following discount will apply:

Age	Discount
18-25	10%
26	8%
27	6%
28	4%
29	2%

Your discount will be retained in full until you turn 41 (unless age-based discounts are discontinued on your policy). The discount will then gradually phase out by age 45, as per the following:

Age	Discount
41	Age-based discount, less 2%
42	Age-based discount, less 4%
43	Age-based discount, less 6%
44	Age-based discount, less 8%
45	0%

Members will be allowed to retain their age-based discount when transferring from another hospital product, whether internally or from another fund. This allowance means this policy is referred to as a retained age-based discount policy.

Ambulance cover

Nationwide ambulance cover is available for Members with a Queensland Country Health Fund hospital policy who reside outside of Queensland or Tasmania (nationwide emergency ambulance services for Queensland and Tasmanian residents are already covered by their respective State Governments). Ambulance benefits will be applied to emergencies only and limited to one per person per Membership Year, when provided by recognised providers. Conditions apply.

Planning a trip to hospital?

If you're planning any treatment or have a hospital procedure coming up, we would love to know about it. If you call us first we can discuss your options, assist with what you're covered for and check that you have served all waiting periods and you're all set to go. This 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:** queenslandcountry.health
Email: info@queenslandcountry.health

Queensland Country Health Fund

Premium Extras

1 April 2026

Please note: this product is no longer available for sale. It is restricted to policies that held this product at the time of closure.

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Extras cover

Premium Extras is a comprehensive extras health cover. 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 *Per person, per Membership Year for all dental services (excluding orthodontic which has separate claim limits)*
Diagnostic			**Sub-limit**
Periodic oral exam (012)	2 months	$54	$600
Preventative			
Scale and clean (114)	2 months	$89	$800
Mouth guards (151) *(limited to one per person per Membership Year)*		$150	
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 *(sub-limit accumulating to $1,500 per year after 2 years of membership)*

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 *(having served all Waiting periods on current Extras cover)*	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 *Per person, per Membership Year for all therapy services*
Physiotherapy			**Sub-limit**
Initial visit	2 months	$55	Combined sub-limit $700
Subsequent visit		$45	
Group therapy		$10	
Exercise physiology			
Initial visit	2 months	$50	
Subsequent visit		$35	
Monthly program fee		$35	
Group therapy		$10	
Chiropractic			
Initial visit	2 months	$55	Combined sub-limit $700
Subsequent visit		$35	
Osteopathy			
Initial visit	2 months	$55	
Subsequent visit		$35	
Remedial massage* and myotherapy*			
Initial & subsequent visit	2 months	$40	
Alexander Technique*			$400 combined sub-limit
Individual visits	2 months	$35	
Group sessions		$17	
Naturopathy*			
Visits	2 months	$35	
Shiatsu*			
Visits	2 months	$35	
Western Herbalism*			
Visits	2 months	$35	
Pilates*			
Individual visits	2 months	$35	
Group sessions		$17	
Yoga*			
Individual visits	2 months	$35	
Group sessions		$17	
Tai Chi*			
Group sessions	2 months	$17	

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

Therapies cont.

Service or Consultation type	Waiting periods	Benefit amounts	Overall benefit limit $1,400 *Per person, per Membership Year for all therapy services*
Acupuncture*			
Initial & subsequent visit	2 months	$35	No sub-limit. Benefits paid providing Overall benefit limit for therapies is not exceeded.
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 *(orthoses and custom made footwear)*	2 months	Up to limits	$150
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	$80	
Subsequent visit		$40	
Podiatry			
Initial & subsequent visit	2 months	$40	$600
Approved appliances *(orthotics)*		Up to limits	
Minor procedures	2 months	Up to limits	No sub-limit

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

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	

- ✓ Participate in a choice of approved weight management programs^^
- ✓ Participate in other approved health management programs* including:
  - Gym membership
  - Personal training programs
  - Aquatic exercise/rehabilitation including pool entry and exercise classes (excludes swim classes/lessons)
- ✓ Participate in quit smoking programs
- ✓ Have your skin checked for skin cancers (except where there is a Medicare benefit)
- ✓ Supermarket tours conducted by a dietitian or other allied health professional qualified to provide nutrition advice
- ✓ Consultation fees for diabetes educator
- ✓ Consultation fees for metabolic dietitian and nutritionists when providing assistance with weight management
- ✓ Bowel screening test and Bone Density Test (not performed in a radiology practice and no doctor's referral required)
- ✓ Prostate-Specific Antigen 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 save time by submitting claims via the Mobile App - simply take a photo of your receipt/s and press submit. 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

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Manage your membership from your phone!

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