



Phoenix Health Fund Limited
Complete Extras 70

\$304.08 / month
(Before Rebate, Discount & Loading)
Available in NT

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: One adult & dependants (2 or more people, only one of whom is an adult).

Children (0 - 17), non-classified* dependant (18 - 20) and students (21 - 24), as well as persons with a disability who qualify as a child, non-classified* dependant and student in these age ranges.

*Non-classified dependant: Dependants can stay on your family policy at no extra cost until their 21st birthday.

This health insurer does not operate a preferred provider scheme.

Policy ID: PWA/E70/DGZF1D

Source: Private Health Information Statement (PHIS).

Extras Cover

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

Note, for treatments marked with * : *100% benefit available on preventative dental services– includes items 012, 013, 111, 114, 115, 121, 161. Claimable once per appointment, up to twice per person per calendar year.

Treatment & waiting period (months)		Benefit limits per 12 months unless otherwise stated	Examples of maximum benefits
✓ Acupuncture	2	\$1,000 per person combined limit for acupuncture, chiropractic, exercise physiology, osteopathy, physiotherapy & remedial massage sub-limits apply	<ul style="list-style-type: none"> Initial visit: 70% of charge Subsequent visit: 70% of charge
✓ Blood glucose monitors	12	\$600 per person sub-limits apply	<ul style="list-style-type: none"> Per monitor: 70% of charge
✓ Chiropractic	2	\$1,000 per person combined limit for acupuncture, chiropractic, exercise physiology, osteopathy, physiotherapy & remedial massage sub-limits apply	<ul style="list-style-type: none"> Initial visit: 70% of charge Subsequent visit: 70% of charge
✓ Dietetics/dietary advice	2	\$400 per person combined limit for dietetics/dietary advice, health management / healthy lifestyle & other services	<ul style="list-style-type: none"> Initial visit: 70% of charge Subsequent visit: 70% of charge
✓ Endodontic	12	\$1,000 per person combined limit for endodontic & major dental	<ul style="list-style-type: none"> Filling of one root canal: 70% of charge

✓ Exercise physiology	2	\$1,000 per person combined limit for acupuncture, chiropractic, exercise physiology, osteopathy, physiotherapy & remedial massage sub-limits apply	<ul style="list-style-type: none"> Initial visit: 70% of charge Subsequent visit: 70% of charge
✓ Eye therapy (orthoptics)	2	\$800 per person combined limit for eye therapy (orthoptics), occupational therapy, psychology & speech therapy sub-limits apply	<ul style="list-style-type: none"> Initial visit: 70% of charge Subsequent visit: 70% of charge
✓ General dental*	2	No annual limit	<ul style="list-style-type: none"> Fluoride treatment: 100% of charge Scale & clean: 100% of charge Periodic oral examination: 100% of charge
✓ Health management / Healthy lifestyle	2	\$400 per person combined limit for dietetics/dietary advice, health management / healthy lifestyle & other services	<ul style="list-style-type: none"> Health management: 70% of charge
✓ Hearing aids	12	\$2,000 per person sub-limits apply	<ul style="list-style-type: none"> Hearing aid: 70% of charge
✓ Major dental	12	\$1,000 per person combined limit for endodontic & major dental	<ul style="list-style-type: none"> Surgical tooth extraction: 70% of charge Full crown veneered: 70% of charge
✓ Non PBS pharmaceuticals	2	\$300 per person combined limit for non pbs pharmaceuticals & vaccinations	<ul style="list-style-type: none"> Per eligible prescription: 70% of charge
✓ Occupational therapy	2	\$800 per person combined limit for eye therapy (orthoptics), occupational therapy, psychology & speech therapy sub-limits apply	<ul style="list-style-type: none"> Initial visit: 70% of charge Subsequent visit: 70% of charge
✓ Optical	6	\$300 per person	<ul style="list-style-type: none"> Multi-focal lenses & frames: 70% of charge Single vision lenses & frames: 70% of charge
✓ Orthodontic	12	\$1,000 per person \$2,600 lifetime limit	<ul style="list-style-type: none"> Braces for upper & lower teeth, including removal plus fitting of retainer: 70% of charge
✓ Orthotics (podiatric orthoses)	2	\$400 per person	<ul style="list-style-type: none"> Orthotics supply & fit: 70% of charge
✓ Osteopathy	2	\$1,000 per person combined limit for acupuncture, chiropractic, exercise physiology, osteopathy, physiotherapy & remedial massage sub-limits apply	<ul style="list-style-type: none"> Initial visit: 70% of charge Subsequent visit: 70% of charge
✓ Physiotherapy	2	\$1,000 per person combined limit for acupuncture, chiropractic, exercise physiology, osteopathy, physiotherapy & remedial massage sub-limits apply	<ul style="list-style-type: none"> Initial visit: 70% of charge Subsequent visit: 70% of charge

✓ Podiatry	2	\$400 per person	<ul style="list-style-type: none"> Initial visit: 70% of charge Subsequent visit: 70% of charge
✓ Psychology	2	\$800 per person combined limit for eye therapy (orthoptics), occupational therapy, psychology & speech therapy sub-limits apply	<ul style="list-style-type: none"> Initial visit: 70% of charge Subsequent visit: 70% of charge
✓ Remedial massage	2	\$1,000 per person combined limit for acupuncture, chiropractic, exercise physiology, osteopathy, physiotherapy & remedial massage sub-limits apply	<ul style="list-style-type: none"> Initial visit: 70% of charge Subsequent visit: 70% of charge
✓ Speech therapy	2	\$800 per person combined limit for eye therapy (orthoptics), occupational therapy, psychology & speech therapy sub-limits apply	<ul style="list-style-type: none"> Initial visit: 70% of charge Subsequent visit: 70% of charge
✓ Vaccinations	2	\$300 per person combined limit for non pbs pharmaceuticals & vaccinations	<ul style="list-style-type: none"> Per service: 70% of charge

*\$500 sublimit for Physiotherapy/ Myotherapy & Exercise Physiology; \$500 sublimit for Chiropractic, Osteopathy, Remedial Massage & Acupuncture; up to overall combined limit of \$1000. *\$400 sublimit per modality for Mental Health (including Psychology & Counselling), Speech Therapy, Eye Therapy, Occupational Therapy; up to overall combined limit of \$800. *Hearing Aids benefit claimable once every 3 years and includes repairs). *Aids to Recovery (including Blood Glucose monitors) have a sublimit of \$200 per item, up to overall limit of \$600 every 2 years. *Non PBS Pharmaceuticals benefit applies after PBS co-payment is applied.

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

- ✗ Ante-natal/Post-natal classes
- ✗ Chinese medicine
- ✗ Audiology
- ✗ Home nursing

Ambulance cover

In NT this policy provides:

Emergency: With a waiting period of 1 day, limited to \$2,000 per person per year.

Non-emergency: Transport with a waiting period of 1 day, or 1 day for pre-existing conditions, limited to \$2,000 per person per year.

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

Other features of this ambulance cover: 70% benefit for Emergency & Non-emergency Ambulance up to overall limit of \$2000 per person per calendar year

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

Insurer Details



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Call now  **1800 028 817**
Sponsor link

Phoenix Health Fund Limited

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

 enquiries@phoenixhealthfund.com.au

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