



**Phoenix Health Fund Limited**  
**Bronze Plus Mid 750 & Mid Extras**

**\$484.64 / 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:** Two adults & dependants (3 or more people, only 2 of whom are adults).

Children (0 - 17), non-classified\* dependant (18 - 20) and students (21 - 24), as well as persons with a disability who qualify as a child, non-classified\* dependant and 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/BMMA/TDSH2D

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 \$1500 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/BMMA/TDSH2D Source: [Private Health Information Statement \(PHIS\)](#)

## Extras Cover

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

Note, for treatments marked with \* : \*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                                                                               |
|-------------------------------------|---|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| ✓ Acupuncture                       | 2 | <b>\$400 per person</b><br>combined limit for acupuncture, chiropractic, osteopathy & other services                       | <ul style="list-style-type: none"><li>• Initial visit: \$22.5</li><li>• Subsequent visit: \$22.5</li></ul> |
| ✓ Blood glucose monitors            | 2 | <b>\$150 per person</b>                                                                                                    | <ul style="list-style-type: none"><li>• Per monitor: 80% of charge</li></ul>                               |
| ✓ Chiropractic                      | 2 | <b>\$400 per person</b><br>combined limit for acupuncture, chiropractic, osteopathy & other services                       | <ul style="list-style-type: none"><li>• Initial visit: \$36</li><li>• Subsequent visit: \$27</li></ul>     |
| ✓ Endodontic*                       | 2 | <b>\$1,500 per person</b><br>combined limit for endodontic, general dental, major dental & orthodontic<br>sub-limits apply | <ul style="list-style-type: none"><li>• Filling of one root canal: \$153</li></ul>                         |

|                                         |    |                                                                                                                                         |                                                                                                                                                             |
|-----------------------------------------|----|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Exercise physiology                   | 2  | <b>\$400 per person</b><br>combined limit for exercise physiology, physiotherapy, remedial massage & other services<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$35</li> <li>Subsequent visit: \$27</li> </ul>                                                       |
| ✓ Eye therapy (orthoptics)              | 2  | <b>\$300 per person</b><br>combined limit for eye therapy (orthoptics), occupational therapy & speech therapy<br>sub-limits apply       | <ul style="list-style-type: none"> <li>Initial visit: \$40.5</li> <li>Subsequent visit: \$39.6</li> </ul>                                                   |
| ✓ General dental*                       | 2  | <b>\$1,500 per person</b><br>combined limit for endodontic, general dental, major dental & orthodontic<br>sub-limits apply              | <ul style="list-style-type: none"> <li>Fluoride treatment: \$21.6</li> <li>Scale &amp; clean: \$62.1</li> <li>Periodic oral examination: \$32.85</li> </ul> |
| ✓ Health management / Healthy lifestyle | 2  | <b>\$100 per person</b>                                                                                                                 | <ul style="list-style-type: none"> <li>Health management: 80% of charge</li> </ul>                                                                          |
| ✓ Major dental*                         | 12 | <b>\$1,500 per person</b><br>combined limit for endodontic, general dental, major dental & orthodontic<br>sub-limits apply              | <ul style="list-style-type: none"> <li>Surgical tooth extraction: \$144</li> <li>Full crown veneered: \$787</li> </ul>                                      |
| ✓ Non PBS pharmaceuticals*              | 2  | <b>\$250 per person</b><br>combined limit for non pbs pharmaceuticals & vaccinations                                                    | <ul style="list-style-type: none"> <li>Per eligible prescription: \$45</li> </ul>                                                                           |
| ✓ Occupational therapy                  | 2  | <b>\$300 per person</b><br>combined limit for eye therapy (orthoptics), occupational therapy & speech therapy<br>sub-limits apply       | <ul style="list-style-type: none"> <li>Initial visit: \$54</li> <li>Subsequent visit: \$36</li> </ul>                                                       |
| ✓ Optical                               | 6  | <b>\$200 per person</b>                                                                                                                 | <ul style="list-style-type: none"> <li>Multi-focal lenses &amp; frames: 80% of charge</li> <li>Single vision lenses &amp; frames: 80% of charge</li> </ul>  |
| ✓ Orthodontic*                          | 12 | <b>\$1,500 per person</b><br>combined limit for endodontic, general dental, major dental & orthodontic<br>sub-limits apply              | <ul style="list-style-type: none"> <li>Braces for upper &amp; lower teeth, including removal plus fitting of retainer: 80% of charge</li> </ul>             |
| ✓ Orthotics (podiatric orthoses)        | 2  | <b>\$200 per person</b><br>combined limit for orthotics (podiatric orthoses) & podiatry                                                 | <ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: 80% of charge</li> </ul>                                                                 |
| ✓ Osteopathy                            | 2  | <b>\$400 per person</b><br>combined limit for acupuncture, chiropractic, osteopathy & other services                                    | <ul style="list-style-type: none"> <li>Initial visit: \$36</li> <li>Subsequent visit: \$27</li> </ul>                                                       |
| ✓ Physiotherapy                         | 2  | <b>\$400 per person</b><br>combined limit for exercise physiology, physiotherapy, remedial massage & other services                     | <ul style="list-style-type: none"> <li>Initial visit: \$45</li> <li>Subsequent visit: \$33.3</li> </ul>                                                     |
| ✓ Podiatry                              | 2  | <b>\$200 per person</b><br>combined limit for orthotics (podiatric orthoses) & podiatry                                                 | <ul style="list-style-type: none"> <li>Initial visit: \$39.6</li> <li>Subsequent visit: \$30.6</li> </ul>                                                   |

|                    |   |                                                                                                                                         |                                                                                                        |
|--------------------|---|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| ✓ Remedial massage | 2 | <b>\$400 per person</b><br>combined limit for exercise physiology, physiotherapy, remedial massage & other services<br>sub-limits apply | <ul style="list-style-type: none"><li>Initial visit: \$25</li><li>Subsequent visit: \$22.5</li></ul>   |
| ✓ Speech therapy   | 2 | <b>\$300 per person</b><br>combined limit for eye therapy (orthoptics), occupational therapy & speech therapy<br>sub-limits apply       | <ul style="list-style-type: none"><li>Initial visit: \$76.5</li><li>Subsequent visit: \$40.5</li></ul> |
| ✓ Vaccinations     | 2 | <b>\$250 per person</b><br>combined limit for non pbs pharmaceuticals & vaccinations                                                    | <ul style="list-style-type: none"><li>Per service: \$45</li></ul>                                      |

\*\*Overall Dental limit \$1500 with Sub Limits of \$1000 each on: Crowns & Bridges; Implants; Inlays, Onlays & Veneers. Lifetime Limit of \$1000 on Orthodontics

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

- |                                 |                            |              |
|---------------------------------|----------------------------|--------------|
| ✗ Ante-natal/Post-natal classes | ✗ Dietetics/dietary advice | ✗ Psychology |
| ✗ Audiology                     | ✗ Hearing aids             |              |
| ✗ Chinese medicine              | ✗ Home nursing             |              |

#### 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



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Call now  1800 028 817 Sponsor link

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 <https://www.phoenixhealthfund.com.au>

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