Phoenix Health Fund Limited
Silver Everyday Hospital 500 & Value Extras 60

$272.94 / month
(Before Rebate, Discount & Loading)
Available in NSW & ACT

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/EHV6/NVFP10

Source: Private Health Information Statement (PHIS)

Hospital Cover

✓ Covered | R Restricted Cover | ✗ Not Covered

This policy includes cover for

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

This policy does not include cover for

- ✗ Assisted reproductive services
- ✗ Cataracts
- ✗ Dialysis for chronic kidney failure
- ✗ Insulin pumps
- ✗ Joint replacements
- ✗ Pain management with device
- ✗ Pregnancy and birth
- ✗ Sleep studies
- ✗ 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 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 $500 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 (https://www.health.gov.au/resources/apps-and-tools/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.

This health insurer does not operate a preferred provider scheme.
Policy ID: PWA/EHV6/NVFP10 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, up to annual limits.

Treatment & waiting period (months)		Benefit limits per 12 months unless otherwise stated	Examples of maximum benefits
✓ **Acupuncture**	2	**$200 per policy**	• Initial visit: 60% of charge • Subsequent visit: 60% of charge
✓ **Blood glucose monitors**	12	**$600 per policy** sub-limits apply	• Per monitor: 60% of charge
✓ **Chiropractic**	2	**$800 per policy** combined limit for chiropractic, exercise physiology, osteopathy & physiotherapy sub-limits apply	• Initial visit: 60% of charge • Subsequent visit: 60% of charge

✓ **Dietetics/dietary advice**	2	**$200 per policy** combined limit for dietetics/dietary advice, health management / healthy lifestyle & other services	• Initial visit: 60% of charge • Subsequent visit: 60% of charge
✓ **Endodontic**	12	**$800 per policy** combined limit for endodontic & major dental	• Filling of one root canal: 60% of charge
✓ **Exercise physiology**	2	**$800 per policy** combined limit for chiropractic, exercise physiology, osteopathy & physiotherapy sub-limits apply	• Initial visit: 60% of charge • Subsequent visit: 60% of charge
✓ **Eye therapy (orthoptics)**	2	**$600 per policy** combined limit for eye therapy (orthoptics), occupational therapy, psychology & speech therapy sub-limits apply	• Initial visit: 60% of charge • Subsequent visit: 60% of charge
✓ **General dental***	2	**$900 per policy**	• Fluoride treatment: 100% of charge • Scale & clean: 100% of charge • Periodic oral examination: 100% of charge
✓ **Health management / Healthy lifestyle**	2	**$200 per policy** combined limit for dietetics/dietary advice, health management / healthy lifestyle & other services	• Health management: 60% of charge
✓ **Major dental**	12	**$800 per policy** combined limit for endodontic & major dental	• Surgical tooth extraction: 60% of charge • Full crown veneered: 60% of charge
✓ **Non PBS pharmaceuticals**	2	**$250 per policy** combined limit for non pbs pharmaceuticals & vaccinations	• Per eligible prescription: 60% of charge
✓ **Occupational therapy**	2	**$600 per policy** combined limit for eye therapy (orthoptics), occupational therapy, psychology & speech therapy sub-limits apply	• Initial visit: 60% of charge • Subsequent visit: 60% of charge
✓ **Optical**	6	**$250 per policy**	• Multi-focal lenses & frames: 60% of charge • Single vision lenses & frames: 60% of charge
✓ **Orthodontic**	12	**$800 per policy** $2,100 lifetime limit	• Braces for upper & lower teeth, including removal plus fitting of retainer: 60% of charge
✓ **Orthotics (podiatric orthoses)**	2	**$200 per policy**	• Orthotics supply & fit: 60% of charge
✓ **Osteopathy**	2	**$800 per policy** combined limit for chiropractic, exercise physiology, osteopathy & physiotherapy sub-limits apply	• Initial visit: 60% of charge • Subsequent visit: 60% of charge
✓ **Physiotherapy**	2	**$800 per policy** combined limit for chiropractic, exercise physiology, osteopathy & physiotherapy sub-limits apply	• Initial visit: 60% of charge • Subsequent visit: 60% of charge

✓ **Podiatry**	2	**$300 per policy**	• Initial visit: 60% of charge • Subsequent visit: 60% of charge
✓ **Psychology**	2	**$600 per policy** combined limit for eye therapy (orthoptics), occupational therapy, psychology & speech therapy sub-limits apply	• Initial visit: 60% of charge • Subsequent visit: 60% of charge
✓ **Remedial massage**	2	**$200 per policy** sub-limits apply	• Initial visit: 60% of charge • Subsequent visit: 60% of charge
✓ **Speech therapy**	2	**$600 per policy** combined limit for eye therapy (orthoptics), occupational therapy, psychology & speech therapy sub-limits apply	• Initial visit: 60% of charge • Subsequent visit: 60% of charge
✓ **Vaccinations**	2	**$250 per policy** combined limit for non pbs pharmaceuticals & vaccinations	• Per service: 60% of charge

*$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. *Aids to Recovery (including Blood Glucose monitors) have a sublimit of $200 per item, up to overall limit of $600 every 2 years. *Non PBS Pharmacy benefit applies after PBS co-payment applied.

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

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

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/

Insurer Details

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Call now 1800 028 817 Sponsor link

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