

# Private Health Information Statement - Hospital policy

**Bronze Plus Starter Hospital 500**

**Phoenix Health Fund Limited**  
<https://www.phoenixhealthfund.com.au>  
[enquiries@phoenixhealthfund.com.au](mailto:enquiries@phoenixhealthfund.com.au)  
1800 028 817

**Monthly Premium**  
**\$156.82 #**  
(before any rebate, loading or discount)

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

This policy **✗ does not include** cover for

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

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.

**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

Ambulance cover is provided by the State government for Queensland residents (<https://www.ambulance.qld.gov.au/>). This includes cover whilst interstate.

[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.