

Private Health Information Statement - Combined policy

Gold Complete Hospital & Top Extras

Phoenix Health Fund Limited  
https://www.phoenixhealthfund.com.au  
enquiries@phoenixhealthfund.com.au  
1800 028 817

Monthly Premium  
\$460.90 #  
(before any rebate, loading or discount)

Covers only one person  
Available in NSW & ACT  
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.

✗ 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](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:** No excess

**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. |                         |                                                                                                                                           |                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Treatment                                                                                                                                                                                                                       | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)                                                                                    | Examples of maximum benefits                                                                   |
| General dental*                                                                                                                                                                                                                 | 2                       | No annual limit<br>(no limit on preventative dental)<br>(combined limit for general dental & other services)                              | Periodic oral examination - \$36.50<br>Scale & clean - \$69.00<br>Fluoride treatment - \$24.00 |
| Major dental                                                                                                                                                                                                                    | 12                      | \$2,000 per policy<br>(combined limit for major dental & other services - <b>Sub-limits apply</b> )                                       | Surgical tooth extraction - \$160.00<br>Full crown veneered - \$875.00                         |
| Endodontic                                                                                                                                                                                                                      | 2                       | \$800 per policy                                                                                                                          | Filling of one root canal - \$170.00                                                           |
| Orthodontic                                                                                                                                                                                                                     | 12                      | \$1,200 per policy<br>\$2,400 lifetime limit<br>( <b>Sub-limits apply</b> )                                                               | Braces for upper & lower teeth, including removal plus fitting of retainer - 80% of charge     |
| Optical                                                                                                                                                                                                                         | 6                       | \$310 per policy                                                                                                                          | Single vision lenses & frames - 80% of charge<br>Multi-focal lenses & frames - 80% of charge   |
| Non PBS pharmaceuticals                                                                                                                                                                                                         | 2                       | \$500 per policy<br>(combined limit for non pbs pharmaceuticals & vaccinations - <b>Sub-limits apply</b> )                                | Per eligible prescription - \$70.00                                                            |
| Physiotherapy                                                                                                                                                                                                                   | 2                       | \$800 per policy<br>(combined limit for physiotherapy, remedial massage, exercise physiology & other services - <b>Sub-limits apply</b> ) | Initial visit - \$50.00<br>Subsequent visit - \$37.00                                          |
| Chiropractic                                                                                                                                                                                                                    | 2                       | \$450 per policy<br>(combined limit for chiropractic, acupuncture, osteopathy & other services)                                           | Initial visit - \$40.00<br>Subsequent visit - \$30.00                                          |
| Podiatry                                                                                                                                                                                                                        | 2                       | \$400 per policy<br>(combined limit for podiatry & orthotics (podiatric orthoses))                                                        | Initial visit - \$44.00<br>Subsequent visit - \$34.00                                          |
| Psychology                                                                                                                                                                                                                      | 2                       | \$500 per policy<br>(combined limit for psychology & other services)                                                                      | Initial visit - \$75.00<br>Subsequent visit - \$75.00                                          |
| Acupuncture                                                                                                                                                                                                                     | 2                       | Combined limit - see Chiropractic                                                                                                         | Initial visit - \$25.00<br>Subsequent visit - \$25.00                                          |

|                                                                                                                                                                                                                                                          |    |                                                                                                                                        |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Remedial massage                                                                                                                                                                                                                                         | 2  | Combined limit - see Physiotherapy                                                                                                     | Initial visit - \$32.00<br>Subsequent visit - \$25.00 |
| Hearing aids                                                                                                                                                                                                                                             | 12 | \$1,700 per policy<br>2 appliance(s) every 5 years<br>(Sub-limits apply)                                                               | Hearing aid - \$900.00                                |
| Blood glucose monitors                                                                                                                                                                                                                                   | 2  | \$900 per policy<br>(combined limit for blood glucose monitors & other services)                                                       | Per monitor - 80% of charge                           |
| Dietetics/dietary advice                                                                                                                                                                                                                                 | 2  | \$300 per policy                                                                                                                       | Initial visit - \$60.00<br>Subsequent visit - \$40.00 |
| Exercise physiology                                                                                                                                                                                                                                      | 2  | Combined limit - see Physiotherapy                                                                                                     | Initial visit - \$40.00<br>Subsequent visit - \$30.00 |
| Eye therapy (orthoptics)                                                                                                                                                                                                                                 | 2  | \$500 per policy<br>(combined limit for eye therapy (orthoptics),<br>occupational therapy & speech therapy - <b>Sub-limits apply</b> ) | Initial visit - \$45.00<br>Subsequent visit - \$44.00 |
| Health management / Healthy lifestyle                                                                                                                                                                                                                    | 2  | \$150 per policy<br>(combined limit for health management / healthy lifestyle & other services)                                        | Health management - 80% of charge                     |
| Home nursing                                                                                                                                                                                                                                             | 2  | \$500 per policy<br>(Sub-limits apply)                                                                                                 | Initial visit - \$15.00<br>Subsequent visit - \$15.00 |
| Occupational therapy                                                                                                                                                                                                                                     | 2  | Combined limit - see Eye therapy (orthoptics)                                                                                          | Initial visit - \$60.00<br>Subsequent visit - \$40.00 |
| Orthotics (podiatric orthoses)                                                                                                                                                                                                                           | 2  | Combined limit - see Podiatry                                                                                                          | Orthotics supply & fit - 80% of charge                |
| Osteopathy                                                                                                                                                                                                                                               | 2  | Combined limit - see Chiropractic                                                                                                      | Initial visit - \$40.00<br>Subsequent visit - \$30.00 |
| Speech therapy                                                                                                                                                                                                                                           | 2  | Combined limit - see Eye therapy (orthoptics)                                                                                          | Initial visit - \$85.00<br>Subsequent visit - \$45.00 |
| Vaccinations                                                                                                                                                                                                                                             | 2  | Combined limit - see Non PBS pharmaceuticals                                                                                           | Per service - \$70.00                                 |
| **Overall Major Dental limit \$2000, with Sub Limits of \$1000 for Inlays, Onlays & Veneers; \$1000 for Crowns & Bridges; \$1000 for Implants and \$1000 for Dentures. Orthodontics limit of \$1200 per person per year, up to Lifetime Limit of \$2400. |    |                                                                                                                                        |                                                       |

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

**X** Other treatments - check with your insurer

## Ambulance cover

In NSW & ACT 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.