Phoenix Health Fund

Not-for-profit

BIG benefits

Pregnancy and Obstetrics Information

Phoenix Health Fund Pregnancy and Obstetrics Information Guide

For over 64 years, Phoenix Health fund has been covering the needs of mother's and babies all across Australia.

This guide will walk through commonly asked questions soon-to-be parents often have.
Please read this guide carefully and do not hesitate to contact the fund should you have any further questions - we are here to help!

Contents

Information contained in this guide is effective as at 01/04/2017. Please ensure that you read this information in conjunction with the funds website and our full brochure.

Get the right level of cover

Choosing the correct level of cover is important when planning for a baby as not all policies include obstetrics and you may need to upgrade your cover in advance.

Phoenix Health Fund have several cover options which include Pregnancy and Obstetrics cover. Take a look at the policy options below to make sure you choose the right cover for your needs.

If you are looking to start a family, choosing a Phoenix policy that includes pregnancy and birth related services is a great start. If you are upgrading your cover or joining Private Health Insurance for the first time, a 12 month waiting periods will need to be served. This means you will need the correct level of cover at least 3 months before falling pregnant.

Option 1: Hospital only covers with the option to add extras

To be covered for Obstetric-related services, you will need to choose a Top Hospital cover. You also then have the option to add additional Extras, depending on your needs and budget.

Top Hospital No Excess
Priced from
$163.55*/m

Top Hospital $500 Excess
Priced from
$139.68*/m

You have the option to add Extras.

Top Extras
Priced from
$66.07*/m

Mid Extras
Priced from
$39.43*/m

Basic Extras
Priced from
$21.13*/m

Option 2: Combined Cover

You also have the option of choosing our Value 500 Combined product with Hospital and Extras already included in one convenient package.

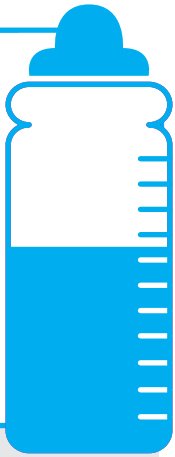
Value 500 Combined
Priced from
$184.65*/m

* Price shown: single quote with a 25.934% Government Rebate and 0% Lifetime Health Cover Loadings.

Excess explained

Hospital excess is designed to let Phoenix members share some of the cost of hospital admissions in return for lower premiums.

- 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 hospital admission that does not require overnight admission.
- Excess will not be payable for any child dependent on a family policy



What are Extras?

Extras are great for help with everyday expenses. If you want cover for a trip to the dentist or are someone who makes regular appointments with service providers like a, physiotherapist, chiropractor 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 every day expenses.

Fund Waiting Periods

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

Pregnancy and birth related services *	12 months
Pre-existing conditions, 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

* It's important that you have served your complete 12 month waiting period before claiming. Members are encouraged to purchase the right cover well before the birth of your child. This will ensure that the relevant waiting period has been served and benefits can be paid irrespective of premature birth.

Choosing your Obstetrician

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

One of the great benefits of Private Health Insurance is that you can choose your own obstetrician to guide you through your pregnancy. Choosing your own Obstetrician gives you consistent care throughout your pregnancy and the birth, subject to your obstetrician's availability. Your doctor will need to provide you with a referral to an obstetrician, so it's important to discuss any preference you may have with your doctor. In a private hospital you'll have to pay any difference between what your doctor charges you for in-hospital treatment and the total benefits you receive from Medicare and us.

Some obstetricians will only practice at certain hospitals and will usually book your hospital stay for you. It's best to book early so you have a better chance of getting into the hospital you and your obstetrician choose.

You can choose to have your own obstetrician even if you're going to a public hospital (subject to the obstetricians availability). This means you'll be treated as a private patient and you'll have to pay any difference between what your doctor charges you for in-hospital treatment and the total benefits you receive from Medicare and us.

This guide should be read in conjunction with the Phoenix Health Fund brochure and website.

How much will it all cost me?

It is important to ask your obstetrician how much they will charge for their services. Private Health Insurance will only pay benefits for services provided while you're admitted into hospital.

Obstetrician and Specialist Fees

For in-hospital medical services, Medicare pays 75% of the Medicare Benefit Schedule (MBS) fee and we pay the remaining 25%. Your doctor can tell you what your out-of-pocket expenses will be. However if your doctor participates in the Access Gap Cover Scheme, your in-hospital out-of-pocket expenses may be minimised.

The benefits you receive from Medicare are based on the MBS fee set by the Federal Government. Doctors may charge more than the MBS fee. Generally, if your obstetrician or other specialists who treat you while you're in hospital charge above the MBS fee you may have out-of-pocket expenses. For any out-of-hospital medical expenses, like your prenatal visits to your obstetrician or other specialists, ultrasounds or blood tests, Medicare will pay a portion of the MBS fee.

Hospital Fees

We'll cover the costs for hospital accommodation, intensive care and theatre fees in private hospitals in line with your level of cover. While you will be covered for most services, you may need to pay for some hospital expenses like additional meals and some pharmaceuticals (including drugs issued on discharge) not covered by our agreement with the hospital. Please contact the fund to confirm whether we can cover you in the hospital of your choice.

Access Gap Cover Scheme

Being part of the Australian Health Service Alliance (AHSA), Phoenix 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.

Questions for your doctor

1. Will you treat me under the Access Gap Cover Scheme?
2. Will I have any out-of-pocket expenses and can you provide an estimate?
3. Will any assisting doctors also use Access Gap Cover and if so, how can I obtain a quote for their services?
4. Are you prepared to send the bill to Phoenix Health Fund directly?

What is covered during your hospital admission

During the birth of your baby you'll likely be billed for a few doctor and hospital charges. See below for further information.

Claimable services

Private hospital accommodation

- Overnight accommodation in a private or shared room
- Same day admissions
- Labour ward fees/theatre fees
- Intensive care

Public hospital accommodation as a private patient

- Overnight accommodation in a private or shared room
- Same day admissions

For your obstetrician, anaesthetist and other specialist medical services provided while you're in hospital, we pay 25% of the Medicare Benefits Schedule (MBS) fee, and Medicare will cover 75% of the MBS fee.

If your doctor agrees to participate in our Access Gap Cover Scheme, you will be able to claim part or all of the difference between what your doctor charges and the total benefits you receive from Medicare and Phoenix for in-hospital medical services.

Prenatal Treatment Plans

Your Obstetrician will charge you a fee for their prenatal services (usually called a prenatal treatment plan). This fee is charged to provide you with coverage for consultations, ultrasounds, prenatal testing and associated services during your prenatal experience.

As this fee is charged by your Obstetrician as an out-patient service, Phoenix Health Fund is unable to pay a benefit. This fee is claimable through Medicare though, so be sure to claim this from Medicare when you can.

Hotel accommodation

Phoenix Health Fund is part of a really great new initiative that may be applicable to you and your upcoming admission.

The initiative is designed for mothers and their baby to be admitted into a hotel after the birth of their child, with on-site nurses taking care of their postnatal in-hospital needs.

This initiative is great for mother, father and baby as it offers a quiet and relaxing stay alternative to the hospital environment, for post-natal recovery.

As not all Private Hospitals in the country offer this postnatal hotel accommodation service, please contact the fund for a full list of all hospitals in Australia that offer this benefit and we will be able to let you know.

Non-claimable services

Unfortunately not all services are claimable by Private Hospital cover. Below is a list of circumstances/reasons that prevent your fund from being able to pay benefits on your behalf.

- Non Medicare procedures
- The amount the doctor charges above the Medicare schedule fee or "Access Gap" cover amount
- Treatment without relevant waiting periods served
- Compensation or third party claims
- Non-inpatient services
- Some drugs, pharmacy items and non-PBS drugs for personal use or on discharge from hospital.
- Any item listed as an exclusion
- Services provided outside of Australia.

If you are unsure about whether or not a service is claimable, please do not hesitate to contact the fund as our friendly staff are always happy to assist.

This guide should be read in conjunction with the Phoenix Health Fund brochure and website.

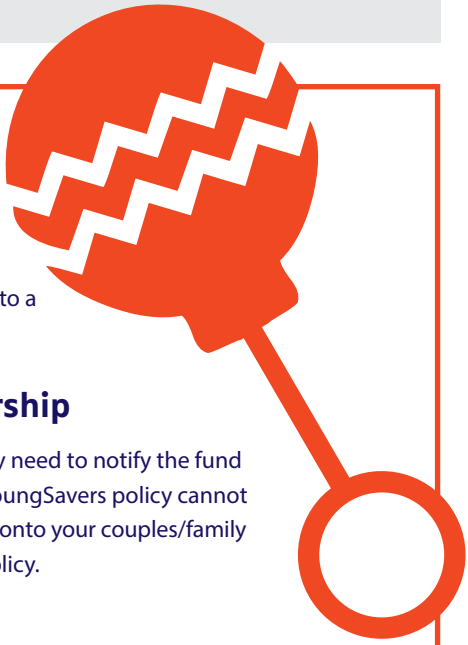
Should I add my baby to the membership?

Simply get in touch with the fund and we will add your new baby onto your policy when you are ready.

When to contact the fund

It is best to inform the fund of your intentions to add your baby onto your policy before the delivery day. This ensures we have the correct details on your membership should your baby need treatment of their own, during and after birth. Simply notify the fund of the official birth date and your new baby's name after your child is born.

We will not require your new baby to serve any of the waiting periods you have already served. If you forget to add your baby before the birth date, make sure you notify the fund no later than 2 months from birth so that no waiting periods will apply.



For a single membership

To add your baby onto your policy, you will simply need to upgrade to a single-parent family or family version of your cover. Please note that the YoungSavers policy cannot be upgraded to a single-parent or family policy.

For a couples or family membership

To add your baby onto your policy, you will simply need to notify the fund of your new baby's details. Please note that the YoungSavers policy cannot be upgraded to a family policy. Adding your baby onto your couples/family membership should not affect the cost of your policy.

You can find our contact details on page 14.

Contacting the Fund

To contact the Fund or to get a more detailed quote on cover options, please contact our friendly member service team who are always happy to help.

Contact us

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.

If you are contacting the fund for a quote and you are a new member, there are a couple of things we will need to know.

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 in order to give you an accurate 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 36 our current Brochure to find out your Rebate Tier.
LHC	Lifetime Health Cover Loadings can affect those over the age of 31, to find out in LHC affects you, refer to page 7 of our current Brochure.

Joining the Fund

Join up online	Jump onto phoenixhealthfund.com.au and follow the 'join us' link (located at the top right hand corner of the screen).
Contact us	Call our office on 1800 028 817.
Come and see us	We are located at Suit 1, 4 Honeysuckle Dr, Newcastle 2300.

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 who have children aged 21 or over who wish to join should contact the office for more information. 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.

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 wesbite, http://www.phio.org.au.
or by telephone on 1800 640 695.

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: * • 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 six months preceding the day of joining or upgrading tables. This is in the opinion of a medical practitioner appointed by the fund.

* **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 calender 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.

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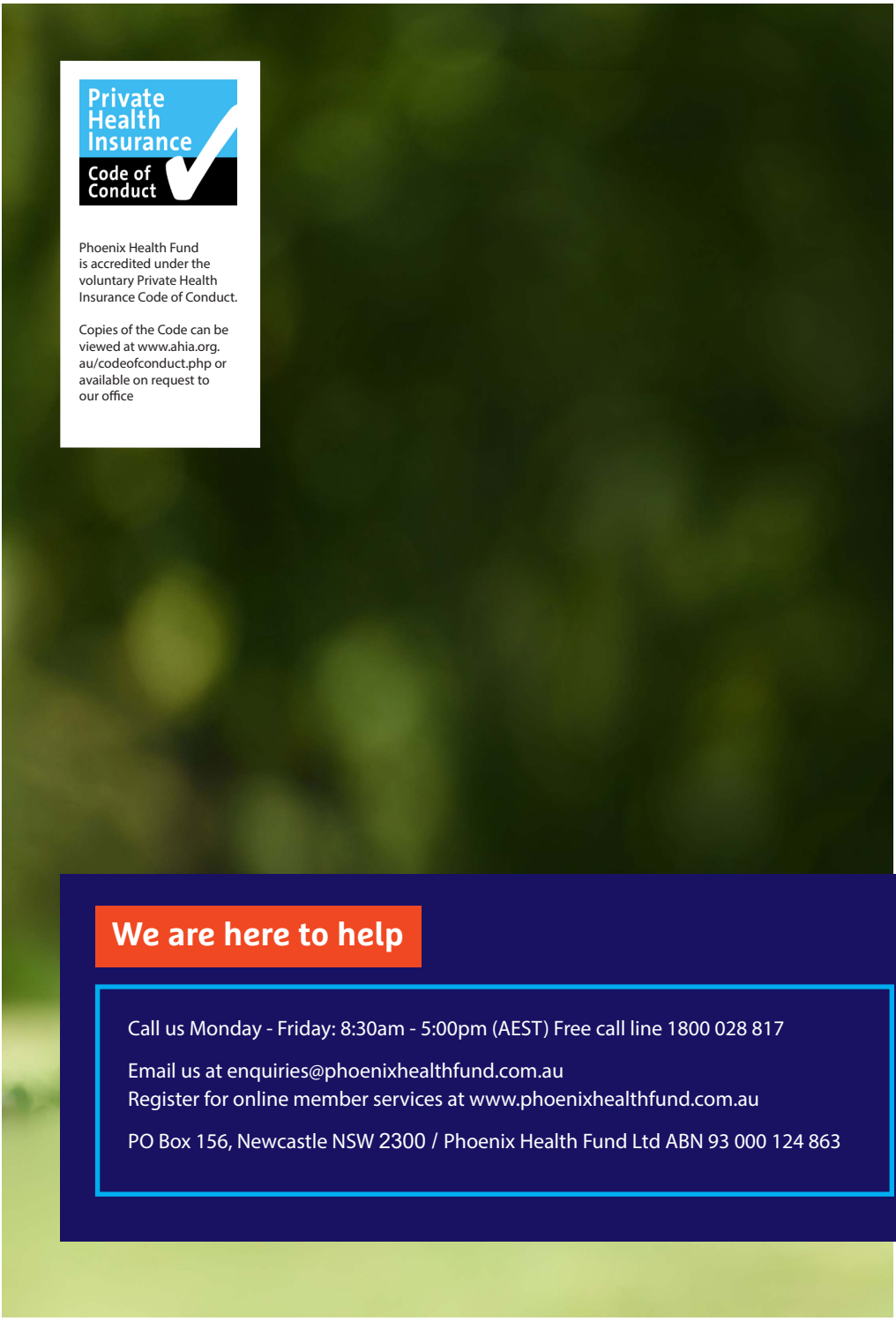

Phoenix Health Fund is accredited under the voluntary Private Health Insurance Code of Conduct.

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

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