

Private Health Information Statement - Combined policy

Basic Accident Only Hospital 750 & Healthy Flex Extras 50

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

Monthly Premium
\$140.60[#]
(before any rebate, loading or discount)

Covers only one person
Available in Western Australia

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.

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
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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>.

[PrivateHealth.gov.au](https://privatehealth.gov.au)
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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 \$750 per policy per year.

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 policy	Periodic oral examination - 100% of charge Scale & clean - 100% of charge Fluoride treatment - 100% of charge
Major dental	12	\$700 per policy (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 **X does not include** General treatment (Extras) cover for

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

Ambulance cover

In Western Australia 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.