Phoenix Health Fund

Your guide to

# Bronze Hospital



## Your choice of Excess

Bronze Hospital gives you the choice of two Excess options so you choose how much you want to pay should you be admitted to hospital.



## 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.



## Australia-wide cover

With over 550 participating hospitals and 36,000 Access Gap Doctors Australia-wide your cover will be right there with you whenever you need it.

## Your choice of Excess

**With Bronze Hospital you have the choice between two Excess options. To reduce the cost of your premiums without compromising your level of cover, select the higher Excess option.**

**$500** or **$750**

**1800 028 817**
**info@phoenixhealthfund.com.au**
PO Box 156 Newcastle NSW 2300
ABN 93 000 124 863

## Your Hospital cover

These are the included (✔), excluded (✘) and restricted (**R**) services included in your Bronze Hospital cover.

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

## Using my cover in a Private Hospital

If you're admitted as a Private Patient in a Private Hospital for any of the included services, 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
- ✔ Specialist surgeons, Anaesthetist and Assisting or Attending Doctor's fees
- ✔ Private room (where available)

## Using my cover 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 (your admission will be covered by your private health insurance).

Where you elect to be covered as a private patient in a Public Hospital, you will be eligible for accommodation benefits paid at a shared ward rate. So if you are given a private room, **you may end up with out of pocket expenses**. Please see the Phoenix Health Member Guide for more information about electing to be treated as a private patient in a public hospital.

## 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.

## The special things about your cover

**Unlimited ambulance cover - medically necessary**
Phoenix Health Bronze 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.*

**Excess waiver for dependants**
We know you've got enough to worry about if your kids are sick so we always waive the Excess for dependants on your membership under the age of 25.

**Travel and accommodation benefits**
Benefits are available towards travel and accommodation expenses when travel of more than 300 kilometres return for a hospital admission is required. Contact us or refer to the Member Guide for more information about these benefits, and eligibility.

**Hospital Care Programs**
We're with you throughout your hospital journey and have a range of programs available to help prepare you for a hospital admission and help you recover quicker at home. If you're planning a hospital admission, contact the Phoenix Health Team to learn more.

## 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**

**What is an accident?**
If you're within waiting periods or your hospital cover has exclusions; if you are hospitalised as a result of an accident, the mandatory waiting period for that condition will be waived and benefits will be payable for a private hospital admission, regardless of whether the service is excluded on your level of cover or not. Excesses are not waived for accidents.

For the full details on Accident Cover see the Phoenix Health Member Guide, or contact the Phoenix Health Team.

## Your Excess

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

With Bronze Hospital you have the choice between two Excess options; $500 or $750, to reduce the cost of your premiums without compromising on cover select a higher excess level.

**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 October 2026. 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 **info@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**.

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**Your guide to**

# Value Extras 60

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



## Percentage based benefits

Forget the swipe and hope, claim with confidence knowing you'll get at least 60% 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. See page 3 for more details.

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## Your Included Services

You receive a **60% 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 | Sublimit | Limit |
|---|---|---|---|
| **Gap Free Dental*** 100% back on select services like a check-up and clean twice a year. | 100% | 2 per year | $900 overall limit for **Gap Free Dental** and **General Dental** |
| **General Dental** Fillings, some extractions, x-rays and more. | 60% | | |
| **Major Dental and Endodontic** Crowns, implants, dentures, root canals and more. | 60% | | $800 |
| **Orthodontic*** Braces, retainers and more. | 60% | | $800 per year, and $2,100 lifetime limit |
| **Optical*** Frames, single and multi focal lenses, optical repairs and more. | 60% | | $250 |
| **Pharmacy*** Non-PBS Pharmaceuticals including private prescriptions not already subsidised by the PBS. | 60% | | $250 |
| **Physiotherapy, Myotherapy & Exercise Physiology** Initial and subsequent visits. | 60% | $400 sublimit | $800 overall limit for all **Core Wellbeing** therapies |
| **Chiropractic & Osteopathy** Initial and subsequent visits. | 60% | $400 sublimit | |
| **Podiatry** Initial and subsequent visits. | 60% | | $300 |
| **Orthotics** Orthotic or podiatric devices. | 60% | | $200 |
| **Psychology, Speech, Eye and Occupational Therapies** Initial and subsequent visits. | 60% | $200 sublimit per therapy | $600 overall limit for all **Mindful Wellbeing** therapies |
| **Accupuncture** Initial and subsequent visits. | 60% | | $200 |
| **Remedial Massage** Initial and subsequent visits. | 60% | | $200 |
| **Healthy Lifestyle*** Including benefits towards Dietetics, Quit smoking courses, weight management programs, Asthma programs and more. | 60% | | $200 |
| **Aids to Recovery*** Including various aids and appliances to aid in recovery from a hospital admission in the six months leading up to the claim or for those who suffer a Chronic Condition as confirmed by a Doctor's letter, e.g. blood pressure monitor, nebuliser or CPAP machine. | 60% | | $200 per item, $600 overall limit every 2 years |

### 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*

### General & Preventative Dental
Everyone on your membership will get 100% back for the following treatments once per appointment, twice per calendar year:

- 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.

### Orthodontic
Orthodontic benefits are claimable once in the insured lifetime of a member.

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

### Pharmacy
Benefits apply per prescription after PBS co-payment and excludes items purchased over the counter.

### Healthy Lifestyle
Benefits are payable towards Healthy Lifestyle Programs that form part of a Health Management Plan designed to manage a specific health condition as recommended by your doctor or health professional.

To claim these benefits, a Healthy Lifestyle Program Treatment Plan must be completed by your treating health professional and submitted to Phoenix Health. You can download a **Healthy Lifestyle Treatment Plan Form** from our website or by contacting the Phoenix Health Team.

### Aids to Recovery
To claim Aids to Recovery, your Doctor's letter must outline the requirement for the device or appliance. Contact Phoenix Health for a full list of Aids and Appliances and for eligibility requirements. No other benefits are payable towards repairs, rentals, other parts, medical reporting or consumables. CPAP benefits are payable on machines and mask only.

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

## 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.

| | |
|---|---|
| Ambulance | 1 day |
| Optical | 6 months |
| Major Dental and Endodontic, Orthodontics and Aids to Recovery | 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 October 2026. 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. Phoenix Health Everyday Extras 60 is only available to purchase when combined with a Phoenix Health Hospital cover.

Contact the Phoenix Health Team on **1800 028 817** or email **info@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**.

## 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.

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