



**Phoenix Health Fund Limited**  
Classic Ancillary

**\$105.24 / month**  
(Before Rebate, Discount & Loading)  
Available in NSW & ACT

You may be entitled to an Australian Government Rebate on the above premium. Your premium may also include an insurer discount. Check with your insurer for details.

**This policy covers:** Only one person.

This health insurer does not operate a preferred provider scheme.

**Policy ID:** PWA/ANC/NCNY10

**Source:** Private Health Information Statement (PHIS)

## Extras Cover

This policy **includes** General treatment (Extras) cover for

Note, for treatments marked with \* : \*Overall Major Dental limit \$4400, with Sub Limits of \$1000 for Inlays, Onlays & Veneers; \$1600 for Crowns & Bridges; \$1500 for Implants. Lifetime Orthodontics limit of \$2400 per person.

Treatment & waiting period (months)		Benefit limits per 12 months unless otherwise stated	Examples of maximum benefits
✓ Acupuncture	2	<b>\$450 per policy</b> combined limit for acupuncture, chiropractic, osteopathy & other services	<ul style="list-style-type: none"> <li>Initial visit: \$25</li> <li>Subsequent visit: \$25</li> </ul>
✓ Ante-natal/Post-natal classes	2	<b>sub-limits apply</b>	<ul style="list-style-type: none"> <li>Initial visit: \$30</li> <li>Subsequent visit: \$30</li> </ul>
✓ Blood glucose monitors	2	<b>\$900 per policy</b> sub-limits apply	<ul style="list-style-type: none"> <li>Per monitor: 80% of charge</li> </ul>
✓ Chiropractic	2	<b>\$450 per policy</b> combined limit for acupuncture, chiropractic, osteopathy & other services	<ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$30</li> </ul>
✓ Dietetics/dietary advice	2	<b>\$300 per policy</b>	<ul style="list-style-type: none"> <li>Initial visit: \$60</li> <li>Subsequent visit: \$40</li> </ul>
✓ Endodontic	2	<b>No annual limit</b>	<ul style="list-style-type: none"> <li>Filling of one root canal: \$170</li> </ul>
✓ Exercise physiology	2	<b>\$800 per policy</b> combined limit for exercise physiology, physiotherapy, remedial massage & other services sub-limits apply	<ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$30</li> </ul>
✓ Eye therapy (orthoptics)	2	<b>\$500 per policy</b> combined limit for eye therapy (orthoptics), occupational therapy & speech therapy sub-limits apply	<ul style="list-style-type: none"> <li>Initial visit: \$45</li> <li>Subsequent visit: \$44</li> </ul>

✓ <b>General dental</b>	2	<b>No annual limit</b>	<ul style="list-style-type: none"> <li>Fluoride treatment: \$29</li> <li>Scale &amp; clean: \$83</li> <li>Periodic oral examination: \$44</li> </ul>
✓ <b>Health management / Healthy lifestyle</b>	2	<b>\$150 per policy</b>	<ul style="list-style-type: none"> <li>Health management: 80% of charge</li> </ul>
✓ <b>Hearing aids</b>	12	<b>\$1,700 per policy</b> sub-limits apply	<ul style="list-style-type: none"> <li>Hearing aid: \$900</li> </ul>
✓ <b>Home nursing</b>	2	<b>\$500 per policy</b> sub-limits apply	<ul style="list-style-type: none"> <li>Initial visit: \$15</li> <li>Subsequent visit: \$15</li> </ul>
✓ <b>Major dental*</b>	12	<b>\$4,400 per policy</b> sub-limits apply	<ul style="list-style-type: none"> <li>Surgical tooth extraction: \$160</li> <li>Full crown veneered: \$875</li> </ul>
✓ <b>Non PBS pharmaceuticals</b>	2	<b>\$500 per policy</b> combined limit for non pbs pharmaceuticals & vaccinations	<ul style="list-style-type: none"> <li>Per eligible prescription: \$70</li> </ul>
✓ <b>Occupational therapy</b>	2	<b>\$500 per policy</b> combined limit for eye therapy (orthoptics), occupational therapy & speech therapy sub-limits apply	<ul style="list-style-type: none"> <li>Initial visit: \$60</li> <li>Subsequent visit: \$40</li> </ul>
✓ <b>Optical</b>	6	<b>\$310 per policy</b>	<ul style="list-style-type: none"> <li>Multi-focal lenses &amp; frames: 80% of charge</li> <li>Single vision lenses &amp; frames: 80% of charge</li> </ul>
✓ <b>Orthodontic</b>	12	<b>\$2,400 lifetime limit</b>	<ul style="list-style-type: none"> <li>Braces for upper &amp; lower teeth, including removal plus fitting of retainer: 80% of charge</li> </ul>
✓ <b>Orthotics (podiatric orthoses)</b>	2	<b>\$400 per policy</b> combined limit for orthotics (podiatric orthoses) & podiatry	<ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: 80% of charge</li> </ul>
✓ <b>Osteopathy</b>	2	<b>\$450 per policy</b> combined limit for acupuncture, chiropractic, osteopathy & other services	<ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$30</li> </ul>
✓ <b>Physiotherapy</b>	2	<b>\$800 per policy</b> combined limit for exercise physiology, physiotherapy, remedial massage & other services sub-limits apply	<ul style="list-style-type: none"> <li>Initial visit: \$50</li> <li>Subsequent visit: \$37</li> </ul>
✓ <b>Podiatry</b>	2	<b>\$400 per policy</b> combined limit for orthotics (podiatric orthoses) & podiatry	<ul style="list-style-type: none"> <li>Initial visit: \$44</li> <li>Subsequent visit: \$34</li> </ul>
✓ <b>Psychology</b>	2	<b>\$500 per policy</b>	<ul style="list-style-type: none"> <li>Initial visit: \$75</li> <li>Subsequent visit: \$75</li> </ul>
✓ <b>Remedial massage</b>	2	<b>\$800 per policy</b> combined limit for exercise physiology, physiotherapy, remedial massage & other services sub-limits apply	<ul style="list-style-type: none"> <li>Initial visit: \$32</li> <li>Subsequent visit: \$25</li> </ul>

✓ <b>Speech therapy</b>	2	<b>\$500 per policy</b> combined limit for eye therapy (orthoptics), occupational therapy & speech therapy sub-limits apply	<ul style="list-style-type: none"> <li>Initial visit: \$85</li> <li>Subsequent visit: \$45</li> </ul>
✓ <b>Vaccinations</b>	2	<b>\$500 per policy</b> combined limit for non pbs pharmaceuticals & vaccinations	<ul style="list-style-type: none"> <li>Per service: \$70</li> </ul>

\*Non PBS Pharmaceuticals excludes items purchased over the counter

**This policy does not include General treatment (Extras) cover for**

- ✗ Audiology
- ✗ Chinese medicine

## Ambulance cover

In NSW & ACT this policy provides:

Emergency: Unlimited with a waiting period of 1 day.

Non-emergency: Unlimited transport with a waiting period of 1 day, or 1 day for pre-existing conditions.

Call-out fees: Will be paid for each attendance, including emergency treatment without transport to hospital.

**For further information about this policy see:** <https://phoenixhealthfund.com.au/covers-by-life-stage/>

## Insurer Details



**Phoenix Health Fund Limited**  
Classic Ancillary

**\$105.24 / month**  
(Before Rebate, Discount & Loading)  
Available in NSW & ACT

Call now **1800 028 817**  
Sponsor link

**Phoenix Health Fund Limited**

<https://www.phoenixhealthfund.com.au>

[enquiries@phoenixhealthfund.com.au](mailto:enquiries@phoenixhealthfund.com.au)

**1800 028 817**

**Disclaimer:** This document is not a Private Health Information Statement (PHIS), and it is not intended to replace that document. The details contained in the **healthslips.com.au Policy Information** was provided by the insurer to the Australian Government. It is intended as general information. It may not take into account your circumstances. For further information contact the insurer. Information used is Licensed from the Commonwealth of Australia under a Creative Commons 3.0 licence.

Private Health Information Statement is available from the Private Health Insurance Ombudsman website at <https://privatehealth.gov.au/dynamic/Premium/PHIS/PWA/ANC/NCNY10>