

Private Health Information Statement - Combined policy

Phoenix Health Fund Limited
<https://www.phoenixhealthfund.com.au>
enquiries@phoenixhealthfund.com.au
1800 028 817

Monthly Premium
\$324.04 #
(before any rebate, loading or discount)

Covers two adults & dependants
(3 or more people, only 2 of whom are adults)
Available in NSW & ACT


You may be entitled to an Australian Government rebate on the above premium. Your premium may also include a Lifetime Health Cover loading, an age-based discount or an insurer discount. Check with your insurer for details.


This policy covers children and other dependants up to and including the age of 20, students up to and including the age of 24, as well as persons with a disability who qualify as a child or other dependant or student in these age ranges.


Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy provides accident cover and benefits for travel or accommodation (outside of hospital) - check with your insurer for details.

 **Covered**
For information on what is covered under each category, see <https://privatehealth.gov.au/categories>




































 **Restricted**
Restricted categories partially cover your hospital costs as a private patient in a public hospital. You may incur significant expenses in a private room or private hospital.

 **Not Covered**
These categories are not covered by this policy.

This policy  includes cover for

 Hospital psychiatric services	 Palliative care	 Rehabilitation
--	---	--

This policy  does not include cover for

 Assisted reproductive services	 Ear, nose and throat	 Male reproductive system
 Back, neck and spine	 Eye (not cataracts)	 Miscarriage and termination of pregnancy
 Blood	 Gastrointestinal endoscopy	 Pain management
 Bone, joint and muscle	 Gynaecology	 Pain management with device
 Brain and nervous system	 Heart and vascular system	 Plastic and reconstructive surgery (medically necessary)
 Breast surgery (medically necessary)	 Hernia and appendix	 Podiatric surgery (provided by a registered podiatric surgeon – limited benefits)
 Cataracts	 Implantation of hearing devices	 Pregnancy and birth
 Chemotherapy, radiotherapy and immunotherapy for cancer	 Insulin pumps	 Skin
 Dental surgery	 Joint reconstructions	 Sleep studies
 Diabetes management (excluding insulin pumps)	 Joint replacements	 Tonsils, adenoids and grommets
 Dialysis for chronic kidney failure	 Kidney and bladder	 Weight loss surgery
 Digestive system	 Lung and chest	

The benefits paid for hospital treatment will depend on the type of cover you purchase and whether your fund has an agreement in place with the hospital in which you are treated. See 'Agreement Hospitals' on privatehealth.gov.au for which hospitals have arrangements with your insurer – <https://privatehealth.gov.au/dynamic/agreementhospitals>.

Under this policy, you may have to pay out-of-pocket costs above what you get from Medicare or your private health insurer. Before you go to hospital, you should ask your doctors, hospital and health insurer about any out-of-pocket costs that may apply to you.

The following payments may also apply for hospital admissions

Excess: You will have to pay an excess of \$750 per admission. This is limited to a maximum of \$750 per person and \$1500 per policy per year.

Excess payments do not apply to hospital admissions for dependants.

Co-payments: No co-payments

The following waiting periods for hospital admissions apply to new or upgrading members

Waiting periods:

- 2 months for palliative care, rehabilitation and hospital psychiatric treatments, even if pre-existing
- 12 months for other pre-existing conditions
- 12 months for pregnancy and birth (obstetrics)
- 2 months for all other treatments

Gap Cover

This provider offers '[known gap](#)' or '[no gap](#)' cover for medical bills for this product.

The [Medical Costs Finder](#) lets you find out more about the cost of specialist medical services.

Other features of this hospital cover

Phoenix Health Hospital Cover features include... *Access Gap – Where your Doctor agrees to participate in our Access Gap Program, you can eliminate or reduce your out-of-pocket costs that you may have otherwise incurred towards your hospital procedure. *Hospital Care Programs – supporting you beyond a hospitalisation, you have access to programs designed to support your health and wellbeing before and after a hospital admission. *Full Ambulance Cover – medically required emergency and non-emergency Ambulance treatment and transport is covered on all of our Hospital Covers, Australia-wide.

General Treatment Cover

This health insurer does not operate a preferred provider scheme.

This policy  includes General treatment (Extras) cover for

Note, for items marked with an asterisk *: 100% benefit available on preventative dental services- includes items 012, 013, 111, 114, 115, 121, 161. Claimable once per appointment, up to twice per person per calendar year up to General Dental limits.			
Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental*	2	\$700 per person	Periodic oral examination - 100% of charge Scale & clean - 100% of charge Fluoride treatment - 100% of charge
Major dental	12	\$700 per person (combined limit for major dental, endodontic, optical, physiotherapy, chiropractic, podiatry & remedial massage - Sub-limits apply)	Surgical tooth extraction - 50% of charge Full crown veneered - 50% of charge
Endodontic	12		Filling of one root canal - 50% of charge
Optical	6		Single vision lenses & frames - 50% of charge Multi-focal lenses & frames - 50% of charge
Physiotherapy	2		Initial visit - 50% of charge Subsequent visit - 50% of charge
Chiropractic	2		Initial visit - 50% of charge Subsequent visit - 50% of charge
Podiatry	2		Initial visit - 50% of charge Subsequent visit - 50% of charge

Remedial massage	2	Initial visit - 50% of charge Subsequent visit - 50% of charge
\$700 General Dental limit. \$700 Flex Limit combined for Major Dental, Endodontics, Optical (\$200 sublimit), Physiotherapy, Chiropractic, Podiatry, Remedial Massage (\$200 sublimit).		

This policy **✗ does not include** General treatment (Extras) cover for

✗ Acupuncture	✗ Non PBS pharmaceuticals	✗ Other treatments - check with your insurer
✗ Blood glucose monitors	✗ Orthodontic	
✗ Hearing aids	✗ Psychology	

Ambulance cover

In NSW & ACT this policy provides:

Emergency: Unlimited with a waiting period of 1 day.

Non-emergency: Unlimited transport with a waiting period of 1 day, or 1 day for pre-existing conditions.

Call-out fees: will be paid for each attendance, including emergency treatment without transport to hospital.

For further information about this policy see

<https://phoenixhealthfund.com.au/covers-by-life-stage/>

Disclaimer

The information contained in this Private Health Information Statement was provided by the insurer and is intended as general information. It may not take into account your particular circumstances. For information please contact the insurer.