

Private Health Information Statement - Combined policy

**Silver Everyday 500 & Healthy Flex Extras 50**

**Phoenix Health Fund Limited**  
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1800 028 817

**Monthly Premium**  
**\$382.06 #**  
(before any rebate, loading or discount)

**Covers one adult & dependants**  
(2 or more people, only one of whom is an adult)  
**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, an age-based discount 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

|                                                           |                                   |                                                                                     |
|-----------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------|
| ✓ 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           | R Hospital psychiatric services                                                     |
| ✓ Diabetes management (excluding insulin pumps)           | ✓ Kidney and bladder              | R Palliative care                                                                   |
| ✓ Digestive system                                        | ✓ Lung and chest                  | R 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](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 \$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 General Dental limits. |                         |                                                                                                                                                                 |                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Treatment                                                                                                                                                                                                                                                  | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)                                                                                                          | Examples of maximum benefits                                                                                        |
| General dental*                                                                                                                                                                                                                                            | 2                       | \$700 per person                                                                                                                                                | Periodic oral examination - 100% of charge<br>Scale & clean - 100% of charge<br>Fluoride treatment - 100% of charge |
| Major dental                                                                                                                                                                                                                                               | 12                      | \$700 per person<br>(combined limit for major dental, endodontic, optical, physiotherapy, chiropractic, podiatry & remedial massage - <b>Sub-limits apply</b> ) | Surgical tooth extraction - 50% of charge<br>Full crown veneered - 50% of charge                                    |
| Endodontic                                                                                                                                                                                                                                                 | 12                      |                                                                                                                                                                 | Filling of one root canal - 50% of charge                                                                           |
| Optical                                                                                                                                                                                                                                                    | 6                       |                                                                                                                                                                 | Single vision lenses & frames - 50% of charge<br>Multi-focal lenses & frames - 50% of charge                        |
| Physiotherapy                                                                                                                                                                                                                                              | 2                       |                                                                                                                                                                 | Initial visit - 50% of charge<br>Subsequent visit - 50% of charge                                                   |
| Chiropractic                                                                                                                                                                                                                                               | 2                       |                                                                                                                                                                 | Initial visit - 50% of charge<br>Subsequent visit - 50% of charge                                                   |
| Podiatry                                                                                                                                                                                                                                                   | 2                       |                                                                                                                                                                 | Initial visit - 50% of charge<br>Subsequent visit - 50% of charge                                                   |

|                                                                                                                                                                                          |   |                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-------------------------------------------------------------------|
| Remedial massage                                                                                                                                                                         | 2 | Initial visit - 50% of charge<br>Subsequent visit - 50% of charge |
| \$700 General Dental limit. \$700 Flex Limit combined for Major Dental, Endodontics, Optical (\$200 sublimit), Physiotherapy, Chiropractic, Podiatry, Remedial Massage (\$200 sublimit). |   |                                                                   |

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

|                          |                           |                                              |
|--------------------------|---------------------------|----------------------------------------------|
| ✗ Acupuncture            | ✗ Non PBS pharmaceuticals | ✗ Other treatments - check with your insurer |
| ✗ Blood glucose monitors | ✗ Orthodontic             |                                              |
| ✗ Hearing aids           | ✗ Psychology              |                                              |

### 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.