

**Phoenix Health Fund Limited**
Public Basic Hospital & Classic Ancillary**\$470.51 / 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 (2 or more people, only one of whom is an adult).

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 does not provide benefits for travel or accommodation outside of hospital.

Policy ID: PWA/PBA/DCYS1D**Source:** Private Health Information Statement (PHIS)

Hospital Cover

✓ Covered

R Restricted Cover

✗ Not Covered

This policy includes cover for

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

This policy does not include cover for

- | | |
|-----------------|-------------------------------|
| ✗ Insulin pumps | ✗ 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 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: No excess

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/PBA/DCYS1D Source: [Private Health Information Statement \(PHIS\)](#)

Extras Cover

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

Note, for treatments marked with * : *Overall Major Dental limit \$4400, with Sub Limits of \$1000 for Inlays, Onlays & Veneers; \$1600 for Crowns & Bridges; \$1500 for Implants. Lifetime Orthodontics limit of \$2400 per person.

Treatment & waiting period (months)		Benefit limits per 12 months unless otherwise stated	Examples of maximum benefits
✓ Acupuncture	2	\$450 per person combined limit for acupuncture, chiropractic, osteopathy & other services	• Initial visit: \$25 • Subsequent visit: \$25
✓ Ante-natal/Post-natal classes	2	sub-limits apply	• Initial visit: \$30 • Subsequent visit: \$30
✓ Blood glucose monitors	2	\$900 per person sub-limits apply	• Per monitor: 80% of charge
✓ Chiropractic	2	\$450 per person combined limit for acupuncture, chiropractic, osteopathy & other services	• Initial visit: \$40 • Subsequent visit: \$30
✓ Dietetics/dietary advice	2	\$300 per person	• Initial visit: \$60 • Subsequent visit: \$40
✓ Endodontic	2	No annual limit	• Filling of one root canal: \$170

✓ Exercise physiology	2	\$800 per person combined limit for exercise physiology, physiotherapy, remedial massage & other services sub-limits apply	- Initial visit: \$40 - Subsequent visit: \$30
✓ Eye therapy (orthoptics)	2	\$500 per person combined limit for eye therapy (orthoptics), occupational therapy & speech therapy sub-limits apply	- Initial visit: \$45 - Subsequent visit: \$44
✓ General dental	2	No annual limit	- Fluoride treatment: \$29 - Scale & clean: \$83 - Periodic oral examination: \$44
✓ Health management / Healthy lifestyle	2	\$150 per person	Health management: 80% of charge
✓ Hearing aids	12	\$1,700 per person sub-limits apply	Hearing aid: \$900
✓ Home nursing	2	\$500 per person sub-limits apply	- Initial visit: \$15 - Subsequent visit: \$15
✓ Major dental*	12	\$4,400 per person sub-limits apply	- Surgical tooth extraction: \$160 - Full crown veneered: \$875
✓ Non PBS pharmaceuticals	2	\$500 per person combined limit for non pbs pharmaceuticals & vaccinations	Per eligible prescription: \$70
✓ Occupational therapy	2	\$500 per person combined limit for eye therapy (orthoptics), occupational therapy & speech therapy sub-limits apply	- Initial visit: \$60 - Subsequent visit: \$40
✓ Optical	6	\$310 per person	- Multi-focal lenses & frames: 80% of charge - Single vision lenses & frames: 80% of charge
✓ Orthodontic	12	\$2,400 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer: 80% of charge
✓ Orthotics (podiatric orthoses)	2	\$400 per person combined limit for orthotics (podiatric orthoses) & podiatry	Orthotics supply & fit: 80% of charge
✓ Osteopathy	2	\$450 per person combined limit for acupuncture, chiropractic, osteopathy & other services	- Initial visit: \$40 - Subsequent visit: \$30
✓ Physiotherapy	2	\$800 per person combined limit for exercise physiology, physiotherapy, remedial massage & other services sub-limits apply	- Initial visit: \$50 - Subsequent visit: \$37
✓ Podiatry	2	\$400 per person combined limit for orthotics (podiatric orthoses) & podiatry	- Initial visit: \$44 - Subsequent visit: \$34

✓ Psychology	2	\$500 per person	- Initial visit: \$75 - Subsequent visit: \$75
✓ Remedial massage	2	\$800 per person combined limit for exercise physiology, physiotherapy, remedial massage & other services sub-limits apply	- Initial visit: \$32 - Subsequent visit: \$25
✓ Speech therapy	2	\$500 per person combined limit for eye therapy (orthoptics), occupational therapy & speech therapy sub-limits apply	- Initial visit: \$85 - Subsequent visit: \$45
✓ Vaccinations	2	\$500 per person combined limit for non pbs pharmaceuticals & vaccinations	Per service: \$70

*Non PBS Pharmaceuticals excludes items purchased over the counter

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

✗ Audiology

✗ Chinese medicine

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

Public Basic Hospital & Classic Ancillary

\$470.51 / month

(Before Rebate, Discount & Loading)

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Call now  1800 028 817 Sponsor link

Phoenix Health Fund Limited

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

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