



**Phoenix Health Fund Limited**  
**Silver Plus Advantage 500 & Mid Extras**

**\$524.44 / month**  
(Before Rebate, Discount & Loading)  
Available in QLD

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/SEMA/QDFA1D**

**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 \$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
- 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/SEMA/QDFA1D 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.

| Treatment & waiting period (months) |   | Benefit limits per 12 months unless otherwise stated                                                 | Examples of maximum benefits                                                                               |
|-------------------------------------|---|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| ✓ Acupuncture                       | 2 | <b>\$400 per person</b><br>combined limit for acupuncture, chiropractic, osteopathy & other services | <ul style="list-style-type: none"><li>• Initial visit: \$22.5</li><li>• Subsequent visit: \$22.5</li></ul> |
| ✓ Blood glucose monitors            | 2 | <b>\$150 per person</b>                                                                              | <ul style="list-style-type: none"><li>• Per monitor: 80% of charge</li></ul>                               |

|                                                |    |                                                                                                                                         |                                                                                                                                                             |
|------------------------------------------------|----|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ <b>Chiropractic</b>                          | 2  | <b>\$400 per person</b><br>combined limit for acupuncture, chiropractic, osteopathy & other services                                    | <ul style="list-style-type: none"> <li>Initial visit: \$36</li> <li>Subsequent visit: \$27</li> </ul>                                                       |
| ✓ <b>Endodontic*</b>                           | 2  | <b>\$1,500 per person</b><br>combined limit for endodontic, general dental, major dental & orthodontic<br>sub-limits apply              | <ul style="list-style-type: none"> <li>Filling of one root canal: \$153</li> </ul>                                                                          |
| ✓ <b>Exercise physiology</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: \$35</li> <li>Subsequent visit: \$27</li> </ul>                                                       |
| ✓ <b>Eye therapy (orthoptics)</b>              | 2  | <b>\$300 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: \$40.5</li> <li>Subsequent visit: \$39.6</li> </ul>                                                   |
| ✓ <b>General dental*</b>                       | 2  | <b>\$1,500 per person</b><br>combined limit for endodontic, general dental, major dental & orthodontic<br>sub-limits apply              | <ul style="list-style-type: none"> <li>Fluoride treatment: \$21.6</li> <li>Scale &amp; clean: \$62.1</li> <li>Periodic oral examination: \$32.85</li> </ul> |
| ✓ <b>Health management / Healthy lifestyle</b> | 2  | <b>\$100 per person</b>                                                                                                                 | <ul style="list-style-type: none"> <li>Health management: 80% of charge</li> </ul>                                                                          |
| ✓ <b>Major dental*</b>                         | 12 | <b>\$1,500 per person</b><br>combined limit for endodontic, general dental, major dental & orthodontic<br>sub-limits apply              | <ul style="list-style-type: none"> <li>Surgical tooth extraction: \$144</li> <li>Full crown veneered: \$787</li> </ul>                                      |
| ✓ <b>Non PBS pharmaceuticals*</b>              | 2  | <b>\$250 per person</b><br>combined limit for non pbs pharmaceuticals & vaccinations                                                    | <ul style="list-style-type: none"> <li>Per eligible prescription: \$45</li> </ul>                                                                           |
| ✓ <b>Occupational therapy</b>                  | 2  | <b>\$300 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: \$54</li> <li>Subsequent visit: \$36</li> </ul>                                                       |
| ✓ <b>Optical</b>                               | 6  | <b>\$200 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>  |
| ✓ <b>Orthodontic*</b>                          | 12 | <b>\$1,500 per person</b><br>combined limit for endodontic, general dental, major dental & orthodontic<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>             |
| ✓ <b>Orthotics (podiatric orthoses)</b>        | 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>                                                                 |
| ✓ <b>Osteopathy</b>                            | 2  | <b>\$400 per person</b><br>combined limit for acupuncture, chiropractic, osteopathy & other services                                    | <ul style="list-style-type: none"> <li>Initial visit: \$36</li> <li>Subsequent visit: \$27</li> </ul>                                                       |

|                           |   |                                                                                                                                         |                                                                                                           |
|---------------------------|---|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| ✓ <b>Physiotherapy</b>    | 2 | <b>\$400 per person</b><br>combined limit for exercise physiology, physiotherapy, remedial massage & other services                     | <ul style="list-style-type: none"> <li>Initial visit: \$45</li> <li>Subsequent visit: \$33.3</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: \$39.6</li> <li>Subsequent visit: \$30.6</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: \$25</li> <li>Subsequent visit: \$22.5</li> </ul>   |
| ✓ <b>Speech therapy</b>   | 2 | <b>\$300 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: \$76.5</li> <li>Subsequent visit: \$40.5</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: \$45</li> </ul>                                       |

\*\*Overall Dental limit \$1500 with Sub Limits of \$1000 each on: Crowns & Bridges; Implants; Inlays, Onlays & Veneers. Lifetime Limit of \$1000 on Orthodontics

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

- |                                 |                            |              |
|---------------------------------|----------------------------|--------------|
| ✗ Ante-natal/Post-natal classes | ✗ Dietetics/dietary advice | ✗ Psychology |
| ✗ Audiology                     | ✗ Hearing aids             |              |
| ✗ Chinese medicine              | ✗ Home nursing             |              |

## Ambulance cover

Ambulance cover is provided by the State government for Queensland residents (<https://www.ambulance.qld.gov.au>). This includes cover whilst interstate.

**For further information about this policy see:** <https://phoenixhealthfund.com.au/covers-by-life-stage/>

## Insurer Details



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**\$524.44 / month**

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Call now  1800 028 817 Sponsor link

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

 [enquiries@phoenixhealthfund.com.au](mailto:enquiries@phoenixhealthfund.com.au)

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