

Private Health Information Statement - Combined policy

Gold Complete Hospital 250 & Base Extras		
Phoenix Health Fund Limited https://www.phoenixhealthfund.com.au enquiries@phoenixhealthfund.com.au 1800 028 817	Monthly Premium \$664.89[#] (before any rebate, loading or discount)	Covers one adult & dependants, including non-student dependants (2 or more people, only one of whom is an adult) Available in Western Australia 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, students up to and including the age of 24 and non-students up to and including the age of 24, as well as persons with a disability who qualify as a child, student or non-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>

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

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 \$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
- 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

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental	2	\$500 per person	Periodic oral examination - \$29.20 Scale & clean - \$55.20 Fluoride treatment - \$19.20
Optical	6	\$150 per person	Single vision lenses & frames - 80% of charge Multi-focal lenses & frames - \$80.00
Non PBS pharmaceuticals	2	\$200 per person	Per eligible prescription - \$30.00
Physiotherapy	2	\$250 per person	Initial visit - \$40.00 Subsequent visit - \$29.60
Chiropractic	2	\$250 per person (combined limit for chiropractic & osteopathy)	Initial visit - \$32.00 Subsequent visit - \$24.00
Osteopathy*	2		Initial visit - \$32.00 Subsequent visit - \$24.00

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

 Acupuncture	 Major dental	 Remedial massage
 Blood glucose monitors	 Orthodontic	 Other treatments - check with your insurer
 Endodontic	 Podiatry	
 Hearing aids	 Psychology	

Ambulance cover

In Western Australia 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.