

Private Health Information Statement - Combined policy

Silver Plus Family 500 & Active Extras 60

Phoenix Health Fund Limited

<https://www.phoenixhealthfund.com.au>
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 1800 028 817

Monthly Premium

\$932.22 #
 (before any rebate, loading or discount)

Covers 2 adults (and no-one else)

Available in Tasmania

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)	✓ Pain management
✓ Back, neck and spine	✓ Gastrointestinal endoscopy	✓ Pain management with device
✓ Blood	✓ Gynaecology	✓ Palliative care
✓ Bone, joint and muscle	✓ Heart and vascular system	✓ Plastic and reconstructive surgery (medically necessary)
✓ Brain and nervous system	✓ Hernia and appendix	✓ Podiatric surgery (provided by a registered podiatric surgeon - limited benefits)
✓ Breast surgery (medically necessary)	✓ 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)	✓ Kidney and bladder	✓ Tonsils, adenoids and grommets
✓ Dialysis for chronic kidney failure	✓ Lung and chest	R Hospital psychiatric services
✓ Digestive system	✓ Male reproductive system	
✓ Ear, nose and throat	✓ Miscarriage and termination of pregnancy	

This policy ✗ does not include cover for

✗ Cataracts	✗ Sleep studies
✗ Joint replacements	✗ 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 for [PrivateHealth.gov.au](https://privatehealth.gov.au)

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 \$1000 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.

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 O12, O13, 111, 114, 115, 121, 161. Claimable once per appointment, up to twice per person per calendar year, up to annual limits.

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental*	2	\$950 per person	Periodic oral examination - 100% of charge Scale & clean - 100% of charge Fluoride treatment - 100% of charge
Major dental	12	\$850 per person (combined limit for major dental & endodontic)	Surgical tooth extraction - 60% of charge Full crown veneered - 60% of charge
Endodontic	12		Filling of one root canal - 60% of charge
Orthodontic	12	\$800 per person \$2,100 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - 60% of charge
Optical	6	\$250 per person	Single vision lenses & frames - 60% of charge Multi-focal lenses & frames - 60% of charge
Non PBS pharmaceuticals	2	\$250 per person (combined limit for non pbs pharmaceuticals & vaccinations)	Per eligible prescription - 60% of charge
Physiotherapy	2	\$800 per person (combined limit for physiotherapy, chiropractic, exercise physiology & osteopathy)	Initial visit - 60% of charge Subsequent visit - 60% of charge
Chiropractic	2		Initial visit - 60% of charge Subsequent visit - 60% of charge

Podiatry	2	\$300 per person	Initial visit - 60% of charge Subsequent visit - 60% of charge
Psychology	0	\$600 per person (combined limit for psychology, eye therapy (orthoptics), occupational therapy & speech therapy)	Initial visit - 60% of charge Subsequent visit - 60% of charge
Acupuncture	2	\$200 per person	Initial visit - 60% of charge Subsequent visit - 60% of charge
Remedial massage	2	\$200 per person	Initial visit - 60% of charge Subsequent visit - 60% of charge
Hearing aids	12	\$600 per person	Hearing aid - 60% of charge
Blood glucose monitors	12	\$600 per person	Per monitor - 60% of charge
Dietetics/dietary advice	2	\$200 per person (combined limit for dietetics/dietary advice & health management / healthy lifestyle)	Initial visit - 60% of charge Subsequent visit - 60% of charge
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - 60% of charge Subsequent visit - 60% of charge
Eye therapy (orthoptics)	2	Combined limit - see Psychology	Initial visit - 60% of charge Subsequent visit - 60% of charge
Health management / Healthy lifestyle	2	Combined limit - see Dietetics/dietary advice	Health management - 60% of charge
Occupational therapy	2	Combined limit - see Psychology	Initial visit - 60% of charge Subsequent visit - 60% of charge
Orthotics (podiatric orthoses)	2	\$200 per person	Orthotics supply & fit - 60% of charge
Osteopathy	2	Combined limit - see Physiotherapy	Initial visit - 60% of charge Subsequent visit - 60% of charge
Speech therapy	2	Combined limit - see Psychology	Initial visit - 60% of charge Subsequent visit - 60% of charge
Vaccinations	2	Combined limit - see Non PBS pharmaceuticals	Per service - 60% of charge

*60% benefit up to \$150 per person per year for Natural Therapies including Naturopathy, Western Herbal Medicine, Shiatsu, Yoga, Pilates, Tai Chi, Alexander Technique at approved providers. *\$400 sublimit for Physiotherapy/ Myotherapy & Exercise Physiology; \$400 sublimit for Chiropractic, Osteopathy; up to overall combined limit of \$800. *\$200 sublimit per modality for Mental Health (including Psychology & Counselling), Speech Therapy, Eye Therapy, Occupational Therapy; up to overall combined limit of \$600.

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

X Other treatments - check with your insurer

Ambulance cover

Ambulance cover is provided by the State government for residents of Tasmania. This may include cover whilst interstate, except for South Australia and Queensland where no cover applies. In other states please check with Ambulance Tasmania - https://www.health.tas.gov.au/ambulance/fees_and_accounts.

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.