

Private Health Information Statement - Combined policy

Bronze Plus Mid 250 & Mid Extras

Phoenix Health Fund Limited

<https://www.phoenixhealthfund.com.au>
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 1800 028 817

Monthly Premium

\$532.38 #
 (before any rebate, loading or discount)

Covers one adult & dependants, including non-student dependants (2 or more people, only one of whom is an adult)

Available in Tasmania
 Closed to new members

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

This policy covers children, students up to and including the age of 24 and non-students up to and including the age of 24, as well as persons with a disability who qualify as a child, student or non-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>

R 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

✓ Blood	✓ Gastrointestinal endoscopy	✓ Pain management
✓ Bone, joint and muscle	✓ Gynaecology	✓ Plastic and reconstructive surgery (medically necessary)
✓ Brain and nervous system	✓ Heart and vascular system	✓ Podiatric surgery (provided by a registered podiatric surgeon - limited benefits)
✓ Breast surgery (medically necessary)	✓ Hernia and appendix	✓ Skin
✓ Chemotherapy, radiotherapy and immunotherapy for cancer	✓ Implantation of hearing devices	✓ Sleep studies
✓ Dental surgery	✓ Joint reconstructions	✓ Tonsils, adenoids and grommets
✓ Diabetes management (excluding insulin pumps)	✓ Kidney and bladder	R Hospital psychiatric services
✓ Digestive system	✓ Lung and chest	R Palliative care
✓ Ear, nose and throat	✓ Male reproductive system	R Rehabilitation
✓ Eye (not cataracts)	✓ Miscarriage and termination of pregnancy	

This policy ✗ does not include cover for

✗ Assisted reproductive services	✗ Dialysis for chronic kidney failure	✗ Pain management with device
✗ Back, neck and spine	✗ Insulin pumps	✗ Pregnancy and birth
✗ Cataracts	✗ Joint replacements	✗ Weight loss surgery

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 \$250 per admission. This is limited to a maximum of \$250 per person and \$250 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
- 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.

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.*

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental*	2	\$1,500 per person (combined limit for general dental, major dental, endodontic & orthodontic - Sub-limits apply)	Periodic oral examination - \$32.85 Scale & clean - \$62.10 Fluoride treatment - \$21.60
Major dental*	12		Surgical tooth extraction - \$144.00 Full crown veneered - \$787.00
Endodontic*	2		Filling of one root canal - \$153.00
Orthodontic*	12		Braces for upper & lower teeth, including removal plus fitting of retainer - 80% of charge
Optical	6	\$200 per person (combined limit for optical & other services)	Single vision lenses & frames - 80% of charge Multi-focal lenses & frames - 80% of charge
Non PBS pharmaceuticals*	2	\$250 per person (combined limit for non pbs pharmaceuticals & vaccinations)	Per eligible prescription - \$45.00
Physiotherapy	2	\$400 per person (combined limit for physiotherapy, remedial massage, exercise physiology & other services - Sub-limits apply)	Initial visit - \$45.00 Subsequent visit - \$33.30
Chiropractic	2	\$400 per person (combined limit for chiropractic, acupuncture, osteopathy & other services)	Initial visit - \$36.00 Subsequent visit - \$27.00
Podiatry	2	\$200 per person (combined limit for podiatry & orthotics (podiatric orthoses))	Initial visit - \$39.60 Subsequent visit - \$30.60

Acupuncture	2	Combined limit - see Chiropractic	Initial visit - \$22.50 Subsequent visit - \$22.50
Remedial massage	2	Combined limit - see Physiotherapy	Initial visit - \$25.00 Subsequent visit - \$22.50
Blood glucose monitors	2	\$150 per person (combined limit for blood glucose monitors & other services)	Per monitor - 80% of charge
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - \$35.00 Subsequent visit - \$27.00
Eye therapy (orthoptics)	2	\$300 per person (combined limit for eye therapy (orthoptics), occupational therapy & speech therapy - Sub-limits apply)	Initial visit - \$40.50 Subsequent visit - \$39.60
Health management / Healthy lifestyle	2	\$100 per person (combined limit for health management / healthy lifestyle & other services)	Health management - 80% of charge
Occupational therapy	2	Combined limit - see Eye therapy (orthoptics)	Initial visit - \$54.00 Subsequent visit - \$36.00
Orthotics (podiatric orthoses)	2	Combined limit - see Podiatry	Orthotics supply & fit - 80% of charge
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - \$36.00 Subsequent visit - \$27.00
Speech therapy	2	Combined limit - see Eye therapy (orthoptics)	Initial visit - \$76.50 Subsequent visit - \$40.50
Vaccinations	2	Combined limit - see Non PBS pharmaceuticals	Per service - \$45.00

**Overall Dental limit \$1500 with Sub Limits of \$1000 each on: Crowns & Bridges; Implants; Inlays, Onlays & Veneers. Lifetime Limit of \$1000 on Orthodontics

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

X Hearing aids	X Psychology	X Other treatments - check with your insurer
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Ambulance cover

Ambulance cover is provided by the State government for residents of Tasmania. This may include cover whilst interstate, except for South Australia and Queensland where no cover applies. In other states please check with Ambulance Tasmania - https://www.health.tas.gov.au/ambulance/fees_and_accounts.

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.