

Private Health Information Statement - Combined policy

Silver Everyday Hospital 500 & Value Extras 60

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

Monthly Premium
\$518.20[#]
(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 Western Australia
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, an age-based discount 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>

**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

 Back, neck and spine	 Eye (not cataracts)	 Miscarriage and termination of pregnancy
 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	 Tonsils, adenoids and grommets
 Dental surgery	 Joint reconstructions	 Hospital psychiatric services
 Diabetes management (excluding insulin pumps)	 Kidney and bladder	 Palliative care
 Digestive system	 Lung and chest	 Rehabilitation
 Ear, nose and throat	 Male reproductive system	

This policy  does not include cover for

 Assisted reproductive services	 Insulin pumps	 Pregnancy and birth
 Cataracts	 Joint replacements	 Sleep studies
 Dialysis for chronic kidney failure	 Pain management with device	 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 \$500 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 annual limits.			
Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental*	2	\$900 per person	Periodic oral examination - 100% of charge Scale & clean - 100% of charge Fluoride treatment - 100% of charge
Major dental	12	\$800 per person (combined limit for major dental & endodontic)	Surgical tooth extraction - 60% of charge Full crown veneered - 60% of charge
Endodontic	12		Filling of one root canal - 60% of charge
Orthodontic	12	\$800 per person \$2,100 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - 60% of charge
Optical	6	\$250 per person	Single vision lenses & frames - 60% of charge Multi-focal lenses & frames - 60% of charge
Non PBS pharmaceuticals	2	\$250 per person (combined limit for non pbs pharmaceuticals & vaccinations)	Per eligible prescription - 60% of charge

Physiotherapy	2	\$800 per person (combined limit for physiotherapy, chiropractic, exercise physiology & osteopathy - Sub-limits apply)	Initial visit - 60% of charge Subsequent visit - 60% of charge
Chiropractic	2		Initial visit - 60% of charge Subsequent visit - 60% of charge
Podiatry	2	\$300 per person	Initial visit - 60% of charge Subsequent visit - 60% of charge
Psychology	2	\$600 per person (combined limit for psychology, eye therapy (orthoptics), occupational therapy & speech therapy - Sub-limits apply)	Initial visit - 60% of charge Subsequent visit - 60% of charge
Acupuncture	2	\$200 per person	Initial visit - 60% of charge Subsequent visit - 60% of charge
Remedial massage	2	\$200 per person (Sub-limits apply)	Initial visit - 60% of charge Subsequent visit - 60% of charge
Blood glucose monitors	12	\$600 per person (combined limit for blood glucose monitors & other services - Sub-limits apply)	Per monitor - 60% of charge
Dietetics/dietary advice	2	\$200 per person (combined limit for dietetics/dietary advice, health management / healthy lifestyle & other services)	Initial visit - 60% of charge Subsequent visit - 60% of charge
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - 60% of charge Subsequent visit - 60% of charge
Eye therapy (orthoptics)	2	Combined limit - see Psychology	Initial visit - 60% of charge Subsequent visit - 60% of charge
Health management / Healthy lifestyle	2	Combined limit - see Dietetics/dietary advice	Health management - 60% of charge
Occupational therapy	2	Combined limit - see Psychology	Initial visit - 60% of charge Subsequent visit - 60% of charge
Orthotics (podiatric orthoses)	2	\$200 per person	Orthotics supply & fit - 60% of charge
Osteopathy	2	Combined limit - see Physiotherapy	Initial visit - 60% of charge Subsequent visit - 60% of charge
Speech therapy	2	Combined limit - see Psychology	Initial visit - 60% of charge Subsequent visit - 60% of charge
Vaccinations	2	Combined limit - see Non PBS pharmaceuticals	Per service - 60% of charge
*\$400 sublimit for Physiotherapy/ Myotherapy & Exercise Physiology; \$400 sublimit for Chiropractic & Osteopathy; up to overall combined limit of \$800. *\$200 sublimit per modality for Mental Health (including Psychology & Counselling), Speech Therapy, Eye Therapy, Occupational Therapy; up to overall combined limit of \$600. *Aids to Recovery (including Blood Glucose monitors) have a sublimit of \$200 per item, up to overall limit of \$600 every 2 years. *Non PBS Pharmacy benefit applies after PBS co-payment applied.			

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

✗ Hearing aids	✗ Other treatments - check with your insurer
-----------------------	---

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.