



Phoenix Health Fund Limited  
Gold Value 500

**\$745.24 / 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 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/GV/DBEW1Y

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 \$500 per admission. This is limited to a maximum of \$500 per person and \$500 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/GV/DBEW1Y Source: [Private Health Information Statement \(PHIS\)](#)

## Extras Cover

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

Note, for treatments marked with \*: \*Non PBS Pharmaceuticals excludes contraceptives and items purchased over the counter

| Treatment & waiting period (months) |   | Benefit limits per 12 months unless otherwise stated                                                                     | Examples of maximum benefits                                                                           |
|-------------------------------------|---|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| ✓ Acupuncture                       | 2 | <b>\$225 per person</b><br>combined limit for acupuncture, chiropractic, osteopathy & other services<br>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 person</b>                                                                                                  | <ul style="list-style-type: none"><li>• Per monitor: 80% of charge</li></ul>                           |
| ✓ Chiropractic                      | 2 | <b>\$225 per person</b><br>combined limit for acupuncture, chiropractic, osteopathy & other services<br>sub-limits apply | <ul style="list-style-type: none"><li>• Initial visit: \$40</li><li>• Subsequent visit: \$30</li></ul> |
| ✓ Dietetics/dietary advice          | 2 | <b>\$150 per person</b>                                                                                                  | <ul style="list-style-type: none"><li>• Initial visit: \$60</li><li>• Subsequent visit: \$40</li></ul> |

|                                         |    |                                                                                                                                         |                                                                                                                                                            |
|-----------------------------------------|----|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Endodontic                            | 2  | <b>\$800 per person</b><br>combined limit for endodontic, general dental & major dental<br>sub-limits apply                             | <ul style="list-style-type: none"> <li>Filling of one root canal: \$170</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: \$40</li> <li>Subsequent visit: \$30</li> </ul>                                                      |
| ✓ Eye therapy (orthoptics)              | 2  | <b>\$400 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: \$45</li> <li>Subsequent visit: \$44</li> </ul>                                                      |
| ✓ General dental                        | 2  | <b>\$800 per person</b><br>combined limit for endodontic, general dental & major dental<br>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>     |
| ✓ 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>\$800 per person</b><br>combined limit for endodontic, general dental & major dental<br>sub-limits apply                             | <ul style="list-style-type: none"> <li>Surgical tooth extraction: \$150</li> <li>Full crown veneered: \$800</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: \$70</li> </ul>                                                                          |
| ✓ Occupational therapy                  | 2  | <b>\$400 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: \$60</li> <li>Subsequent visit: \$40</li> </ul>                                                      |
| ✓ Optical                               | 6  | <b>\$240 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>\$1,200 per person</b><br>\$1,200 lifetime limit<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>\$225 per person</b><br>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>                                                      |
| ✓ Physiotherapy                         | 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: \$50</li> <li>Subsequent visit: \$37</li> </ul>                                                      |

|                           |   |                                                                                                                                         |                                                                                                       |
|---------------------------|---|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| ✓ <b>Podiatry</b>         | 2 | <b>\$200 per person</b><br>combined limit for orthotics (podiatric orthoses) & podiatry                                                 | <ul style="list-style-type: none"> <li>Initial visit: \$44</li> <li>Subsequent visit: \$34</li> </ul> |
| ✓ <b>Psychology</b>       | 2 | <b>\$250 per person</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 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: \$32</li> <li>Subsequent visit: \$25</li> </ul> |
| ✓ <b>Speech therapy</b>   | 2 | <b>\$400 per person</b><br>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> |
| ✓ <b>Vaccinations</b>     | 2 | <b>\$250 per person</b><br>combined limit for non pbs pharmaceuticals & vaccinations                                                    | <ul style="list-style-type: none"> <li>Per service: \$70</li> </ul>                                   |

\*Non PBS Pharmaceuticals excludes contraceptives and items purchased over the counter

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

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

## 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

**Phoenix Health Fund Limited**

Gold Value 500

**\$745.24 / month**

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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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