



Not-for-profit



BIG benefits

Information & Benefits effective Feb 2018

Welcome to the Health Fund that puts you first.

With over 64 years servicing the needs of our members, Phoenix Health Fund continues to provide great value, not-for-profit Private Health Insurance to all Australians.

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Information contained in this brochure is effective as at 01/04/2018. Please ensure that you read this information in conjunction with the funds website. Please ensure you read and retain this brochure for your records.





Why Choose Phoenix?

As a not-for-profit health fund our members are our number one priority, not shareholders. This gives Phoenix the opportunity to provide more benefits and support to our members for less*

We have history

Phoenix Health Fund was originally established in 1953 for the employees of Stewarts & Lloyds. Through the passing of time Phoenix has continued to offer Private Health Insurance to the companies that represent Stewarts and Lloyds today. Phoenix Health Fund now proudly offer Private Health Insurance to anyone that wishes to join the fund.

Phoenix Health Fund is a registered, not-for-profit Private Health Insurer, protecting all Australians and their families for over 64 years.

64

years experience



Not-for-profit = BIG benefits

Did you know we pay back more in benefits than any of the big health funds? The big funds might tell you they pay more back, but government reports show that Phoenix pays more than any of the big health funds. This means our members gain more back in benefits than members of other funds. **



** Benefits paid as a percentage of contributions * Operations of Private Health Insurers Annual Report 15-16

* MOHF Fact Finding report KPMG

We are dedicated to our members

We care about our members and our members care about us. Over the last five consecutive years, Phoenix Health Fund's member satisfaction survey confirmed that over 97% of our members are satisfied with the products and services that we offer them.



OVER customer
97 % **SATISFACTION***
7YRS RUNNING!

More Doctors & Hospitals

Phoenix Health Fund is a part of the Australian Health Service Alliance (AHSA).

Through the AHSA, Phoenix members can access a wide range of doctors and hospital Australia wide. This allows members the opportunity to have the doctor of their choice, in the hospital they prefer.

Check out the Access Gap Cover Scheme to see more advantages of being apart of the AHSA.

Access Gap Cover Scheme

Being part of the Australian Health Service Alliance (AHSA), Phoenix Health Fund offers members with the opportunity to use the AHSA Access Gap cover scheme (AGC).

This scheme is designed to reduce or remove out of pocket expenses for medical charges.

It is recommended that before proceeding with any medical procedures, you contact the fund first.

We don't limit your choice of providers

As a member of Phoenix Health Fund, you are able to claim for treatment at any registered provider of your choice. This means that our members have the flexibility of visiting any provider of their choice, knowing that they will receive the maximum benefit payable. For a list of registered providers, simply visit our website or contact the fund.

Why Private Health Insurance

Find out why over 50% of Australians are currently purchasing Private Health Insurance to take care of their health needs.

Avoid lengthy waiting periods

While the public system (free to all Australian citizens) is important, there are some shortfalls in the public system that Private Health Insurance can help you avoid.

Public hospital waiting periods is one important area where Private Hospital Insurance is particularly helpful. Having Private Hospital Insurance cover means you can choose to have your elective surgery (defined as non life-threatening, such as a hip replacement, or wisdom teeth removal) at a time that suits you best. This means you can effectively avoid the public hospital waiting list (which can be months, or even years) and be treated sooner.



Your choice of Doctor & Hospital

With Private Health Insurance you can have the peace of mind in knowing that you and your family can be treated when you want, by the registered doctor or specialist you want, and at a Public or Private Hospital of your choice.

To find out if your doctor or chosen hospital has an agreement with the fund, please visit our website or contact the fund.



Support for specific conditions

For specific health related conditions, your Private Health Insurance may also be able to provide additional support that is not available or offered in the public system, such as benefits towards blood glucose monitors for diabetics. Private Health Insurance can also help towards the cost of chronic disease management plans developed by your General Practitioner. This offers additional help when individuals need it most.

Help with everyday expenses

If you are making regular appointments with service providers like a dentist, physiotherapist or remedial masseuse, or you wear items such as glasses or contact lenses, extras cover offered by a Health Insurer can help support you with these everyday expenses.



Private Health Insurance Rebates

The Australian Government offers people who they consider to be low income earners, a Government Rebate (or discount) which can be claimed off the cost of your Private Health Insurance. For low income earners, this Government Rebate offers Private Health Insurance to eligible Australians at a more affordable rate. More information on this rebate can be found on page 34.

Avoid additional charges

The Medicare Levy Surcharge (MLS) affects those who are considered to be high income earners and who are not currently purchasing Private Health Insurance. Purchasing Private Health Insurance can help you avoid this tax. More information can be found on page 36.



Lifetime Health Cover (LHC) means you may have to pay a 2% loading on top of your regular contributions for each year that you don't purchase Private Hospital cover once you are over the age of 31. This can be avoided by purchasing Private Health Insurance on your 31st birthday and maintaining this cover.



How to Choose

Phoenix Health Fund offers several ways to tailor your cover to suit your needs. You can either mix and match your Private Hospital and Extras cover or simply choose from one of our packaged covers.

Option 1

mix & match

Hospital Extras Cover

01 >>>>>

First choose a Hospital cover

Depending on your needs, there are several levels of cover available. If you are looking to save money you can choose a hospital policy that excludes medical items that you don't want to be covered for.

Turn to page 10 to view your options.

02

Then choose your Extras cover

Tailor your extras to be as individual as you are. Once you have chosen your Hospital cover, we recommend you start by looking at our mid extras cover. Then see if there are some services which you would like to add or subtract.

Turn to page 14 to view your options.

Option 2

Packaged Cover

If you are unsure as to what mix and match policy suits you best, why not take a look at Phoenix's Packaged Hospital and Extras Covers. With two tailored policies to suit the needs of most, a Phoenix Packaged Cover may be just what you are looking for.

Turn to Page 24 to choose your Packaged Cover

01 Private Hospital

Phoenix Health Fund offers a broad range of Private Hospital policies to suit all needs and life stages. To explore our range of Private Hospital policies, browse the product information below.

<div>Top Hospital Nil Excess</div> <div>Priced from \$174.60*/m</div>	<div>Top Hospital \$500 Excess</div> <div>Priced from \$149.09*/m</div>	<div>Mid Hospital \$500 Excess</div> <div>Priced from \$119.40*/m</div>	<div>Basic Hospital \$500 Excess</div> <div>Priced from \$90.77/m</div>
<div>Providing the full range of coverage in both private and public hospitals across the country, this policy gives you the most comprehensive Hospital coverage available, leaving you with complete peace of mind.</div>	<div>This policy offers members all the same great comprehensive benefits as our Top Hospital cover, but with the extra option of adding a hospital excess of up to \$500 to help you save money.</div>	<div>This policy provides cover for those who don't think they will need comprehensive cover (for services such as Pregnancy or Hip Replacements) but still want to be covered for more than just the basics.</div>	<div>This policy offers great coverage for treatments that younger people are most likely to need. This can help you save money by excluding treatments that you're not likely to need in Private Hospital.</div>
<div>Top Hospital Cover</div>	<div>Top Hospital Cover</div>	<div>Mid Hospital Cover</div>	<div>Basic Hospital Cover</div>
<div>Nil Excess</div>	<div>\$500 Excess Overnight \$250 Excess Day Procedure</div>	<div>\$500 Excess Overnight \$250 Excess Day Procedure</div>	<div>\$500 Excess Overnight \$250 Excess Day Procedure</div>
<div>Peace of Mind</div>	<div>No Excess for children</div>	<div>No Excess for Children</div>	<div>No Excess for Children</div>
<div>Comprehensive</div>	<div>Top Benefits for Less</div>	<div>A Happy Medium</div>	<div>Cover for the Basics</div>



What we cover in hospital

For in-patient hospital services, Phoenix covers the following services.

Private and Public hospital access	Intensive care
Doctors surgical fees and in-hospital consultations	Labour ward
Public or Private Hospital accommodation (minimum shared room default rates)	Prosthesis (Commonwealth Government Approved, up to benefit listed on the Government's prosthesis list)
Same day patient fees	In-Hospital Pharmacy
Theatre fees	All other in-patient services where a Medicare benefit is payable (not listed as an exclusion in the table below)

Treatments covered	Top Hospital	Top Hospital \$500 Excess	Mid Hospital \$500 Excess	Basic Hospital \$500 Excess
Treatment for injuries sustained in an accident	✓	✓	✓	✓
Prosthesis	✓	✓	✓	✓
Appendicitis treatment / Removal of appendix	✓	✓	✓	✓
Removal of tonsils and adenoids	✓	✓	✓	✓
Joint reconstruction and investigations	✓	✓	✓	✓
Surgical removal of wisdom teeth (hospital charge only)	✓	✓	✓	✓
Colonoscopy/Gastroscopy	✓	✓	✓	✓
Surgery on broken bones	✓	✓	✓	✓
Ambulance Coverage *	✓	✓	✓	✓
Cosmetic surgery covered by Medicare	✓	✓	✓	✓
Heart related services	✓	✓	✓	✗
Rehabilitation	✓	✓	✓	-
Palliative care	✓	✓	-	-
Psychiatric services	✓	✓	-	-
Insulin pump / Neurostimulator	✓	✓	✗	✗
Pregnancy and birth related services	✓	✓	✗	✗
Fertility treatment (e.g. IVF & GIFT programs)	✓	✓	✗	✗
Major eye surgery (including cataract and eye lens services)	✓	✓	✗	✗
Joint replacements	✓	✓	✗	✗
Spinal procedures and related services	✓	✓	✗	✗
Renal dialysis	✓	✓	✗	✗
Obesity Surgery	✓	✓	✗	✗
Cosmetic surgery not covered by Medicare	✗	✗	✗	✗
Outpatient services covered by Medicare	✗	✗	✗	✗

Key: ✓ = Covered, - = Restricted (see page 12 for definition) ✗ = Excluded/not covered.

* Please refer to page 17 regarding how you are covered for Ambulance.

Important Information

Before making a decision on your hospital cover it is important that you both read and understand the below information as it may affect the level of cover you choose to take. If you require any further information, please contact our office.

What we can't cover

- Non Medicare procedures
- The amount the doctor charges above the Medicare MBS fee or "Access Gap" cover amount
- Treatment without relevant waiting periods served
- Prosthesis that are not approved by the Commonwealth Government
- Compensation or third party claims
- Non-inpatient services
- Some drugs, pharmacy items and non-PBS drugs for personal use or on discharge;
- Any item listed as an exclusion
- Services provided outside of Australia



Fund Waiting Periods

Waiting periods apply across all Phoenix Health Fund Private Hospital policies and include:

Pre-existing conditions	12 months
Pregnancy and birth related services, assisted reproductive services	12 months
Psychiatric, rehabilitation and palliative care	2 months
Upgrading cover to a nil excess policy	2 months
All other hospital/medical items	2 months
Accident coverage	Nil

To ensure you have continuity of cover, we will waive any waiting periods you have already served with your previous fund, up to the limits you are currently entitled to.

Restricted Services

If you have been admitted into a Private Hospital under an item listed as restricted on your policy, you will only be covered for the doctors fees up to the standard Medicare scheduled fee. Accommodation will also only be paid at the standard Public Hospital accommodation rate (resulting in an out of pockets expense) and no benefit will be paid for theatre fees. If you require further information, please call our office.

Excess explained

Hospital excess is designed to let Phoenix members share some of the cost of hospital admissions in return for lower premiums. For policies which contain an excess:

- Excess is applied on a calendar year basis.
- The maximum excess payable per year per adult is \$500.
- A reduced excess of \$250 is payable for a stay that does not require overnight admission.
- Excess will not be payable for any child dependent on a family policy.
- A 2 month waiting periods applies when upgrading cover to a nil excess policy.

Ambulance Coverage

Phoenix Health Fund covers all members for medically necessary ambulance transport across Australia. This coverage is not limited and provides access to land, air and sea ambulance transport.

Phoenix Health Fund provides this coverage directly, so members do not need to purchase Ambulance subscriptions.



Medical Gap cover

As a member of the Australian Health Service Alliance, Phoenix has "Access Gap" arrangements with more than 30,000 doctors Australia-wide. If your doctor uses the "Access Gap" scheme, you will either have, no out-of-pocket expenses OR; A known gap. This means that you will know the amount you will have to pay out of pocket before treatment begins.

To check whether your doctor participates, use our Doctor Search facility, or ask your doctor. Because Doctors can choose whether to participate in in this scheme on a patient-by-patient basis, it is important to ask your doctor before your procedure if you will have any out-of-pocket expenses.

Visit the provider of your choice!

Phoenix Health Fund doesn't have preferred providers like some health funds do, and this is to the advantage of our members. Phoenix members can enjoy claiming with their own service provider of choice and in the location that suits them best. Perfect!

**Always contact
the Fund prior
to an admission
to hospital.**

Help us, help you! Reducing or removing your out of pocket expenses when you go into hospital is what we love to do best! If you have plans on being admitted into hospital, make sure you give our office a call and we will talk you through the process and your best options.

02 Extras Cover

Phoenix has many different levels of extras cover which provide benefits for popular extras services and treatments that our members require for their day-to-day health management. All Extras policies are available to purchase when combined with a Phoenix Hospital cover.

Top Extras

Priced from
\$74.53*/m

Providing the full range of coverage for extras services along with the highest benefits available, this policy gives you Phoenix's most comprehensive extras cover available.

Top Extras is only available to purchase when combined with a Phoenix Hospital cover.

Full range of extras

Highest benefits available

Healthy Lifestyle benefits

Ambulance Coverage

[View details on page 18](#)

Mid Extras

Priced from
\$42.13*/m

This policy offers a moderate level of extras cover. Mid extras provides coverage for most services, but removes high cost items (that younger people don't tend to use) for a more affordable policy price.

Mid Extras is only available to purchase when combined with a Phoenix Hospital cover.

Mid range of extras

Most extras available

Healthy Lifestyle benefits

Ambulance Coverage

[View details on page 20](#)

Basic Extras

Priced from
\$22.12*/m

This policy offers services to those who maintain a healthy lifestyle but are only seeking the essentials at an affordable price.

Basic Extras is only available to purchase when combined with a Phoenix Hospital cover.

Basic range of extras

All the basics are covered

Pay only for what you need

Ambulance Coverage

[View details on page 22](#)



A range of extras designed to suit your needs and budget

Treatments covered	Top Extras	Mid Extras	Basic Extras
General dental	✓	✓	✓
Optical	✓	✓	✓
Ambulance Coverage*	✓	✓	✓
Physiotherapy	✓	✓	✓
Chiropractic & Osteopathic	✓	✓	✓
Non PBS Pharmaceuticals	✓	✓	✓
Major dental	✓	✓	✗
Endodontic	✓	✓	✗
Orthodontic	✓	✓	✗
Acupuncture	✓	✓	✗
Orthoptic Therapy	✓	✓	✗
Speech Therapy	✓	✓	✗
Occupational Therapy	✓	✓	✗
Natural therapies (Myotherapy/Homeopathy/Naturopathy/Chinese Herbal Medicine)	✓	✓	✗
Remedial massage	✓	✓	✗
Podiatry	✓	✓	✗
Healthy Lifestyle Program (Approved Health Education, Health Screening & Health Management programs)	✓	✓	✗
Exercise Physiology	✓	✓	✗
Aids and Appliances	✓	✓	✗
Optical repairs	✓	✗	✗
Artificial eyes	✓	✗	✗
Midwifery and Home nursing	✓	✗	✗
Ante-natal classes	✓	✗	✗
Psychology	✓	✗	✗
Hypnotherapy	✓	✗	✗
Dietetics	✓	✗	✗
Hearing Aids	✓	✗	✗
Travel and Accommodation	✓	✗	✗

Key: ✓ = Covered, ✗ = Excluded/not covered. *Please refer to page 13 regarding how you are covered for Emergency Ambulance.

Fund Waiting Periods

Waiting periods apply across all extras policies. Please refer to page 39 for full waiting period details.

Major Dental and Orthodontic	12 months	Optical	6 months
All other dental	2 months	Hearing Aids	12 months
Ambulance Coverage	NIL	All other Extras items	2 months

We will waive any waiting periods if you are transferring over to Phoenix Health Fund from an equivalent cover with another fund to ensure you have complete continuity of cover.

Using Your Extras Cover

Extras Cover provides benefits for a wide range of health care services (not covered by Medicare) such as dental, optical, physiotherapy, natural therapies, ambulance, pharmacy and more.

How to claim

On the spot!

The easiest and most convenient way to claim for benefits is to use HICAPS or CSC HealthPoint Claiming terminals. This service allows you to claim over the counter with your service provider. Simply present your membership card to be swiped by your provider and your claim will be processed automatically. If there is a remaining balance, you will only be required to pay after the fund benefit has been paid.

Simply ask your provider in advance to ensure they have on the spot claiming facilities.

Submit a claim form

Even though on-the-spot claiming is available across a large number of providers if your provider is unable to offer over the counter claiming simply use one of the manual claiming methods shown below.

Email	claims@phoenixhealthfund.com.au
Mail	PO Box 156, Newcastle NSW 2300
Fax	(02) 4968 2229

Claim using the mobile app!

Simply use the app to take a photo of your receipts. The app will then send your claim directly to the fund. To get the app, visit the iTunes App store or Google Play store on your device.

Visit the provider of your choice!

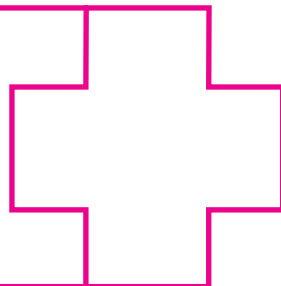
Phoenix Health Fund doesn't have preferred providers like some health funds do, and this is to the advantage of our members.

Phoenix members can enjoy claiming with their own service provider of choice and in the location that suits them best. Perfect!

Ambulance Coverage

Phoenix Health Fund covers all members for medically necessary ambulance transport across Australia. This coverage is not limited and provides access to land, air and sea ambulance transport.

Phoenix Health Fund provides this coverage directly, so members do not need to purchase Ambulance subscriptions.



Fund Waiting Periods

Waiting periods apply across all Phoenix Health Fund Extras policies and include:

Major Dental and Orthodontic	12 months	Optical	6 months
All other dental	2 months	Hearing Aids	12 months
Ambulance Coverage	NIL	All other Extras items	2 months

Please refer to page 39 for full waiting period details.

To ensure you have continuity of cover, we will waive any waiting periods you have already served with your previous fund, up to the limits you are currently entitled to.

Get discounts as a Phoenix member

For members with any cover that includes Extras Cover, simply present your Phoenix Health Fund membership card in the following stores to receive exclusive discounts.

OPSM, Laubman & Pank, Budget Eyewear	SpecSavers
20% off the price of frames and lenses.	25% off complete frames from the \$149 range and above.

Other Discount Providers

RT healthy eyes, VSP Optical Group of Providers

* For more information, please refer to our website, www.phoenixhealthfund.com.au.

Your Extras in Detail

Please turn the page to view the complete contents (including overall limits and benefits) within each extras policy on offer with Phoenix Health Fund.

Top Extras Information

Top Extras is the policy with all the bells and whistles claimable outside of hospital. This policy provides added peace of mind, providing health benefits outside of hospital that you are likely to need on a regular basis.

Extras cover Inclusions

Unless otherwise stated, benefit limits apply per person per calendar year. Initial consultation benefits are paid only once per person per calendar year. Benefit and limit amounts are effective from 1st April 2018.

Treatment	Item #	Commonly claimed items	Benefit	Overall Limit
General Dental	012 114 121	Periodic oral examination Scale & clean Fluoride treatment	\$36.50 \$69.00 \$24.00	No annual limit
Major Dental	615	Full crown veneered	\$875.00	\$2,000.00
Major Dental sub-limits: \$1,000 sub-limit for inlays, onlays & Veneers, \$1,000 sub-limit for crowns/bridgework, \$1,000 sub-limit for implants and \$1,000 for dentures				
Endodontic	417	Filling of one root canal	\$170.00	No annual limit
Orthodontic		Braces for upper/lower teeth removal/ fitting of retainer	80% of charge 80% of charge	\$1,200.00 per year limit \$2,400.00 per person life limit
Optical *	1017 1022 1013 1014 1021	Single vision lenses & frames Multi-focal lenses & frames Frame Single vision lenses Multi-focal lenses	\$220.00 \$310.00 \$100.00 \$120.00 \$210.00	\$310.00
Optical repairs		100% of charge		\$60.00
Artificial eyes		70% of charge		\$500.00
Non PBS Pharmaceuticals *		Per eligible prescription (after general PBS co-payment)	\$70.00	\$500.00
Chiropractic/ Osteopathic		Chiro/Osteo Initial visit Chiro/Osteo Subsequent visit Chiropractic X-rays	\$40.00 \$30.00 \$100.00	\$450.00
Acupuncture *		Acupuncture visits	\$25.00	
Midwifery *		Ante-natal visits Post-natal visits Confinement delivery	\$30.00 \$50.00 \$600.00	Limited to 10 Ante/Post-natal visits Confinement delivery - \$600
Home nursing		Per visit Per day (over 6 hours)	\$15.00 \$50.00	\$500.00
Podiatry		Initial visit Subsequent visits Podiatric devices	\$44.00 \$34.00 80% of cost	\$400.00

* Optical benefits not paid for Sunglasses where no sight correction is needed.

* Non PBS Pharmaceuticals excludes contraceptives and items purchased over the counter.

* Acupuncture benefits paid for approved acupuncture associations only.

* Midwifery benefit not payable if medical practitioner is required to intervene and take over the delivery.

Treatment	Commonly claimed items		Benefit	Overall Limit
Physiotherapy	Physiotherapy Initial visit		\$50.00	\$800.00 Ante-natal classes limited to 10 classes per confinement (not related to Ante-natal visits)
	Physiotherapy Subsequent visits		\$37.00	
Orthoptic Therapy	Orthoptic Therapy Initial visit		\$45.00	
	Orthoptic Therapy Subsequent visits		\$44.00	
Speech Therapy	Speech Therapy Initial visit		\$85.00	
	Speech Therapy Subsequent visits		\$45.00	
Occupational Therapy	Occupational Therapy Initial visit		\$60.00	
	Occupational Therapy Subsequent visits		\$40.00	
Ante-natal classes	Ante-natal classes		\$40.00	
Natural therapies/Remedial Massage	Natural Therapies/ Remedial Massage visits		\$25.00	\$200.00
Psychology *	Psychology visits		\$75.00	\$500.00
Hypnotherapy *	Hypnotherapy visits		\$50.00	
Dietetics *	Initial visit		\$60.00	\$300.00
	Subsequent visits		\$40.00	
Hearing Aids	2 appliances every 5 years	First Appliance	\$900.00	\$1,700.00
Hearing Aid Repairs		Second Appliance After two years	\$800.00 100%	\$100.00
Healthy Lifestyle Program	All services 80% of charge			\$150.00
Health Education: quit smoking courses, weight management programs, Asthma management courses, Diabetes classes *				
Health Screening: various diagnostic testing services where Medicare does not pay a benefit.				
Health Programs: costs associated with a health management program developed by your doctor.*				
Swimming Classes (for under 10yrs)				
Exercise Physiology *	Exercise Physiology visits		\$30.00	
Aids and Appliances	80% of charge (after \$20.00 co-payment is made)			\$900.00
Travel and Accommodation *	Travel expenses incurred while being admitted into or visiting hospital for patient and/or one attendant.		10c km economy rail fair	Travel limit \$120.00
Single travel benefit payable for patient and/or attendant where return distance is at least 200 kilometre.	Overnight accommodation, for patient and/or one attendant.		\$65.00	Accommodation limit \$260.00
Ambulance Coverage *				100% of cost

* Natural therapies include Myotherapy, Homeopathy, Naturopathy and Chinese Herbal Medicine.

* Remedial massage benefits paid for approved associations only.

* Psychology/Hypnotherapy benefits paid for registered providers only. Benefits not paid for services claimed by Medicare.

* Benefits paid for registered dietitians only and registered ESSA exercise physiologists only.

* Health Education benefits paid through approved providers only

Weight management programs – Weight Watchers or Jenny Craig only . Benefits not payable for food/supplements.

Asthma management courses – Must have association with Asthma Foundation or accredited educator

Diabetes classes – Must have association with Diabetes Australia or registered with Australian Diabetes Educators Association

Swimming classes – Must be an AUSTSWIM or Swim Australia recognised swim centre.

* Health Programs – Benefits paid once a Healthy Lifestyle treatment plan signed by your doctor is returned to the fund.

* Please refer to page 17 regarding how you are covered for Ambulance.

Contact the fund before any treatment to check what you are covered for as sublimits may apply to some services.

Mid Extras Information

Phoenix Health Fund's Mid Extras cover combines medium level benefits with a wide range of commonly claimable services to meet the everyday needs of our members.

Extras cover Inclusions

Unless otherwise stated, benefit limits apply per person per calendar year. Initial consultation benefits are paid only once per person per calendar year. Benefit and limit amounts are effective from 1st April 2018.

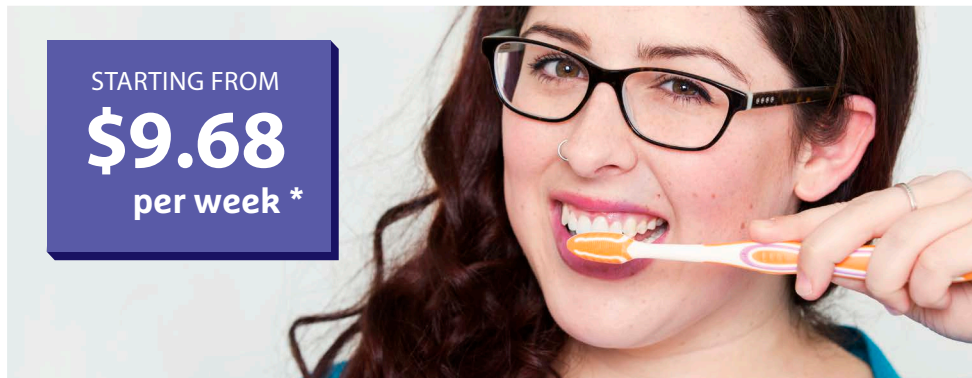
Treatment	Item #	Commonly claimed items	Benefit	Overall Limit
General Dental	012 114 121	Periodic oral examination Scale & clean Fluoride treatment	\$32.85 \$62.10 \$21.60	\$1,500.00 Sub limits apply: Inlays/onlays/Veneers: \$1,000 Crowns/bridgework: \$1,000 Implants: \$1,000 Dentures: \$1,000 Orthodontic: \$1,000 Life Limit
Major Dental	615	Full crown veneered	\$787.00	
Endodontic	417	Filling of one root canal	\$153.00	
Orthodontic		Braces for upper/lower teeth removal/ fitting of retainer	80% of charge 80% of charge	
Optical *	1017 1022 1013 1014 1021	Single vision lenses & frames Multi-focal lenses & frames Frame Single vision lenses Multi-focal lenses	\$198.00 \$200.00 \$90.00 \$108.00 \$189.00	\$200.00
Optical repairs		100% of charge		
Non PBS Pharmaceuticals *		Per eligible prescription (after general PBS co-payment)	\$45.00	\$250.00
Chiropractic/ Osteopathic		Chiro/Osteo Initial visit Chiro/Osteo Subsequent visit Chiropractic X-rays	\$36.00 \$27.00 \$90.00	\$400.00
Acupuncture *		Acupuncture visits	\$22.50	
Physiotherapy		Physiotherapy Initial visit Physiotherapy Subsequent visits	\$45.00 \$33.30	\$400.00
Orthoptic Therapy		Orthoptic Therapy Initial visit Orthoptic Therapy Subsequent visits	\$40.50 \$39.60	
Speech Therapy		Speech Therapy Initial visit Speech Therapy Subsequent visits	\$76.50 \$40.50	
Occupational Therapy		Occupational Therapy Initial visit Occupational Therapy Subsequent visits	\$54.00 \$36.00	
Podiatry		Initial visit Subsequent visits Podiatric devices	\$39.60 \$30.60 80% of cost	

* Optical benefits not paid for Sunglasses where no sight correction is needed.

* Non PBS Pharmaceuticals excludes contraceptives and items purchased over the counter.

* Acupuncture benefits paid for approved acupuncture associations only.

Treatment	Commonly claimed items	Benefit	Overall Limit
Natural therapies * Remedial massage*	Natural Therapies visits Remedial Massage visits Acupuncture visits	\$22.50 \$22.50 \$22.50	\$200.00
Healthy Lifestyle Program Health Education: benefits paid for quit smoking courses, weight management programs, Asthma management courses, Diabetes classes * Health Screening: Benefits paid for a various diagnostic testing services where Medicare does not pay a benefit. Health Programs: benefits paid for costs associated with a health management program developed by your doctor.* Swimming Classes (for under 10yrs)	All services 80% of charge		\$100.00
Exercise Physiology *	Exercise Physiology visits	\$27.00	
Aids and Appliances	80% of cost after \$20.00 co-payment		\$150.00
Ambulance Coverage *			100% of cost



* Natural therapies include Myotherapy, Homeopathy, Naturopathy and Chinese Herbal Medicine.

* Remedial massage benefits paid for approved associations only.

* Health Education benefits paid through approved providers only.

Weight management programs – Weight Watchers or Jenny Craig only . Benefits not payable for food/supplements.

Asthma management courses – Must have association with Asthma Foundation or accredited educator

Diabetes classes – Must have association with Diabetes Australia or registered with Australian Diabetes Educators Association.

Swimming classes – Must be an AUSTSWIM or Swim Australia recognised swim centre.

*Health Programs – Benefits paid once a Healthy Lifestyle treatment plan signed by your doctor is returned to the fund.

* Exercise Physiologist benefits paid for registered ESSA exercise physiologists only.

* Please refer to page 17 regarding how you are covered for Ambulance.

* Price shown includes a single quote with a 25.415% Government Rebate and 0% Lifetime Health Cover Loadings. For a quote specific to your circumstances, please contact us or visit our website

Contact the fund before any treatment to check what you are covered for as sublimits may apply to some services.

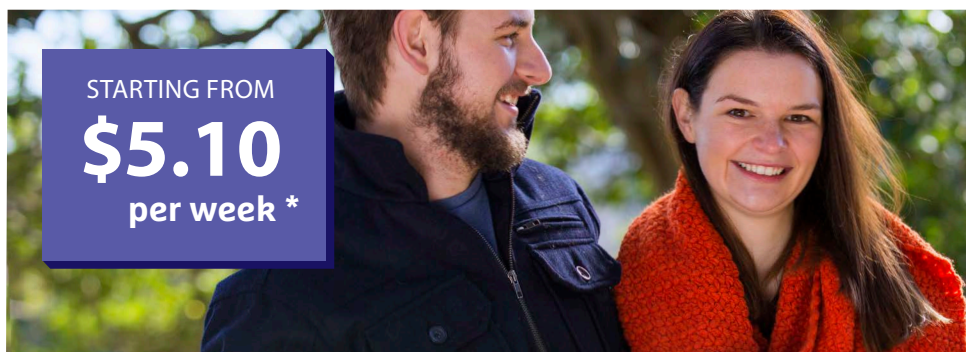
Basic Extras Information

Basic Extras is a great value policy designed for those that don't claim extras services a lot, but want a refund when they attend the few services they do use.

Extras cover Inclusions

Unless otherwise stated, benefit limits apply per person per calendar year. Initial consultation benefits are paid only once per person per calendar year. Benefit and limit amounts are effective from 1st April 2018.

Treatment	Item #	Commonly claimed items	Benefit	Overall Limit
General Dental	012 114 121	Periodic oral examination Scale & clean Fluoride treatment	\$29.20 \$55.20 \$19.20	\$500.00
Optical *	1017 1022 1013 1014 1021	Single vision lenses & frames Multi-focal lenses & frames Frame Single vision lenses Multi-focal lenses	\$150.00 \$150.00 \$80.00 \$96.00 \$150.00	\$150.00
Non PBS Pharmaceuticals *		Per eligible prescription (after general PBS co-payment)	\$30.00	\$200.00
Chiropractic/Osteopathic		Chiro/Osteo Initial visit Chiro/Osteo Subsequent visits Chiropractic X-rays	\$32.00 \$24.00 \$80.00	\$250.00
Physiotherapy		Physiotherapy Initial visit Physiotherapy Subsequent visits	\$40.00 \$29.60	\$250.00
Ambulance Coverage *				100% of cost



* Optical benefits not paid for Sunglasses where no sight correction is needed.

* Non PBS Pharmaceuticals excludes contraceptives and items purchased over the counter.

* Please refer to page 17 regarding how you are covered for Ambulance.

* Price shown includes a single quote with a 25.415% Government Rebate and 0% Lifetime Health Cover Loadings. For a quote specific to your circumstances, please contact us or visit our website

Contact the fund before any treatment to check what you are covered for as sublimits may apply to some services.



Packaged Cover

Haven't found the perfect cover? Take a look at our great range of Packaged Covers in the next section of the brochure. Your best fit policy might be just over the page.

03 Packaged Cover

Over the years we have developed some great packaged covers which capture the needs of various individuals, couples and families. Take a look at any of the below Packaged Covers to see if they suit you.

Take a look at our packaged covers

Over the years we have developed some great packaged covers which capture the needs of various individuals, couples and families - take a look and see if they suit you!

Value 500

Priced from

\$193.97*/m

This policy offers members all the same great hospital benefits as our Top Cover, but with the extra option of adding a hospital excess of up to \$500 to help you save money.

Value 500 also offers a range of intermediate level extras to cover for services claimable outside of Hospital.

Top Hospital Cover

\$500 Excess overnight
\$250 Excess day procedure

No Excess for dependants

Intermediate level of Extras Cover

Affordable top level of Hospital cover

[View details on page 26](#)

YoungSavers

Priced from

\$114.07*/m

A popular choice for adults, this great value Private Hospital and Extras policy is designed for meet the needs of younger people who do not need full coverage.

YoungSavers is only available for singles/ couples

Basic Hospital Cover

\$500 Excess overnight
\$250 Excess day procedure

Exclusive Single/Couple Cover

Intermediate level of Extras Cover

Designed for those under 40

[View details on page 28](#)

* Price shown includes a single quote with a 25.415% Government Rebate and 0% Lifetime Health Cover Loadings. Full policy contents and features can be found on page 12 - 13, 17 and the specific page numbers listed above. For a quote specific to your circumstances, please contact us or visit our website.

What we cover in hospital

For in-patient hospital services, Phoenix covers the following services.

Private and Public hospital access	Intensive care
Doctors surgical fees and in-hospital consultations	Labour ward
Public or Private Hospital accommodation (minimum shared room default rates)	Prosthesis (Commonwealth Government Approved, up to benefit listed on the Government's prosthesis list)
Same day patient fees	In-Hospital Pharmacy
Theatre fees	All other in-patient services where a Medicare benefit is payable (not listed as an exclusion in the table below)

Treatments covered	Value 500	YoungSavers
Treatment for injuries sustained in an accident	✓	✓
Prosthesis	✓	✓
Appendicitis treatment / Removal of appendix	✓	✓
Removal of tonsils and adenoids	✓	✓
Joint reconstruction and investigations	✓	✓
Surgical removal of wisdom teeth (hospital charge only)	✓	✓
Colonoscopy/Gastroscopy	✓	✓
Surgery on broken bones	✓	✓
Ambulance Coverage *	✓	✓
Cosmetic surgery covered by Medicare	✓	✓
Psychiatric services	✓	-
Rehabilitation	✓	-
Palliative care	✓	-
Heart related services	✓	✗
Insulin pump / Neurostimulator	✓	✗
Pregnancy and birth related services	✓	✗
Fertility treatment (e.g. IVF & GIFT programs)	✓	✗
Major eye surgery (including cataract and eye lens services)	✓	✗
Joint replacements	✓	✗
Spinal procedures and related services	✓	✗
Renal dialysis	✓	✗
Obesity Surgery	✗	✗
Cosmetic surgery not covered by Medicare	✗	✗
Outpatient services covered by Medicare	✗	✗

Key: ✓ = Covered, - = Restricted (see page 12 for definition) ✗ = Excluded/not covered.

* Please refer to page 17 regarding how you are covered for Ambulance.

Value 500 Extras Cover Information

Value 500 is a great option for those looking to purchase top hospital coverage, without the high price tag. This Extras cover can only be purchased with the Value 500 policy.

Extras cover Inclusions

Unless otherwise stated, benefit limits apply per person per calendar year. Initial consultation benefits are paid only once per person per calendar year. Benefit and limit amounts are effective from 1st April 2018.

Treatment	Item #	Commonly claimed items	Benefit	Overall Limit
General Dental	012 114 121	Periodic oral examination Scale & clean Fluoride treatment	\$36.50 \$69.00 \$24.00	\$800.00
Major Dental	615	Full crown veneered	\$800.00	
Endodontic	417	Filling of one root canal	\$170.00	
Orthodontic		Braces for upper/lower teeth removal/ fitting of retainer	80% of charge 80% of charge	\$1,200.00 per person life limit
Optical *	1017 1022 1013 1014 1021	Single vision lenses & frames Multi-focal lenses & frames Frame Single vision lenses Multi-focal lenses	\$210.00 \$240.00 \$100.00 \$110.00 \$210.00	\$240.00
Optical repairs		100% of charge		\$60.00
Artificial eyes		70% of charge		\$500.00
Non PBS Pharmaceuticals *		Per eligible prescription (after general PBS co-payment)	\$70.00	\$250.00
Chiropractic/ Osteopathic		Chiro/Osteo Initial visit Chiro/Osteo Subsequent visits Chiropractic X-rays	\$40.00 \$30.00 \$100.00	\$225.00
Acupuncture *		Acupuncture visits	\$25.00	
Natural therapies * Remedial massage*		Natural Therapies visits: Remedial Massage visits:	\$25.00 \$25.00	\$100.00
Podiatry		Initial visit Subsequent visits Podiatric devices	\$44.00 \$34.00 80% of cost	\$200.00
Aids & Appliances		80% of charge (after \$20 co-payment is made)		\$200.00
Psychology * Hypnotherapy *		Psychology visit Hypnotherapy visits	\$75.00 \$50.00	\$250.00

* Optical benefits not paid for Sunglasses where no sight correction is needed.

* Non PBS Pharmaceuticals excludes contraceptives and items purchased over the counter.

* Acupuncture benefits paid for approved acupuncture associations only.

* Natural therapies include Myotherapy, Homeopathy, Naturopathy and Chinese Herbal Medicine.

* Remedial massage benefits paid for approved associations only.

* Psychology and Hypnotherapy benefits paid for registered clinical psychologists and hypnotherapists only. No benefits are payable for services claimed by Medicare.

Treatment	Commonly claimed items	Benefit	Overall Limit
Physiotherapy	Physiotherapy Initial visit Physiotherapy Subsequent visits	\$50.00 \$37.00	\$400.00
Orthoptic Therapy	Orthoptic Therapy Initial visit Orthoptic Therapy Subsequent visits	\$45.00 \$44.00	
Speech Therapy	Speech Therapy Initial visit Speech Therapy Subsequent visits	\$85.00 \$45.00	
Occupational Therapy	Occupational Therapy Initial visit Occupational Therapy Subsequent visits	\$60.00 \$40.00	
Dietetics *	Initial visit Subsequent visits	\$60.00 \$40.00	
Healthy Lifestyle Program Health Education: quit smoking courses, weight management programs, Asthma management courses, Diabetes classes * Health Screening: various diagnostic testing services where Medicare does not pay a benefit.* Health Programs: costs associated with a health management program developed by your doctor.* Swimming Classes (for under 10yrs) *	All services 80% of charge		\$100.00
Exercise Physiology *	Exercise Physiology visits	\$30.00	
Travel Single travel benefit payable for patient and/or attendant where return distance is at least 200 kilometre.	Travel expenses incurred while being admitted into or visiting hospital for patient and/or one attendant	10c per km / economy rail fair	Travel limit \$60.00
Ambulance Coverage *			100% of the cost



STARTING FROM

\$44.77

per week *

* Benefits paid for registered dietitians only

* Health Education benefits paid through approved providers only.

Weight management programs – Weight Watchers or Jenny Craig only . Benefits not payable for food/supplements.

Asthma management courses – Must have association with Asthma Foundation or accredited educator.

Diabetes classes – Must have association with Diabetes Australia or registered with Australian Diabetes Educators Association.

* Swimming classes – Must be an AUSTSWIM or Swim Australia recognised swim centre.

* Health Programs – Benefits paid once a Healthy Lifestyle treatment plan signed by your doctor is returned to the fund.

* Exercise Physiologist benefits paid for registered ESSA exercise physiologists only.

* Please refer to page 17 regarding how you are covered for Ambulance.

* Price shown includes a single quote with a 25.415% Government Rebate and 0% Lifetime Health Cover Loadings. For a quote specific to your circumstances, please contact us or visit our website

Contact the fund before any treatment to check what you are covered for as sublimits may apply to some services.

YoungSavers Extras Cover

YoungSavers offers affordable cover to meet the needs of singles and couples who don't need full hospital cover, as well as a wide range of extras benefits. This Extras cover can only be purchased on the YoungSavers package by **singles/couples**.

Extras cover Inclusions

Unless otherwise stated, benefit limits apply per person per calendar year. Initial consultation benefits are paid only once per person per calendar year. Benefit and limit amounts are effective from 1st April 2018.

Treatment	Item #	Commonly claimed items	Benefit	Overall Limit
General Dental	012 114 121	Periodic oral examination Scale & clean Fluoride treatment	\$36.50 \$69.00 \$24.00	\$800.00
Major Dental	615	Full crown veneered	\$800.00	
Endodontic	417	Filling of one root canal	\$170.00	
Optical *	1017 1022 1013 1014 1021	Single vision lenses & frames Multi-focal lenses & frames Frame Single vision lenses Multi-focal lenses	\$210.00 \$240.00 \$100.00 \$110.00 \$210.00	\$240.00
Optical repairs		100% of charge		\$60.00
Artificial eyes		70% of charge		\$500.00
Non PBS Pharmaceuticals *		Per eligible prescription (after general PBS co-payment)	\$70.00	\$250.00
Chiropractic/ Osteopathic		Chiro/Osteo Initial visit Chiro/Osteo Subsequent visits Chiropractic X-rays	\$40.00 \$30.00 \$100.00	\$225.00
Acupuncture *		Acupuncture visits	\$25.00	
Natural therapies * Remedial massage*		Natural Therapies visits: Remedial Massage visits:	\$25.00 \$25.00	\$100.00
Podiatry		Initial visit Subsequent visits Podiatric devices	\$44.00 \$34.00 80% of cost	\$200.00
Aids & Appliances		80% of charge (after \$20 co-payment is made)		\$200.00
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* Acupuncture benefits paid for approved acupuncture associations only.

* Natural therapies include Myotherapy, Homeopathy, Naturopathy and Chinese Herbal Medicine.

* Remedial massage benefits paid for approved associations only.

* Psychology/Hypnotherapy benefits paid for registered providers only. Benefits not paid for services claimed by Medicare.

Contact the fund before any treatment to check what you are covered for as sublimits may apply to some services.

Treatment	Commonly claimed items	Benefit	Overall Limit
Physiotherapy	Physiotherapy Initial visit Physiotherapy Subsequent visits	\$50.00 \$37.00	\$400.00
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Speech Therapy	Speech Therapy Initial visit Speech Therapy Subsequent visits	\$85.00 \$45.00	
Occupational Therapy	Occupational Therapy Initial visit Occupational Therapy Subsequent visits	\$60.00 \$40.00	
Dietetics *	Initial visit Subsequent visits	\$60.00 \$40.00	
Healthy Lifestyle Program Health Education: quit smoking courses, weight management programs, Asthma management courses, Diabetes classes * Health Screening: various diagnostic testing services where Medicare does not pay a benefit. Health Programs: costs associated with a health management program developed by your doctor.* Swimming Classes (for under 10yrs) *	All services 80% of charge		\$100.00
Exercise Physiology *	Exercise Physiology visits	\$30.00	
Travel Single travel benefit payable for patient and/or attendant where return distance is at least 200 kilometre.	Travel expenses incurred while being admitted into or visiting hospital for patient and/or one attendant	10c per km / economy rail fair	Travel limit \$60.00
Ambulance Coverage *			100% of the cost



* Benefits paid for registered dietitians only

* Health Education benefits paid through approved providers only.

Weight management programs – Weight Watchers or Jenny Craig only . Benefits not payable for food/supplements.

Asthma management courses – Must have association with Asthma Foundation or accredited educator.

Diabetes classes – Must have association with Diabetes Australia or registered with Australian Diabetes Educators Association.

* Swimming classes – Must be an AUSTSWIM or Swim Australia recognised swim centre.

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* Please refer to page 17 regarding how you are covered for Ambulance.

* Price shown includes a single quote with a 25.415% Government Rebate and 0% Lifetime Health Cover Loadings. For a quote specific to your circumstances, please contact us or visit our website.

A young child, likely a toddler, is the central figure of the image. They are wearing a bright yellow hard hat and an orange high-visibility safety vest with reflective silver stripes. Underneath the vest, a red shirt is visible. They are also wearing dark blue corduroy pants and dark blue lace-up shoes. The child is sitting on a large, weathered log, with their hands resting on their knees. The background is a soft-focus outdoor setting with green foliage and sunlight filtering through the trees. In the upper right corner, there is a dark blue rectangular box containing white text.

Choosing can be hard...

There are a lot of options and sometimes it can be a hard to know which cover is going to be best for you. If you are a little stuck, please give us a call as helping you find your perfect cover is what we love doing best.

Getting a Quote

Once you have selected the hospital & extras cover that you want, your next step is to get a quote. Getting a quote is easy. Simply follow one of the methods listed below.

Contact us for a quote

Give us a call 1800 028 817

Email us enquiries@phoenixhealthfund.com.au and receive a same-day response (providing you email before 4:00pm weekdays)

Jump online Jump onto www.phoenixhealthfund.com.au and follow the 'join us' link (located at the top right hand corner of the screen) to get a detailed quote.



There are some things we need to know in order to give you an accurate quote.

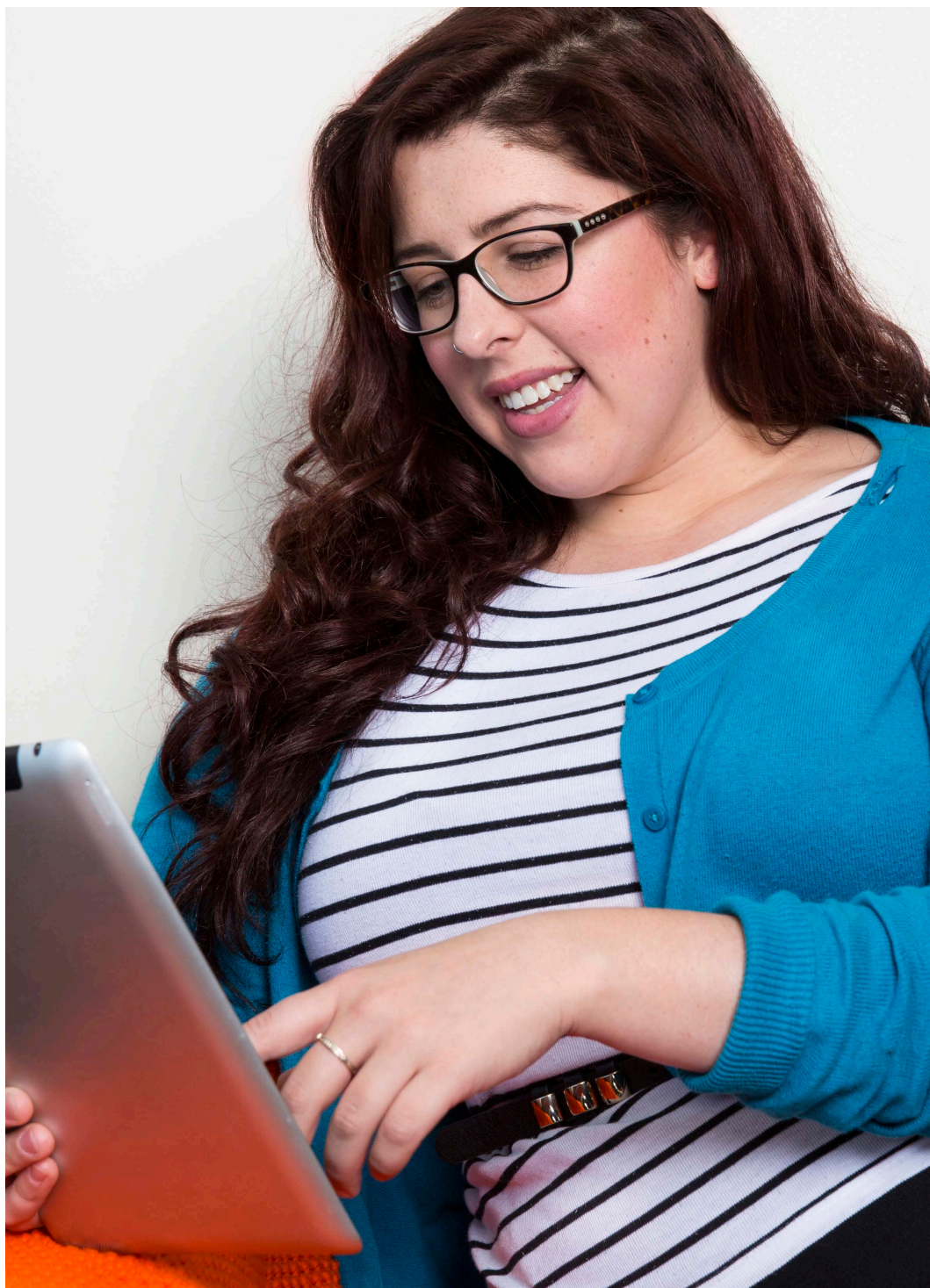
Due to factors such as Government Rebates and Lifetime Health Cover Loadings we need to know a few things to make sure we are giving you a correct quote. Below are a few things we need to know:

Your Cover Type	Have a think about what coverage items are important to you so we can include them in your policy quote.
Who will be covered	Single, couples, family or sole-parent family.
Your Rebate Tier	The Government offers a rebate depending on your income and age. See page 34 to find out your Rebate Tier.
Lifetime Health Cover Loadings	Lifetime Health Cover Loadings can affect those over the age of 31, to find out in LHC affects you, refer to page 7.

If for any reason you aren't happy with your cover, Phoenix can cancel your membership within a 30 day period & will refund any premiums you've paid providing you haven't made a claim.

**A perfect fit
or your money back**

30 DAY GUARANTEE



How to join Phoenix

Are you ready to enjoy all the benefits that a Phoenix membership has to offer? Once you have found the policy that suits your needs best, you can join the fund using one of the options below.

You have made a great choice!

There are many ways you can choose to join Phoenix.

We recommend you jump on our website at phoenixhealthfund.com.au and follow the join us link (located at the top right hand corner of the screen).

Want to join up over the phone instead? Give us a call on **1800 028 817** and we will be happy to help you out.

Join up online	Jump onto phoenixhealthfund.com.au and follow the 'join us' link (located at the top right hand corner of the screen)
Join up over the phone	Call our office on 1800 028 817

Welcome to the BIG Benefits fund!

You can look forward to big benefits, friendly service and fast turn around of claims + much, much more!

OVER customer 
97 % **SATISFACTION** *
7YRS RUNNING!

* Discovery Research Report 2011 - 2017

Government Incentives

The government has a number of different incentives to purchase Private Health Insurance which you can take advantage of with your Phoenix cover.

Your Rebate Tier

The government offers a potential rebate based on your income and age to help assist with the cost of purchasing private cover

Lifetime Health Cover

Lifetime Health Cover means you'll pay a 2% loading on top of your regular contributions for each year don't have private hospital cover, over the age of 31. This applies to all health funds. Call the fund to see if LHC is going to affect you.

	Tier 0	Tier 1	Tier 2	Tier 3
Under 65	25.415%	16.943%	8.471%	0.00%
65 - 69	29.651%	21.180%	12.707%	0.00%
70 +	33.887%	25.415%	16.943%	0.00%

The Medicare Levy Surcharge

The Medicare Levy Surcharge (MLS) is an additional tax on top of the Medicare Levy for Australian taxpayers who do not have an appropriate level of private hospital cover and earn above an income threshold.

Depending on your income the Medicare Levy surcharge may affect you and if you are considered to be a high income earner The MLS will increase to up to 1.5% depending on your exact income.

	Tier 0	Tier 1	Tier 2	Tier 3
Singles	\$90,000 or less	\$90,000 - \$105,000	\$105,000 - \$140,000	\$140,000 +
Families	\$180,000 or less	\$180,000 - \$210,000	\$210,000 - \$280,000	\$280,000 +
Medicare Levy Surcharge				
	0.0%	1.0%	1.25%	1.5%

Income thresholds apply for 2018/2019 financial year and are subject to Government changes.

Income thresholds increase by \$1,500 per dependent child for families and single parent families.

For more information, visit www.ato.gov.au

General Information

Dependants

Dependants may remain in the fund in their own right after reaching the age of twenty-one (21) years. Sons and daughters will still be covered as student dependants under their parents' membership provided the following conditions are met:

- Unmarried
- A full time student at a school, college or university which is recognised for income tax purposes
- Is under the age of 25 years
- Is in receipt of an annual income not in excess of that which is recognised as the maximum annual income a person may derive before taxation becomes payable
- A Student Declaration form is submitted

Members can also cover their children up until the age of 25 under our extended dependant range of policies. Contact the fund to confirm with the fund if you are eligible under your current cover.

International travel and purchases

The Fund does not pay benefits for services provided or items purchased outside the Commonwealth of Australia. Members should consider Travel Insurance for the period of overseas travel.

Submission of claims

Members must ensure that all claims are submitted for processing within two (2) years from the date of service. Any Claims submitted after this time will not attract a fund benefit.

Payment of contributions

1. By direct debit from your bank or credit card (Visa/Mastercard). Frequency options include weekly, fortnightly, monthly or quarterly and can be debited on your chosen day. The fund requires members to pay contributions in advance.
2. For quarterly accounts, the fund will forward accounts to a postal address detailing contributions owing to the end of the next applicable quarterly period. The fund requires members to pay contributions in advance.

Payment of benefits

The maximum payment from each policy benefits table will be as stated, or the amount of the account, whichever is the lesser. Initial consultation benefits are paid only once per person per calendar year.

Benefit limitations

All limits are per person. In all cases where benefit payments are limited to a calendar year, the period will be from 1st January to 31st December. Contact the fund before any treatment to check what you are covered for as sublimits may apply to some services.

Direct debit and product changes

Members wishing to change their direct debit details or change their product type are required to give a minimum 2 business days notice prior to the next scheduled direct debit.

Alternative therapies

Payment of benefits is limited to Approved Therapies and Accredited Associations. The respective lists are available by contacting the office of the Fund or on the fund website, phoenixhealthfund.com.au.

Privacy statement

Members are encouraged to peruse the Privacy Statement of the fund found on our website.

Suspension of membership

Members can opt to suspend their membership while travelling overseas. This is available for a minimum of 3 months, and must be applied through the fund (with proof of travel – this includes boarding passes, travel itineraries, or record of movement) prior to departure. Suspension can only be made if the membership is financial on the proposed date of suspension. Members must notify the fund within 1 month of returning to Australia to reactivate their policy. Where a Policy is not re-activated by the relevant date, waiting periods may be applied upon activating. In some cases, Phoenix may terminate the Policy if it is not reactivated within the specified time.

Making a complaint

If you have a complaint concerning your membership, contact the Fund in the first instance so that it can be resolved as quickly as possible. Your complaint will be dealt with in accordance with our Complaints Policy. Call our office to discuss your matter on 1800 028 817.

If you are unable to resolve your complaint with the Fund, the independent Private Health Insurance Ombudsman has been established to assist with inquiries and complaints about any aspect of private health insurance. Complaints can be lodged with the Ombudsman website, www.ombudsman.gov.au, by emailing phio.info@ombudsman.gov.au or by telephone on 1300 362 072.

Exclusion rules

No fund benefits are payable when:

- A member is in arrears.
- A contributor or dependant has received or established a right to receive a payment by way of compensation or damages (including a payment in settlement of a claim for compensation or damages) under the law that is or was in force in a State or Internal Territory, which, in the opinion of the organisation, includes an amount for expenses equivalent to the fund benefit that would otherwise be payable.
- A member has not served their waiting periods.
- Cosmetic surgery is not payable under Medicare.
- Prosthesis that are not approved by the Commonwealth Government.
- Service is performed or purchased outside of Australia.
- Hospital item benefit is not payable under Medicare.
- Services are provided by family members or relatives.
- Services fall outside of fund required service provider registrations and associations.
- The fund will pay limited benefits for surgical podiatry in hospital for recognised podiatric surgeons only.

How to find a provider

Doctor and Hospital: If you would like to find out if your preferred doctor or hospital has an agreement with the fund, members can use our Doctor and Hospital search on our website, <http://www.phoenixhealthfund.com.au> or by contacting the fund via email at enquiries@phoenixhealthfund.com.au or by calling 1800 028 817 (Monday - Friday 8:30am - 5:00pm AEST).

Extras: Members can look up an extras provider via Online Member Services (OMS) - <https://members.phoenixhealthfund.com.au/> or by contacting the fund via email at enquiries@phoenixhealthfund.com.au or by calling 1800 028 817 (Monday - Friday 8:30am - 5:00pm AEST).

Waiting periods

Months	Claim Category
NIL	Ambulance.
NIL	Accidents.
NIL	Transfers from another fund or Phoenix Health Fund membership where ALL of the following occurs: * <ul style="list-style-type: none">• Previous level of cover is identical or higher;• Membership is currently financial with the previous cover; and• The relevant Phoenix waiting period has been served with the previous cover.
2	All Hospital and Extras Cover items other than the items listed below in this table.
2	Excess: Waiting periods apply when upgrading cover to a nil excess policy. This applies for existing Phoenix members or a new member transferring from another fund.
2	Psychiatric, Rehabilitation and Palliative Care.
6	Optical.
12	Major Dental, Orthodontic and Hearing Aids.
12	Assisted Reproductive Services and Obstetrics. *
12	Pre-existing Conditions: In respect of an ailment, condition or illness, the signs or symptoms of which existed at any time during the 6 months preceding the day of joining or upgrading tables. This is in the opinion of a medical practitioner appointed by the fund. When transferring from another fund OR transferring to a higher level of cover within the fund, waiting periods already served by a member are retained through continuity of cover.

*** Transferring members:** For transferring members who have used all or part of their annual limits under their previous cover, the member will only receive the difference between the Phoenix Health Fund limit for their level of cover and the amount already claimed in this calendar year. Members transferring from another cover that has lower limits or benefit exclusions compared to the chosen Phoenix Health Fund cover must serve the waiting periods listed above before they can claim more than the previous cover's benefits or limits.

*** Obstetrics:** The fund advises that to accommodate for a premature birth, members will need to purchase the correct level of cover at the appropriate time so that the fund can provide benefit payments for obstetrics.

Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Notes

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Notes

Notes





Phoenix Health Fund is accredited under the voluntary Private Health Insurance Code of Conduct.

Copies of the Code can be viewed at www.ahia.org.au/codeofconduct.php or available on request to our office



We are here to help

Call us Monday - Friday: 8:30am - 5:00pm (AEST) Free call line 1800 028 817

Email us at enquiries@phoenixhealthfund.com.au

Register for online member services at www.phoenixhealthfund.com.au

PO Box 156, Newcastle NSW 2300 / Phoenix Health Fund Ltd ABN 93 000 124 863

