Phoenix Health Fund Limited

Bronze Plus Care 750 & Kick Start Extras 50

$405.72 / 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 (and no-one else).

- 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/PHE5/TJPL20

Source: Private Health Information Statement (PHIS)

Hospital Cover

✓ Covered   R Restricted Cover   ✗ Not Covered

This policy includes cover for

- ✓ 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
- ✓ 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)
- R Rehabilitation
- ✓ Skin
- ✓ Tonsils, adenoids and grommets

This policy does not include cover for

- ✗ Assisted reproductive services
- ✗ Back, neck and spine
- ✗ Cataracts
- ✗ Dialysis for chronic kidney failure
- ✗ Implantation of hearing devices
- ✗ Insulin pumps
- ✗ Joint replacements
- ✗ Pain management with device
- ✗ Podiatric surgery (provided by a registered podiatric surgeon)
- ✗ 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 $750 per admission. This is limited to a maximum of $750 per person and $1500 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.

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/PHE5/TJPL20 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	**$400 per person** combined limit for chiropractic, exercise physiology, osteopathy, physiotherapy & remedial massage sub-limits apply	• Initial visit: 50% of charge • Subsequent visit: 50% of charge
✓ **Exercise physiology**	2	**$400 per person** combined limit for chiropractic, exercise physiology, osteopathy, physiotherapy & remedial massage sub-limits apply	• Initial visit: 50% of charge • Subsequent visit: 50% of charge

✓ **General dental***	2	**$500 per person**	• Fluoride treatment: 100% of charge • Scale & clean: 100% of charge • Periodic oral examination: 100% of charge
✓ **Non PBS pharmaceuticals**	2	**$200 per person** combined limit for non pbs pharmaceuticals & vaccinations	• Per eligible prescription: 50% of charge
✓ **Osteopathy**	2	**$400 per person** combined limit for chiropractic, exercise physiology, osteopathy, physiotherapy & remedial massage sub-limits apply	• Initial visit: 50% of charge • Subsequent visit: 50% of charge
✓ **Physiotherapy**	2	**$400 per person** combined limit for chiropractic, exercise physiology, osteopathy, physiotherapy & remedial massage sub-limits apply	• Initial visit: 50% of charge • Subsequent visit: 50% of charge
✓ **Remedial massage**	2	**$400 per person** combined limit for chiropractic, exercise physiology, osteopathy, physiotherapy & remedial massage sub-limits apply	• Initial visit: 50% of charge • Subsequent visit: 50% of charge
✓ **Vaccinations**	2	**$200 per person** combined limit for non pbs pharmaceuticals & vaccinations	• Per service: 50% of charge

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

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.

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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