Private Health Information Statement - Combined policy

Gold Complete Hospital 250 & Mid 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	*$788.02 #* (before any rebate, loading or discount)	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, 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

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.

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

This policy ✓ **includes** cover for

✓ Assisted reproductive services	✓ Eye (not cataracts)	✓ Miscarriage and termination of pregnancy
✓ Back, neck and spine	✓ Gastrointestinal endoscopy	✓ Pain management
✓ Blood	✓ Gynaecology	✓ Pain management with device
✓ Bone, joint and muscle	✓ Heart and vascular system	✓ Palliative care
✓ Brain and nervous system	✓ Hernia and appendix	✓ Plastic and reconstructive surgery (medically necessary)
✓ Breast surgery (medically necessary)	✓ Hospital psychiatric services	✓ 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	✓ Rehabilitation
✓ Dental surgery	✓ Joint reconstructions	✓ Skin
✓ Diabetes management (excluding insulin pumps)	✓ Joint replacements	✓ Sleep studies
✓ Dialysis for chronic kidney failure	✓ Kidney and bladder	✓ Tonsils, adenoids and grommets
✓ Digestive system	✓ Lung and chest	✓ Weight loss surgery
✓ Ear, nose and throat	✓ Male reproductive system	

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 $500 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.

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

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

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.