

## Private Health Information Statement - Combined policy

### Public Basic Hospital & Classic Ancillary

#### Phoenix Health Fund Limited

<https://www.phoenixhealthfund.com.au>  
[enquiries@phoenixhealthfund.com.au](mailto:enquiries@phoenixhealthfund.com.au)  
 1800 028 817

#### Monthly Premium

**\$557.18<sup>#</sup>**  
 (before any rebate, loading or discount)

Covers two adults & dependants  
 (3 or more people, only 2 of  
 whom are adults)  
 Available in NSW & ACT  
 Closed to new members

<sup>#</sup> 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 - check with your insurer for details.

This policy does not provide benefits for travel or accommodation (outside of hospital).

#### ✓ 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

R Assisted reproductive services	R Ear, nose and throat	R Male reproductive system
R Back, neck and spine	R Eye (not cataracts)	R Miscarriage and termination of pregnancy
R Blood	R Gastrointestinal endoscopy	R Pain management
R Bone, joint and muscle	R Gynaecology	R Palliative care
R Brain and nervous system	R Heart and vascular system	R Plastic and reconstructive surgery (medically necessary)
R Breast surgery (medically necessary)	R Hernia and appendix	R Podiatric surgery (provided by a registered podiatric surgeon – limited benefits)
R Cataracts	R Hospital psychiatric services	R Pregnancy and birth
R Chemotherapy, radiotherapy and immunotherapy for cancer	R Implantation of hearing devices	R Rehabilitation
R Dental surgery	R Joint reconstructions	R Skin
R Diabetes management (excluding insulin pumps)	R Joint replacements	R Sleep studies
R Dialysis for chronic kidney failure	R Kidney and bladder	R Tonsils, adenoids and grommets
R Digestive system	R Lung and chest	R Weight loss surgery

### This policy ✗ does not include cover for

✗ Insulin pumps

✗ Pain management with device

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 \*: \*Overall Major Dental limit \$4400, with Sub Limits of \$1000 for Inlays, Onlays & Veneers; \$1600 for Crowns & Bridges; \$1500 for Implants. Lifetime Orthodontics limit of \$2400 per person.*

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental	2	No annual limit (no limit on preventative dental)	Periodic oral examination - \$44.00 Scale & clean - \$83.00 Fluoride treatment - \$29.00
Major dental*	12	\$4,400 per person <b>(Sub-limits apply)</b>	Surgical tooth extraction - \$160.00 Full crown veneered - \$875.00
Endodontic	2	No annual limit	Filling of one root canal - \$170.00
Orthodontic	12	\$2,400 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - 80% of charge
Optical	6	\$310 per person	Single vision lenses & frames - 80% of charge Multi-focal lenses & frames - 80% of charge
Non PBS pharmaceuticals	2	\$500 per person (combined limit for non pbs pharmaceuticals & vaccinations)	Per eligible prescription - \$70.00
Physiotherapy	2	\$800 per person (combined limit for physiotherapy, remedial massage, exercise physiology & other services - <b>Sub-limits apply</b> )	Initial visit - \$50.00 Subsequent visit - \$37.00
Chiropractic	2	\$450 per person (combined limit for chiropractic, acupuncture, osteopathy & other services)	Initial visit - \$40.00 Subsequent visit - \$30.00
Podiatry	2	\$400 per person (combined limit for podiatry & orthotics (podiatric orthoses))	Initial visit - \$44.00 Subsequent visit - \$34.00
Psychology	2	\$500 per person (combined limit for psychology & other services)	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
Hearing aids	12	\$1,700 per person 2 appliance(s) every 5 years (combined limit for hearing aids & other services - <b>Sub-limits apply</b> )	Hearing aid - \$900.00
Blood glucose monitors	2	\$900 per person (combined limit for blood glucose monitors & other services - <b>Sub-limits apply</b> )	Per monitor - 80% of charge
Ante-natal/Post-natal classes	2	10 service(s) every 1 year ( <b>Sub-limits apply</b> )	Initial visit - \$30.00 Subsequent visit - \$30.00
Dietetics/dietary advice	2	\$300 per person	Initial visit - \$60.00 Subsequent visit - \$40.00
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - \$40.00 Subsequent visit - \$30.00
Eye therapy (orthoptics)	2	\$500 per person (combined limit for eye therapy (orthoptics), occupational therapy & speech therapy - <b>Sub-limits apply</b> )	Initial visit - \$45.00 Subsequent visit - \$44.00
Health management / Healthy lifestyle	2	\$150 per person (combined limit for health management / healthy lifestyle & other services)	Health management - 80% of charge
Home nursing	2	\$500 per person ( <b>Sub-limits apply</b> )	Initial visit - \$15.00 Subsequent visit - \$15.00
Occupational therapy	2	Combined limit - see Eye therapy (orthoptics)	Initial visit - \$60.00 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 Subsequent visit - \$30.00
Speech therapy	2	Combined limit - see Eye therapy (orthoptics)	Initial visit - \$85.00 Subsequent visit - \$45.00
Vaccinations	2	Combined limit - see Non PBS pharmaceuticals	Per service - \$70.00

\*Non PBS Pharmaceuticals excludes items purchased over the counter

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.