

Your guide to

Basic Accident Only Hospital



\$750 Excess

Basic Accident Only Hospital Cover has a \$750 excess, which is payable by the adults on your membership when you go to hospital, but keeps your premiums as low as possible.



Unlimited ambulance cover

Simple and reliable; unlimited emergency and non-emergency ambulance cover Australia-wide for all medically necessary transport by air, land and sea.



Affordable protection

Basic Accident Only Hospital is our entry level Hospital Cover, ideally suited to those that just want protection in the event of an accident.



Your Hospital cover

These are the included (✓), excluded (✗) and restricted (R) services included in your Basic Accident Only Hospital cover.

Treatment Category	Benefit
Assisted reproductive services	✗
Back, neck and spine	✗
Blood	✗
Bone, joint and muscle	✗
Brain and Nervous System	✗
Breast surgery (medically necessary)	✗
Cataracts	✗
Chemotherapy, radiotherapy and immunotherapy for cancer	✗
Dental surgery ¹	✗
Diabetes management (excluding insulin pumps)	✗
Dialysis for chronic kidney failure	✗
Digestive system	✗
Ear, nose and throat	✗
Eye (Not Cataracts)	✗
Gastrointestinal endoscopy	✗
Gynaecology	✗
Heart and vascular system	✗
Hernia and appendix	✗
Implantation of hearing devices	✗
Insulin pumps	✗
Joint reconstructions	✗
Joint replacements	✗
Kidney and bladder	✗
Lung and chest	✗
Male reproductive system	✗
Miscarriage and termination of pregnancy	✗
Pain management	✗
Pain management with device	✗
Plastic and reconstructive surgery (medically necessary)	✗
Podiatric surgery (provided by a registered podiatric surgeon)	✗
Pregnancy and birth	✗
Skin	✗
Sleep studies	✗
Tonsils, adenoids and grommets	✗
Weight loss surgery	✗
Hospital Psychiatric Services	R
Palliative Care	R
Rehabilitation	R

¹Extras cover with dental benefits may be required for Dental Surgery, see the Phoenix Health Member Guide or contact us for more information.

What is Basic Accident Only Hospital Cover?

Basic Accident Only Hospital Cover provides you with the peace of mind that we'll have your back in the event of an accident. For all the excluded services on Basic Accident Only Hospital, where you've been approved for Accident Cover benefits, we'll waive the waiting periods and you'll be covered as a private patient in a private hospital.

What is an Accident?

When it comes to Private Health Insurance, an accident is an injury that occurs unintentionally or unexpectedly that requires immediate treatment by a Doctor at a hospital. An accident can't be attributed to medical causes.

What do I need to know about Basic Accident Only Hospital Cover?

What to do if you have an accident

If you're ever in an accident, firstly make sure everyone is safe, then call 000 for an ambulance, or go to a hospital emergency department for treatment. We ask that you get in contact with us as soon as you are able so that we can guide you through the claiming process.

How to make a claim

To be eligible to claim on your Basic Accident Only Hospital, you must report to an emergency facility within 24 hours of the injury and a Doctor's report must be submitted to Phoenix Health along with any supporting documentation as requested.

Using my cover in a Private Hospital

If you're admitted as a Private Patient in a Private Hospital and have been approved for Accident Cover benefits, Phoenix Health will provide benefits for the following::

- ✓ Day surgery and theatre fees
- ✓ Overnight accommodation
- ✓ Medicare recognised procedures
- ✓ Intensive Care Unit
- ✓ In-hospital pharmacy, pathology and medical supplies
- ✓ Surgeons, Anaesthetist, Assisting/Attending Doctor's fees
- ✓ Private room (where available)

What happens if you are a private patient in a public hospital?

When you're admitted into a Public Hospital it's your choice whether you elect to be admitted as a public patient (your stay will be covered by Medicare), or a private patient. However it is important to know that no benefits are payable for private admissions in a public hospital under Basic Accident Only Hospital, and as such you will experience significant out of pocket costs towards your treatment should you chose to be admitted as a private patient.

Unlimited Ambulance Cover

Phoenix Health Basic Accident Only Hospital provides you with unlimited cover for all medically necessary ambulance treatment and transport across Australia - road, air and sea.

Medically necessary means on-site treatment or transport to your closest hospital or emergency department for treatment of an acute medical condition or accident.

What is a Restricted Service?

A restricted service provides the minimum (default) benefit as set by the Australian Government which means you are covered for accommodation only as a private patient in a shared ward of a Public Hospital. If you're admitted to a private room of a Public Hospital or a Private Hospital for a restricted service, you will experience high out of pocket costs. No theatre costs are covered for restricted services in a public hospital.

Waiting periods

If you're joining Private Hospital Cover for the first time then you will need to serve the waiting periods set out below. If you're transferring from another fund and join Phoenix Health within 30 days, we'll honour any waiting periods you've already served.

Pre-existing conditions, Pregnancy and Birth	12 months
Hospital Psychiatric services, Rehabilitation and Palliative care	2 months
All other conditions requiring a hospital admission, that are not considered pre-existing	
Hospital Care programs	
Unlimited Ambulance services	1 day
Hospital treatment as a result of an accident	No waiting period applies

Transferring from another fund?

We'll look after you when you transfer to Phoenix Health and make sure that any waiting periods that you've served at your previous fund will stay served with us.

If you're covering new services with us or if your cover is considered an upgrade, then the waiting periods above will apply only to those new services or upgrades to your cover.

Upgrading your cover?

Changing your cover to include more than it previously had or reducing the amount of Excess that is applied to your cover is considered an upgrade. When you upgrade your cover, the above waiting periods apply. You will continue to have access at the same level to any services or benefits that you have already served waiting periods for as long as they're included in your upgraded cover.

What is a pre-existing condition?

If you've already served the 12 month waiting period for all the services included in your cover and haven't upgraded your Excess then you don't need to worry about the pre-existing condition waiting period.

A pre-existing condition is any condition where signs or symptoms were present in the 6 months prior to taking out or upgrading your cover. If you find yourself needing an admission within waiting periods, this will require your Doctor and Specialist to provide information to a Medical Practitioner appointed by us to determine if your condition is pre-existing or not. Please contact us as early as possible if you need to go hospital so we can guide you through the process.

To learn more visit phoenixhealthfund.com.au/waiting-periods

Your Excess

A \$750 Excess is payable on admission to hospital once per adult, per calendar year, regardless of how many times you need to go to hospital.

The Excess is always waived for all dependants on your membership under the age of 25.

Access Gap

For every Medicare recognised in-hospital procedure, Medicare sets out a schedule of fees called the Medicare Benefits Schedule (MBS). Your Doctor can charge above the MBS fee; if they choose to do so this will be your out-of-pocket cost.

Enter Phoenix Health Access Gap Cover Scheme: it's your Doctor's choice to participate and where they do, your out-of-pocket expenses will be reduced or eliminated.

For more information about Access Gap, check out the Member Guide or visit phoenixhealthfund.com.au/access-gap-cover-scheme.

Looking for a participating Doctor? Or want to check out what hospitals we have agreements with? You can quickly search for a doctor, specialist or hospital by visiting our search tool at phoenixhealthfund.com.au/doctor-hospital-search.

Going to Hospital?

This is what we know and where we can really help you out. As soon as you find out you'll need a hospital admission contact us so you can be confident in what to expect. We'll talk you through minimising doctor's fees and any other out-of-pocket costs as well as check your cover and discuss any pre or post-hospital support programs that we may have available for you.

Let us help you, so you can focus on what's important; **we're here for you.**

This information is current as at 1 August 2024. This brochure contains product specific benefit information, and as such should be read and retained in conjunction with the Member Guide and Fund Rules which contain full membership, claiming and eligibility rules. Benefits vary according to level of cover.

Contact the Phoenix Health Team on **1800 028 817** or email enquiries@phoenixhealthfund.com.au if you have any questions about your cover, Phoenix Health membership or if you're planning a hospital admission; **we're here to help.**



Your guide to

Healthy Flex Extras 50

*Only available combined with any
Phoenix Health Hospital cover.*



Percentage based benefits

Forget the swipe and hope, and claim with confidence knowing you'll get at least 50% back for all included services and treatments up to your annual limits.



Choose your Extras provider

Your preferred provider is ours too. We don't lock you into a preferred provider network so you get the same great benefits no matter who you choose to treat you.



100% back on dental check-ups

Get 100% back on two preventative check-ups, including a scale and clean, every year at the dentist of your choice where limits are available.

Extras limits with flex

Health Flex means you have the freedom to use your extras limits however you choose – they'll flex to your needs!

With Healthy Flex Extras you have two limits; one limit for general dental treatments, including 100% back twice a year on services like a scale and clean, and one limit for everything else – so you can claim more on the services you use the most while staying covered for things you use less often!

Your Included Services

You receive a **50% set benefit** for the following range of services. Unless otherwise specified, limits are per person, per year and reset on the 1st of January each year. So that you’ve got all the information about claiming these benefits, make sure you check out the details on the next page.

Service	Benefit	Sub-Limit	Limit
Gap Free Dental* 100% back on select services like a check-up and clean twice a year.	100%	2 per year	\$700 overall limit for Gap Free Dental and General Dental
General Dental Fillings, some extractions, x-rays and more.	50%		
Major Dental and Endodontic Crowns, implants, dentures, root canals and more.	50%		\$700 overall limit
Optical* Frames, single and multi focal lenses, optical repairs and more.	50%	\$200 sublimit	
Physio Initial and subsequent visits.	50%		
Chiropractic Initial and subsequent visits, chiropractic x-rays.	50%		
Podiatry Initial and subsequent visits.	50%		
Remedial Massage Initial and subsequent visits.	50%	\$200 sublimit	

Am I covered for ambulance services?

All Phoenix Health Hospital covers include unlimited benefits for medically necessary ambulance treatment and transport across Australia you will have benefits for ambulance services. So, should you need one, any Ambulance claims you have will be covered in full and processed against your Phoenix Health Hospital Cover.

Medically necessary means on-site treatment or transport to your closest hospital or emergency department for treatment of an acute medical condition or accident.

Claiming information*

Gap Free Dental

Everyone on your membership will get 100% back for the following treatments once per appointment, twice per calendar year where limits are available on the following item numbers:

- Oral examinations (item 011, 012 and 013)
- Scale and clean (item 111, 114, 115 and 121)
- Fissure and/or tooth surface sealing (item 161)

Thereafter, benefits will be paid according to your level of cover. This also applies for where more than one fissure seal or tooth surface sealing (item 161) is required per appointment.

Optical

Optical benefits do not apply to glasses in which no prescription or sight correction is needed, i.e. sunglasses.

Claiming your benefits

The easiest way to make a claim is to swipe your Phoenix Health membership card at the time of your treatment. If your provider doesn't offer HICAPS claiming or you don't have your card handy, download the Phoenix Health App from the App Store or Google Play to submit a Fast Claim or a photo of your itemised account.



Waiting Periods

If you're joining Extras Cover for the first time then you will need to serve the waiting periods set out below. If you're transferring from another fund and join Phoenix Health within 30 days, we'll honour any waiting periods you've already served.

Optical	6 months
Major Dental and Endodontic	12 months
All other included services	2 months

Transferring from another fund?

We'll look after you when you transfer to Phoenix Health and make sure that any waiting periods that you've served at your previous fund will stay served with us.

If you're covering new services with us or if your cover is considered an upgrade, then the waiting periods above will apply only to those new services or upgrades to your cover.

Any benefits you've already claimed with your previous fund will be counted towards your limits with us.

Upgrading your cover?

Changing your cover to include more services or higher limits than it previously had is considered an upgrade. When you upgrade your cover, the above waiting periods apply. You will continue to have access to the same services and limits that you have already served waiting periods for as long as they're included in your upgraded cover.

This information is current as at 1 November 2022. This brochure contains product specific benefit information, and as such should be read and retained in conjunction with the Member Guide and Fund Rules which contain full membership, claiming and eligibility rules. Benefits vary according to level of cover.

Contact the Phoenix Health Team on **1800 028 817** or email **enquiries@phoenixhealthfund.com.au** if you have any questions about your cover, Phoenix Health membership or if you are requiring treatment; **we're here to help**.

