

**Phoenix Health Fund Limited**  
**Silver Plus Advantage 250 & Base Extras****\$467.33 / month**  
(Before Rebate, Discount & Loading)  
Available in VIC

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:** 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 provides benefits for travel or accommodation outside of hospital - check with insurer for details.

**Policy ID: PWA/SEBA/VDW1D****Source:** Private Health Information Statement (PHIS)

## Hospital Cover

✓ Covered

R Restricted Cover

✗ Not Covered

**This policy includes cover for**

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

**This policy does not include cover for**

- |                                  |                       |
|----------------------------------|-----------------------|
| ✗ Assisted reproductive services | ✗ Sleep studies       |
| ✗ Pregnancy and birth            | ✗ 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](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 \$250 per admission. This is limited to a maximum of \$250 per person and \$250 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
- 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/SEBA/VDW1D Source: [Private Health Information Statement \(PHIS\)](#)

## Extras Cover

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

| Treatment & waiting period (months) |   | Benefit limits per 12 months unless otherwise stated             | Examples of maximum benefits                                                                                                                                 |
|-------------------------------------|---|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Chiropractic                      | 2 | \$250 per person<br>combined limit for chiropractic & osteopathy | <ul style="list-style-type: none"><li>• Initial visit: \$32</li><li>• Subsequent visit: \$24</li></ul>                                                       |
| ✓ General dental                    | 2 | \$500 per person                                                 | <ul style="list-style-type: none"><li>• Fluoride treatment: \$19.2</li><li>• Scale &amp; clean: \$55.2</li><li>• Periodic oral examination: \$29.2</li></ul> |
| ✓ Non PBS pharmaceuticals           | 2 | \$200 per person                                                 | <ul style="list-style-type: none"><li>• Per eligible prescription: \$30</li></ul>                                                                            |

|                        |   |                                                                         |                                                                                                                                                    |
|------------------------|---|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ <b>Optical</b>       | 6 | <b>\$150 per person</b>                                                 | <ul style="list-style-type: none"><li>• Multi-focal lenses &amp; frames: \$80</li><li>• Single vision lenses &amp; frames: 80% of charge</li></ul> |
| ✓ <b>Osteopathy*</b>   | 2 | <b>\$250 per person</b><br>combined limit for chiropractic & osteopathy | <ul style="list-style-type: none"><li>• Initial visit: \$32</li><li>• Subsequent visit: \$24</li></ul>                                             |
| ✓ <b>Physiotherapy</b> | 2 | <b>\$250 per person</b>                                                 | <ul style="list-style-type: none"><li>• Initial visit: \$40</li><li>• Subsequent visit: \$29.6</li></ul>                                           |

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

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

**Ambulance cover**

In VIC 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**

Silver Plus Advantage 250 & Base Extras

**\$467.33 / month**

(Before Rebate, Discount & Loading)

Available in VIC

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

**Disclaimer:** This document is not a Private Health Information Statement (PHIS), and it is not intended to replace that document. The details contained in the **healthslips.com.au Policy Information** was provided by the insurer to the Australian Government. It is intended as general information. It may not take into account your circumstances. For further information contact the insurer. Information used is Licensed from the Commonwealth of Australia under a Creative Commons 3.0 licence. Private Health Information Statement is available from the Private Health Insurance Ombudsman website at <https://privatehealth.gov.au/dynamic/Premium/PHIS/PWA/SEBA/VDW1D>