Private Health Information Statement - Combined policy

Gold Complete 750 & Kick Start Extras 50

Phoenix Health Fund Limited	Monthly Premium	Covers only one person
https://www.phoenixhealthfund.com.au enquiries@phoenixhealthfund.com.au 1800 028 817	$322.14 # (before any rebate, loading or discount)	Available in South 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.

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.

X **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 $750 per admission. This is limited to a maximum of $750 per person and $750 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

*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	$500 per policy	Periodic oral examination - 100% of charge Scale & clean - 100% of charge Fluoride treatment - 100% of charge
Non PBS pharmaceuticals	2	$200 per policy (combined limit for non pbs pharmaceuticals & vaccinations)	Per eligible prescription - 50% of charge
Physiotherapy	2	$400 per policy (combined limit for physiotherapy, chiropractic, acupuncture, remedial massage, exercise physiology & osteopathy - **Sub-limits apply**)	Initial visit - 50% of charge Subsequent visit - 50% of charge
Chiropractic	2		Initial visit - 50% of charge Subsequent visit - 50% of charge
Acupuncture	2		Initial visit - 50% of charge
Remedial massage	2		Initial visit - 50% of charge Subsequent visit - 50% of charge
Exercise physiology	2		Initial visit - 50% of charge Subsequent visit - 50% of charge
Osteopathy	2		Initial visit - 50% of charge Subsequent visit - 50% of charge
Vaccinations	2	Combined limit - see Non PBS pharmaceuticals	Per service - 50% of charge

*$200 sublimit for Physiotherapy/ Myotherapy & Exercise Physiology; $200 sublimit for Chiropractic, Osteopathy & Remedial Massage; up to overall combined limit of $400. *Non PBS Pharmaceuticals benefit applies after PBS co-payment is applied.

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

✗ Blood glucose monitors	✗ Major dental	✗ Podiatry
✗ Endodontic	✗ Optical	✗ Psychology

✗ Hearing aids	✗ Orthodontic	✗ Other treatments - check with your insurer

Ambulance cover

In South 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.