

# Private Health Information Statement - Hospital policy

**Bronze Plus Mid Hospital 250**

**Phoenix Health Fund Limited**  
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**Monthly Premium**  
**\$195.73<sup>#</sup>**  
(before any rebate, loading or discount)

**Covers only one person**  
**Available in Northern Territory**  
**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](https://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.

**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.

### Ambulance cover

In Northern Territory 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.