

**Phoenix Health Fund Limited**  
**Bronze Plus Mid 750 & Base Extras****\$392.81 / month**  
(Before Rebate, Discount & Loading)  
Available in TAS

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:** One adult & dependants, including non-student dependants (2 or more people, only one of whom is an adult).

Children (0 - 17), non-classified\* dependant (18 - 20), students (21 - 24) and non-students (21 to 24), as well as persons with a disability who qualify as a child, non-classified\* dependant, student and non-student in these age ranges.

\*Non-classified dependant: Dependants can stay on your family policy at no extra cost until their 21st birthday.

- This policy exempts you from the Medicare Levy Surcharge.
- This policy provides accident cover - check with insurer for details.
- This policy provides benefits for travel or accommodation outside of hospital - check with insurer for details.

**Policy ID:** PWA/BMBA/TDNN1Y**Source:** Private Health Information Statement (PHIS)

## Hospital Cover

✓ Covered

R Restricted Cover

✗ Not Covered

**This policy includes cover for**

- |                                                           |                                   |                                                                  |
|-----------------------------------------------------------|-----------------------------------|------------------------------------------------------------------|
| ✓ Blood                                                   | ✓ Eye (not cataracts)             | ✓ Miscarriage and termination of pregnancy                       |
| ✓ Bone, joint and muscle                                  | ✓ Gastrointestinal endoscopy      | ✓ Pain management                                                |
| ✓ Brain and nervous system                                | ✓ Gynaecology                     | R Palliative care                                                |
| ✓ Breast surgery (medically necessary)                    | ✓ Heart and vascular system       | ✓ Plastic and reconstructive surgery (medically necessary)       |
| ✓ Chemotherapy, radiotherapy and immunotherapy for cancer | ✓ Hernia and appendix             | ✓ Podiatric surgery (provided by a registered podiatric surgeon) |
| ✓ Dental surgery                                          | R Hospital psychiatric services   | R Rehabilitation                                                 |
| ✓ Diabetes management (excluding insulin pumps)           | ✓ Implantation of hearing devices | ✓ Skin                                                           |
| ✓ Digestive system                                        | ✓ Joint reconstructions           | ✓ Sleep studies                                                  |
| ✓ Ear, nose and throat                                    | ✓ Kidney and bladder              | ✓ Tonsils, adenoids and grommets                                 |
|                                                           | ✓ Lung and chest                  |                                                                  |
|                                                           | ✓ Male reproductive system        |                                                                  |

**This policy does not include cover for**

- |                                  |                                       |                               |
|----------------------------------|---------------------------------------|-------------------------------|
| ✗ Assisted reproductive services | ✗ Dialysis for chronic kidney failure | ✗ Pain management with device |
| ✗ Back, neck and spine           | ✗ Insulin pumps                       | ✗ Pregnancy and birth         |
| ✗ Cataracts                      | ✗ 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](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:** 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.

Excess payments do not apply to hospital admissions for dependants.

**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
- 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 (<https://www.health.gov.au/resources/apps-and-tools/medical-costs-finder>) lets you find out more about the cost of specialist medical services.

This health insurer does not operate a preferred provider scheme.

Policy ID: PWA/BMBA/TDNN1Y Source: [Private Health Information Statement \(PHIS\)](#)

## Extras Cover

This policy **includes** General treatment (Extras) cover for

| Treatment & waiting period (months) |   | Benefit limits per 12 months unless otherwise stated             | Examples of maximum benefits                                                                                                                                 |
|-------------------------------------|---|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Chiropractic                      | 2 | \$250 per person<br>combined limit for chiropractic & osteopathy | <ul style="list-style-type: none"><li>• Initial visit: \$32</li><li>• Subsequent visit: \$24</li></ul>                                                       |
| ✓ General dental                    | 2 | \$500 per person                                                 | <ul style="list-style-type: none"><li>• Fluoride treatment: \$19.2</li><li>• Scale &amp; clean: \$55.2</li><li>• Periodic oral examination: \$29.2</li></ul> |
| ✓ Non PBS pharmaceuticals           | 2 | \$200 per person                                                 | <ul style="list-style-type: none"><li>• Per eligible prescription: \$30</li></ul>                                                                            |
| ✓ Optical                           | 6 | \$150 per person                                                 | <ul style="list-style-type: none"><li>• Multi-focal lenses &amp; frames: \$80</li><li>• Single vision lenses &amp; frames: 80% of charge</li></ul>           |
| ✓ Osteopathy*                       | 2 | \$250 per person<br>combined limit for chiropractic & osteopathy | <ul style="list-style-type: none"><li>• Initial visit: \$32</li><li>• Subsequent visit: \$24</li></ul>                                                       |
| ✓ Physiotherapy                     | 2 | \$250 per person                                                 | <ul style="list-style-type: none"><li>• Initial visit: \$40</li><li>• Subsequent visit: \$29.6</li></ul>                                                     |

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

- |                                 |                                         |                                  |
|---------------------------------|-----------------------------------------|----------------------------------|
| ✗ Acupuncture                   | ✗ Exercise physiology                   | ✗ Orthodontic                    |
| ✗ Ante-natal/Post-natal classes | ✗ Eye therapy (orthoptics)              | ✗ Orthotics (podiatric orthoses) |
| ✗ Audiology                     | ✗ Health management / Healthy lifestyle | ✗ Podiatry                       |
| ✗ Blood glucose monitors        | ✗ Hearing aids                          | ✗ Psychology                     |
| ✗ Chinese medicine              | ✗ Home nursing                          | ✗ Remedial massage               |
| ✗ Dietetics/dietary advice      | ✗ Major dental                          | ✗ Speech therapy                 |
| ✗ Endodontic                    | ✗ Occupational therapy                  | ✗ Vaccinations                   |

**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](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/>

**Insurer Details****Phoenix Health Fund Limited**

Bronze Plus Mid 750 &amp; Base Extras

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Call now 📞 1800 028 817 Sponsor link

**Phoenix Health Fund Limited**🌐 <https://www.phoenixhealthfund.com.au>✉ [enquiries@phoenixhealthfund.com.au](mailto:enquiries@phoenixhealthfund.com.au)

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