

Bronze Plus Young Savers Combined Product Details



Your Cover

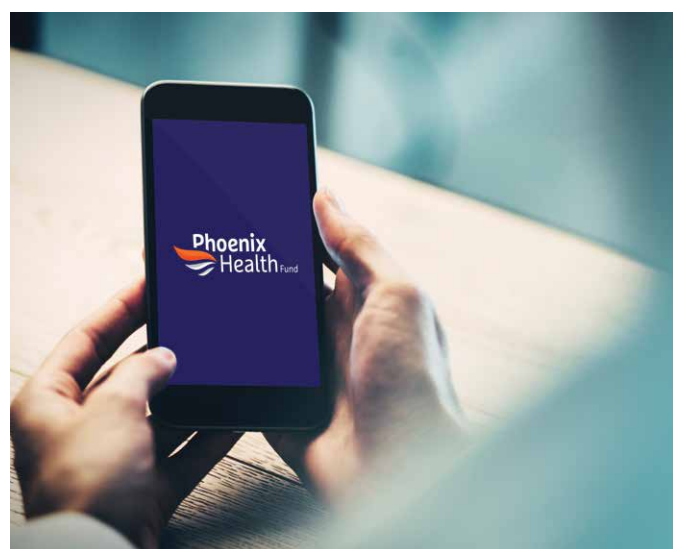
Phoenix Health Bronze Plus YoungSavers offers affordable cover to meet the needs of Singles and Couples who don't need full hospital cover but want to be able to claim for a comprehensive range of Extras services.

Plus, you can choose whether you want to have a \$250, \$500 or \$750 Excess on your cover.

Phoenix at your fingertips 24/7

Managing your membership couldn't be easier with the **Phoenix Health Online Member Service (OMS) portal**. Simply download the Phoenix Health App or visit **members.phoenixhealthfund.com.au** to register or log in, and you're ready to go.

Through OMS you can view your membership and cover, make a claim or a contribution payment and view important documents. Easy!



Making a claim

The easiest way to make a claim is to make sure you carry your Phoenix Health Member card with you everywhere and swipe it at the time of your treatment.

If you don't swipe your card on the spot, no problem! Here's how you can submit your claim:

- Via the Phoenix Health App on your device
- Through the **Phoenix Health Online Member Service (OMS) portal**

We like to make claiming easy! When you submit your claim, it's important that you remember to provide us with your itemised account for the service, plus any other documentation that we may need to complete your claim. Check the Member Guide for more information.

Phoenix Health care

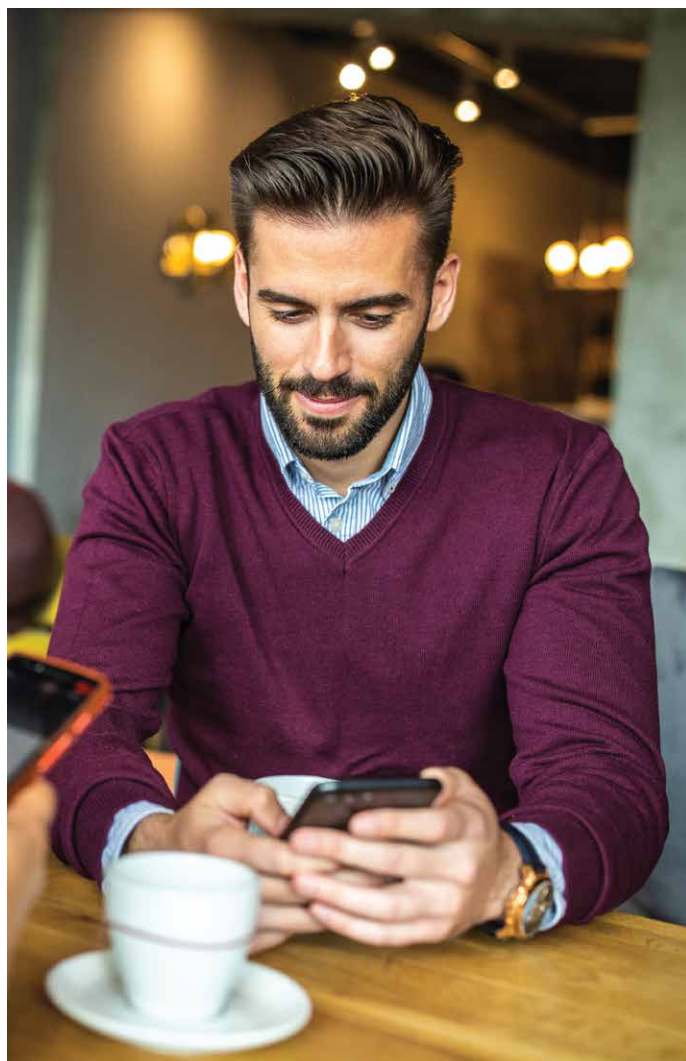
Phoenix Health hospital cover provides more than just in hospital care, you also have access to various hospital programs. For more information visit **phoenixhealthfund.com.au**.

** Bronze Plus YoungSavers is only available for purchase on Single or Couple membership.*



Bronze Plus YoungSavers: Hospital Cover

You have more to enjoy and less to worry about with Phoenix Health Bronze Plus YoungSavers, providing you with benefits for a range of services. See all the hospital services you're covered for:



- ✓ Covered
- X Excluded
- R Restricted

Restricted services provide benefits towards accommodation when admitted as a private patient in a shared ward of a public hospital. If admitted into a private hospital, default accommodation benefits apply, which may result in large out of pocket fees for the member. No benefits apply towards hospital theatre fees, in a private hospital. Only Commonwealth Government approved prosthesis is payable, if benefits apply.

Psych upgrade waiver

In hospital psychiatric services are restricted on Bronze Plus Hospital cover. If you have served your initial 2 month waiting period, you do have the ability to upgrade to a hospital cover that provides full psychiatric cover, without having to serve a waiting period to access the higher psychiatric benefits. This waiver is available once per lifetime of a member and is transferrable between funds. All other waiting periods, including any upgrade in excess still apply.

Treatment Categories	Benefit
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	✓
Join reconstructions	✓
Kidney and bladder	✓
Male reproductive system	✓
Miscarriage and termination of pregnancy	✓
Pain management	✓
Skin	✓
Tonsils, adenoids and grommets	✓
Lung and chest	✓
Blood	✓
Plastic and reconstructive surgery (medically necessary)	✓
Dental Surgery	✓
Implantation of hearing devices	✓
Sleep Studies	✓
Hospital psychiatric services	R
Rehabilitation	R
Palliative care	R
Back, neck and spine	X
Heart and vascular system	X
Podiatric surgery (provided by a registered podiatric surgeon - limited benefits)	X
Cataracts	X
Joint replacements	X
Dialysis for chronic kidney failure	X
Pregnancy and birth	X
Assisted reproductive services	X
Weight loss surgery	X
Insulin pumps	X
Pain management with device	X

What am I covered for?

If you are admitted to hospital as a Private Patient, Phoenix Health will cover you in a Private Hospital for:

Day surgery	Overnight accommodation
Theatre fees	Intensive care unit
Medicare recognised procedures	Private room (where available)
Specialist Surgeons, Anaesthetists and Assisting or Attending Doctors fees	In-hospital Pharmacy
In-hospital Pathology	In-hospital medical supplies

Benefits are also payable as a Private Patient in a Public Hospital - where you elect to be treated as a Private Patient.

Access Gap Cover

As a Phoenix Health member you have access to over 36,000 Doctors who participate in the Access Gap Cover Scheme.

If your Doctor agrees to participate in our Access Gap Cover Scheme for your hospital procedure, you will either reduce or eliminate any out of pocket costs that may otherwise be incurred during your hospital admission.

Did you know that you can search for an Access Gap specialist by using our Doctor search:

phoenixhealthfund.com.au/doctor-hospital-search

Waiting periods

If you are new to Private Hospital cover; if you are a current Phoenix member and upgrade your cover, or if you are transferring to a Phoenix cover that is considered an upgrade, then waiting periods may apply before you are able to make a claim.

Hospital

Pre-existing conditions <i>Excluding Hospital Psychiatric services, Rehabilitation and Palliative care</i>	12 months
Pregnancy and birth and assisted reproductive services	
Hospital Psychiatric services, Rehabilitation and Palliative care <i>Regardless of whether they are pre-existing or not</i>	2 months
All other conditions requiring a hospital admission, that are not considered pre-existing	
Hospital Care programs	
Unlimited Ambulance services	1 Day

Extras

Major Dental, Orthodontics	12 months
Optical	6 months
All other services	2 months
Ambulance	1 Day

(See the following page for details on your extras cover)

Transferring from another fund?

When you transfer from another Fund, you don't have to re-serve your waiting periods for equivalent cover. Waiting periods only apply if you are new to Private Health Insurance, when you upgrade your cover, to any exclusions you may have had with a previous fund, or if you haven't finished serving your waiting periods.

No waits on accident coverage

Where an accident occurs after joining Phoenix Private Hospital cover, we will waive the waiting periods for treatment of that condition. Where a product has exclusions, these services will not be waived.

What is a pre-existing condition?

The pre-existing rule only applies if you are new to private health insurance or you have upgraded your cover. A pre-existing condition is any ailment that, in the opinion of a Medical Practitioner appointed by the Fund, existed at any point in the 6 months prior to taking out cover.

For us to determine whether the condition is pre-existing or not, we may require information from your treating GP and Specialist, that will be assessed by an independent Medical Practitioner appointed by the Fund.

Bronze Plus YoungSavers: Extras Cover

Phoenix Health Bronze Plus YoungSavers Combined also provides you with a range of extras. See all the extras services you're covered for:

Treatment	Commonly Claimed Items	Benefit	Overall Limit
General Dental	Item 012: Periodic Oral Examination	\$36.50	\$800
	Item 114: Scale & Clean	\$69	
	Item 121: Fluoride Treatment	\$24	
Major Dental	Item 615: Full crown veneered	\$800	
Endodontic	Item 417: Filling of one root canal	\$170	
Optical	Single vision lenses	80% of charge	\$240
	Multi-focal lenses		
	Frames		
	Optical repairs	100% of charge	\$60
	Artificial Eyes	70%	\$500

Optical benefits do not apply to glasses in which no prescription for sight correction is needed: ie sunglasses.

Non-PBS Pharmaceuticals		\$70 per prescription, applicable after PBS co-payment.	\$250
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Non-PBS Pharmaceuticals excludes contraceptives and items purchased over the counter

Chiropractic & Osteopathic	Initial visit	\$40	\$225	
	Subsequent visit	\$30		
	Chiropractic x-rays	\$100		
Acupuncture	Initial or subsequent visit	\$25		
Podiatry	Initial visit	\$44	\$200	
	Subsequent visit	\$34		
	Orthotics/Podiatric device	80% of charge		
Physiotherapy /Myotherapy	Initial visit	\$50	n/a	\$400 overall limit
	Subsequent visit	\$37		
Exercise Physiology	Initial visit	\$40	Sublimit of \$100	
	Subsequent visit	\$30		
Remedial Massage	Initial visit	\$32	Sublimit of \$100	
	Subsequent visit	\$25		
Speech Therapy	Initial visit	\$85	Sublimit of \$200	\$300 overall limit
	Subsequent visit	\$45		
Orthoptic Therapy (eye therapy)	Initial visit	\$45	Sublimit of \$200	
	Subsequent visit	\$44		
Occupational Therapy	Initial visit	\$60	Sublimit of \$200	
	Subsequent visit	\$40		
Psychology	Initial or subsequent visit	\$75	\$250	
Hypnotherapy	Initial or subsequent visit	\$50		
Dietetics	Initial visit	\$60	\$150	
	Subsequent visit	\$40		
Aids to Recovery	Various aids and appliances to aid in recovery from a hospital admission, or for those who suffer from a Chronic Condition, such as: blood pressure monitor, nebuliser	80% (after \$20 co-payment applied)	\$200	

To claim Aids to Recovery, please include a referral from your Doctor outlining the requirement for the device or appliance. Contact the Fund for full list of Aids and Appliances and for eligibility requirements.

Healthy Lifestyle Program	Commonly Claimed Items	Benefit	Overall Limit
Health Education	Quit smoking courses, weight management programs, Asthma management courses, Diabetes classes	80%	\$100
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		

Weight management programs include Weight Watchers and Jenny Craig only. No benefit for food/supplements

Asthma management courses must have an association with Asthma Foundation or an accredited educator

Diabetes classes must have an association with Diabetes Australia or registered with Australian Diabetes Educators Association

To claim for **Health Programs**, a Healthy Lifestyle Treatment Plan will need to be completed by your Doctor and submitted to the Fund



Hospital assistance package

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

Unlimited ambulance cover

Phoenix Health Bronze Plus YoungSavers provides you cover for all medically necessary ambulance transport across Australia — road, air and sea.





Your choice of Excess

\$250 Excess	Bronze Plus YoungSavers 250
\$500 Excess	Bronze Plus YoungSavers 500
\$750 Excess	Bronze Plus YoungSavers 750

Always contact Phoenix Health prior to an admission to hospital

Let 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're going to hospital give us a call, we can help get the most out of your cover and assist with any paperwork to help you with your admission. Don't forget you may also be eligible for services during and after your hospital stay.

What is an Excess?

An Excess is an amount you have agreed to contribute if you are hospitalised, usually to reduce the cost of your cover without compromising what you are covered for.

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

The Excess does not apply to dependant children on your membership.

We're here to help

You can find out more information about Phoenix membership and covers in the Member Guide or at phoenixhealthfund.com.au or you can get in contact with our Phoenix Health Team:

1800 028 817
enquiries@phoenixhealthfund.com.au

And don't forget to check us out on Facebook



The information is current as at 1 April 2019. This product information sheet contains a summary of the main rules, and should be read and retained, in conjunction with the Phoenix Health Member Guide, Website and Fund Rules. Benefits vary according to level of cover.

Contact Member Services on 1800 028 817 or email enquiries@phoenixhealthfund.com.au if you have any questions about your cover, or if you are requiring treatment.