Private Health Information Statement - Combined policy

Bronze Plus Mid 500 & Top Extras

Phoenix Health Fund Limited	Monthly Premium	Covers 2 adults (and no-one else)
https://www.phoenixhealthfund.com.au enquiries@phoenixhealthfund.com.au 1800 028 817	*$607.86 #* (before any rebate, loading or discount)	Available in Victoria 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.

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 $500 per admission. This is limited to a maximum of $500 per person and $1000 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
- 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	No annual limit (no limit on preventative dental) (combined limit for general dental & other services)	Periodic oral examination - $36.50 Scale & clean - $69.00 Fluoride treatment - $24.00
Major dental	12	$2,000 per person (combined limit for major dental & other services - **Sub-limits apply**)	Surgical tooth extraction - $160.00 Full crown veneered - $875.00
Endodontic	2	$800 per person	Filling of one root canal - $170.00
Orthodontic	12	$1,200 per person $2,400 lifetime limit **(Sub-limits apply)**	Braces for upper & lower teeth, including removal plus fitting of retainer - 80% of charge
Optical	6	$310 per person	Single vision lenses & frames - 80% of charge Multi-focal lenses & frames - 80% of charge
Non PBS pharmaceuticals	2	$500 per person (combined limit for non pbs pharmaceuticals & vaccinations - **Sub-limits apply**)	Per eligible prescription - $70.00
Physiotherapy	2	$800 per person (combined limit for physiotherapy, remedial massage, exercise physiology & other services - **Sub-limits apply**)	Initial visit - $50.00 Subsequent visit - $37.00
Chiropractic	2	$450 per person (combined limit for chiropractic, acupuncture, osteopathy & other services)	Initial visit - $40.00 Subsequent visit - $30.00
Podiatry	2	$400 per person (combined limit for podiatry & orthotics (podiatric orthoses))	Initial visit - $44.00 Subsequent visit - $34.00
Psychology	2	$500 per person (combined limit for psychology & other services)	Initial visit - $75.00 Subsequent visit - $75.00
Acupuncture	2	Combined limit - see Chiropractic	Initial visit - $25.00 Subsequent visit - $25.00

Remedial massage	2	Combined limit - see Physiotherapy	Initial visit - $32.00 Subsequent visit - $25.00
Hearing aids	12	$1,700 per person 2 appliance(s) every 5 years **(Sub-limits apply)**	Hearing aid - $900.00
Blood glucose monitors	2	$900 per person (combined limit for blood glucose monitors & other services)	Per monitor - 80% of charge
Dietetics/dietary advice	2	$300 per person	Initial visit - $60.00 Subsequent visit - $40.00
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - $40.00 Subsequent visit - $30.00
Eye therapy (orthoptics)	2	$500 per person (combined limit for eye therapy (orthoptics), occupational therapy & speech therapy - **Sub-limits apply**)	Initial visit - $45.00 Subsequent visit - $44.00
Health management / Healthy lifestyle	2	$150 per person (combined limit for health management / healthy lifestyle & other services)	Health management - 80% of charge
Home nursing	2	$500 per person **(Sub-limits apply)**	Initial visit - $15.00 Subsequent visit - $15.00
Occupational therapy	2	Combined limit - see Eye therapy (orthoptics)	Initial visit - $60.00 Subsequent visit - $40.00
Orthotics (podiatric orthoses)	2	Combined limit - see Podiatry	Orthotics supply & fit - 80% of charge
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - $40.00 Subsequent visit - $30.00
Speech therapy	2	Combined limit - see Eye therapy (orthoptics)	Initial visit - $85.00 Subsequent visit - $45.00
Vaccinations	2	Combined limit - see Non PBS pharmaceuticals	Per service - $70.00
**Overall Major Dental limit $2000, with Sub Limits of $1000 for Inlays, Onlays & Veneers; $1000 for Crowns & Bridges; $1000 for Implants and $1000 for Dentures. Orthodontics limit of $1200 per person per year, up to Lifetime Limit of $2400.			

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

✗ Other treatments - check with your insurer

Ambulance cover

In Victoria 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.