



**Phoenix Health Fund Limited**  
Bronze Plus YoungSavers 750

**\$183.94 / month**  
(Before Rebate, Discount & Loading)  
Available in NT

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.

**This policy covers:** Only one person.

- 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/BYS/DDZB10

**Source:** [Private Health Information Statement \(PHIS\)](#).

## Hospital Cover

✓ Covered

R Restricted Cover

✗ Not Covered

### This policy includes cover for

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

### This policy does not include cover for

- |                                       |                               |  |
|---------------------------------------|-------------------------------|--|
| ✗ Assisted reproductive services      | ✗ Heart and vascular system   | ✗ Podiatric surgery (provided by a registered podiatric surgeon) |
| ✗ Back, neck and spine                | ✗ Insulin pumps               | ✗ Pregnancy and birth  |
| ✗ Cataracts                           | ✗ Joint replacements          | ✗ Weight loss surgery  |
| ✗ Dialysis for chronic kidney failure | ✗ 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](http://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.

**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/BYS/DDZB10 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
✓ Acupuncture	2	<b>\$225 per policy</b> combined limit for acupuncture, chiropractic, osteopathy & other services sub-limits apply	<ul style="list-style-type: none"> <li>• Initial visit: \$25</li> <li>• Subsequent visit: \$25</li> </ul>
✓ Blood glucose monitors	2	<b>\$200 per policy</b>	<ul style="list-style-type: none"> <li>• Per monitor: 80% of charge</li> </ul>
✓ Chiropractic	2	<b>\$225 per policy</b> combined limit for acupuncture, chiropractic, osteopathy & other services	<ul style="list-style-type: none"> <li>• Initial visit: \$40</li> <li>• Subsequent visit: \$30</li> </ul>
✓ Dietetics/dietary advice	2	<b>\$150 per policy</b>	<ul style="list-style-type: none"> <li>• Initial visit: \$60</li> <li>• Subsequent visit: \$40</li> </ul>
✓ Endodontic	2	<b>\$800 per policy</b> combined limit for endodontic, general dental, major dental & other services sub-limits apply	<ul style="list-style-type: none"> <li>• Filling of one root canal: \$170</li> </ul>
✓ Exercise physiology	2	<b>\$400 per policy</b> combined limit for exercise physiology, physiotherapy, remedial massage & other services sub-limits apply	<ul style="list-style-type: none"> <li>• Initial visit: \$40</li> <li>• Subsequent visit: \$30</li> </ul>

✓ <b>Eye therapy (orthoptics)</b>	2	<b>\$300 per policy</b> combined limit for eye therapy (orthoptics), occupational therapy & speech therapy sub-limits apply	<ul style="list-style-type: none"> <li>Initial visit: \$45</li> <li>Subsequent visit: \$44</li> </ul>
✓ <b>General dental</b>	2	<b>\$800 per policy</b> combined limit for endodontic, general dental, major dental & other services sub-limits apply	<ul style="list-style-type: none"> <li>Fluoride treatment: \$24</li> <li>Scale &amp; clean: \$69</li> <li>Periodic oral examination: \$36.5</li> </ul>
✓ <b>Health management / Healthy lifestyle</b>	2	<b>\$100 per policy</b>	<ul style="list-style-type: none"> <li>Health management: 80% of charge</li> </ul>
✓ <b>Major dental</b>	12	<b>\$800 per policy</b> combined limit for endodontic, general dental, major dental & other services sub-limits apply	<ul style="list-style-type: none"> <li>Surgical tooth extraction: \$150</li> <li>Full crown veneered: \$800</li> </ul>
✓ <b>Non PBS pharmaceuticals</b>	2	<b>\$250 per policy</b> combined limit for non pbs pharmaceuticals & vaccinations sub-limits apply	<ul style="list-style-type: none"> <li>Per eligible prescription: \$70</li> </ul>
✓ <b>Occupational therapy</b>	2	<b>\$300 per policy</b> combined limit for eye therapy (orthoptics), occupational therapy & speech therapy sub-limits apply	<ul style="list-style-type: none"> <li>Initial visit: \$60</li> <li>Subsequent visit: \$40</li> </ul>
✓ <b>Optical</b>	6	<b>\$240 per policy</b> sub-limits apply	<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>
✓ <b>Orthotics (podiatric orthoses)</b>	2	<b>\$200 per policy</b> combined limit for orthotics (podiatric orthoses) & podiatry	<ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: 80% of charge</li> </ul>
✓ <b>Osteopathy</b>	2	<b>\$225 per policy</b> combined limit for acupuncture, chiropractic, osteopathy & other services	<ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$30</li> </ul>
✓ <b>Physiotherapy</b>	2	<b>\$400 per policy</b> combined limit for exercise physiology, physiotherapy, remedial massage & other services	<ul style="list-style-type: none"> <li>Initial visit: \$50</li> <li>Subsequent visit: \$37</li> </ul>
✓ <b>Podiatry</b>	2	<b>\$200 per policy</b> combined limit for orthotics (podiatric orthoses) & podiatry sub-limits apply	<ul style="list-style-type: none"> <li>Initial visit: \$44</li> <li>Subsequent visit: \$34</li> </ul>
✓ <b>Psychology</b>	2	<b>\$250 per policy</b>	<ul style="list-style-type: none"> <li>Initial visit: \$75</li> <li>Subsequent visit: \$75</li> </ul>
✓ <b>Remedial massage</b>	2	<b>\$400 per policy</b> combined limit for exercise physiology, physiotherapy, remedial massage & other services	<ul style="list-style-type: none"> <li>Initial visit: \$32</li> <li>Subsequent visit: \$25</li> </ul>
✓ <b>Speech therapy</b>	2	<b>\$300 per policy</b> combined limit for eye therapy (orthoptics), occupational therapy & speech therapy	<ul style="list-style-type: none"> <li>Initial visit: \$85</li> <li>Subsequent visit: \$45</li> </ul>

- ✓ **Vaccinations**      2      **\$250 per policy**      • Per service: \$70  
combined limit for non pbs pharmaceuticals & vaccinations

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

- |                                 |                    |                |
|---------------------------------|--------------------|----------------|
| ✗ Ante-natal/Post-natal classes | ✗ Chinese medicine | ✗ Home nursing |
| ✗ Audiology                     | ✗ Hearing aids     | ✗ Orthodontic  |

**Other features of this general treatment cover:** \*Non PBS Pharmaceuticals excludes contraceptives and items purchased over the counter

#### Ambulance cover

In NT 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/>

#### Insurer Details



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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)

1800 028 817

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