



**Phoenix Health Fund Limited**  
**Gold Complete 750 & Kick Start Extras 50**

**\$790.61 / 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, an Age-based Discount or an insurer discount. Check with your insurer for details.

**This policy covers:** Two adults & dependants, including non-student dependants (3 or more people, only 2 of whom are adults).

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/GTE5/TIPQ2Y

**Source:** Private Health Information Statement (PHIS).

## Hospital Cover

✓ Covered

R Restricted Cover

✗ Not Covered

**This policy includes cover for**

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

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
- 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.

This health insurer does not operate a preferred provider scheme.

Policy ID: PWA/GTE5/TIPQ2Y 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 General Dental limits.

| Treatment & waiting period (months) |   | Benefit limits per 12 months unless otherwise stated                                                                                              | Examples of maximum benefits                                                                                                                                                         |
|-------------------------------------|---|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Chiropractic                      | 2 | <b>\$400 per person</b><br>combined limit for chiropractic, exercise physiology, osteopathy, physiotherapy & remedial massage<br>sub-limits apply | <ul style="list-style-type: none"><li>• Initial visit: 50% of charge</li><li>• Subsequent visit: 50% of charge</li></ul>                                                             |
| ✓ Exercise physiology               | 2 | <b>\$400 per person</b><br>combined limit for chiropractic, exercise physiology, osteopathy, physiotherapy & remedial massage<br>sub-limits apply | <ul style="list-style-type: none"><li>• Initial visit: 50% of charge</li><li>• Subsequent visit: 50% of charge</li></ul>                                                             |
| ✓ General dental*                   | 2 | <b>\$500 per person</b>                                                                                                                           | <ul style="list-style-type: none"><li>• Fluoride treatment: 100% of charge</li><li>• Scale &amp; clean: 100% of charge</li><li>• Periodic oral examination: 100% of charge</li></ul> |

|                                  |   |                                                                                                                                                   |                                                                                                                         |
|----------------------------------|---|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| ✓ <b>Non PBS pharmaceuticals</b> | 2 | <b>\$200 per person</b><br>combined limit for non pbs pharmaceuticals & vaccinations                                                              | <ul style="list-style-type: none"> <li>Per eligible prescription: 50% of charge</li> </ul>                              |
| ✓ <b>Osteopathy</b>              | 2 | <b>\$400 per person</b><br>combined limit for chiropractic, exercise physiology, osteopathy, physiotherapy & remedial massage<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: 50% of charge</li> <li>Subsequent visit: 50% of charge</li> </ul> |
| ✓ <b>Physiotherapy</b>           | 2 | <b>\$400 per person</b><br>combined limit for chiropractic, exercise physiology, osteopathy, physiotherapy & remedial massage<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: 50% of charge</li> <li>Subsequent visit: 50% of charge</li> </ul> |
| ✓ <b>Remedial massage</b>        | 2 | <b>\$400 per person</b><br>combined limit for chiropractic, exercise physiology, osteopathy, physiotherapy & remedial massage<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: 50% of charge</li> <li>Subsequent visit: 50% of charge</li> </ul> |
| ✓ <b>Vaccinations</b>            | 2 | <b>\$200 per person</b><br>combined limit for non pbs pharmaceuticals & vaccinations                                                              | <ul style="list-style-type: none"> <li>Per service: 50% of charge</li> </ul>                                            |

\*\$200 sublimit for Physiotherapy/ Myotherapy & Exercise Physiology; \$200 sublimit for Chiropractic, Osteopathy & Remedial Massage; up to overall combined limit of \$400. \*Non PBS Pharmaceuticals benefit applies after PBS co-payment is applied.

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

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

#### 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

**Phoenix Health Fund Limited**

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

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 1800 028 817

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