

Private Health Information Statement - Combined policy

Bronze Plus YoungFamilies 500 Excess Cover

Phoenix Health Fund Limited

<https://www.phoenixhealthfund.com.au>
enquiries@phoenixhealthfund.com.au
 1800 028 817

Monthly Premium

\$536.72[#]
 (before any rebate, loading or discount)

Covers two adults & dependants
 (3 or more people, only 2 of
 whom are adults)

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.

This policy covers children and other dependants up to and including the age of 20, students up to and including the age of 24, as well as persons with a disability who qualify as a child or other dependant or 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>

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	

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.

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
- 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

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental	2	\$800 per person (combined limit for general dental, major dental & endodontic - Sub-limits apply)	Periodic oral examination - \$35.00 Scale & clean - \$68.00 Fluoride treatment - \$24.00
Major dental	12		Surgical tooth extraction - \$150.00 Full crown veneered - \$800.00
Endodontic	2		Filling of one root canal - \$170.00
Orthodontic	12	\$1,200 per person \$1,200 lifetime limit (Sub-limits apply)	Braces for upper & lower teeth, including removal plus fitting of retainer - 80% of charge
Optical	6	\$240 per person	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 - \$70.00
Physiotherapy	2	\$400 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	\$225 per person (combined limit for chiropractic, acupuncture & other services)	Initial visit - \$40.00 Subsequent visit - \$30.00
Podiatry	2	\$200 per person	Initial visit - \$44.00 Subsequent visit - \$34.00

Psychology	2	\$250 per person (Sub-limits apply)	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
Blood glucose monitors	2	\$200 per person (combined limit for blood glucose monitors & other services - Sub-limits apply)	Per monitor - 80% of charge
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - \$40.00 Subsequent visit - \$30.00
Eye therapy (orthoptics)	2	\$300 per person (combined limit for eye therapy (orthoptics), occupational therapy & speech therapy - Sub-limits apply)	Initial visit - \$45.00 Subsequent visit - \$44.00
Occupational therapy	2		Initial visit - \$60.00 Subsequent visit - \$40.00
Speech therapy	2		Initial visit - \$85.00 Subsequent visit - \$45.00
Vaccinations	2	Combined limit - see Non PBS pharmaceuticals	Per service - \$70.00

*Non PBS Pharmaceuticals excludes contraceptives and items purchased over the counter

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

X Hearing aids	X Other treatments - check with your insurer
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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.