



**Phoenix Health Fund Limited**  
Classic Ancillary

**\$210.48 / month**  
(Before Rebate, Discount & Loading)  
Available in SA

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:** Two adults (and no-one else).

This health insurer does not operate a preferred provider scheme.

**Policy ID:** PWA/ANC/SCOV20

**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 person</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 person</b> sub-limits apply	<ul style="list-style-type: none"> <li>Per monitor: 80% of charge</li> </ul>
✓ Chiropractic	2	<b>\$450 per person</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 person</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 person</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 person</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 person</b>	<ul style="list-style-type: none"> <li>Health management: 80% of charge</li> </ul>
✓ <b>Hearing aids</b>	12	<b>\$1,700 per person</b> sub-limits apply	<ul style="list-style-type: none"> <li>Hearing aid: \$900</li> </ul>
✓ <b>Home nursing</b>	2	<b>\$500 per person</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 person</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 person</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 person</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 person</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 person</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 person</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 person</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 person</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 person</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 person</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 person</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 person</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 SA 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



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Classic Ancillary

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Call now **1800 028 817**  
Sponsor link

**Phoenix Health Fund Limited**

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**1800 028 817**

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