

**Phoenix Health Fund Limited**  
**Complete Extras 70****\$304.08 / month**  
(Before Rebate, Discount & Loading)  
Available in TAS

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/E70/TGZA20

**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  | <b>\$1,000 per person</b><br>combined limit for acupuncture, chiropractic, exercise physiology, osteopathy, physiotherapy & remedial massage<br>sub-limits apply | <ul style="list-style-type: none"><li>Initial visit: 70% of charge</li><li>Subsequent visit: 70% of charge</li></ul> |
| ✓ Blood glucose monitors            | 12 | <b>\$600 per person</b><br>sub-limits apply                                                                                                                      | <ul style="list-style-type: none"><li>Per monitor: 70% of charge</li></ul>                                           |
| ✓ Chiropractic                      | 2  | <b>\$1,000 per person</b><br>combined limit for acupuncture, chiropractic, exercise physiology, osteopathy, physiotherapy & remedial massage<br>sub-limits apply | <ul style="list-style-type: none"><li>Initial visit: 70% of charge</li><li>Subsequent visit: 70% of charge</li></ul> |
| ✓ Dietetics/dietary advice          | 2  | <b>\$400 per person</b><br>combined limit for dietetics/dietary advice, health management / healthy lifestyle & other services                                   | <ul style="list-style-type: none"><li>Initial visit: 70% of charge</li><li>Subsequent visit: 70% of charge</li></ul> |
| ✓ Endodontic                        | 12 | <b>\$1,000 per person</b><br>combined limit for endodontic & major dental                                                                                        | <ul style="list-style-type: none"><li>Filling of one root canal: 70% of charge</li></ul>                             |
| ✓ Exercise physiology               | 2  | <b>\$1,000 per person</b><br>combined limit for acupuncture, chiropractic, exercise physiology, osteopathy, physiotherapy & remedial massage<br>sub-limits apply | <ul style="list-style-type: none"><li>Initial visit: 70% of charge</li><li>Subsequent visit: 70% of charge</li></ul> |

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

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

\*\$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

Ambulance cover is provided by the State government for residents of Tasmania. This may include cover whilst interstate, except for South Australia and Queensland where no cover applies. In other states please check with Ambulance Tasmania - [https://www.health.tas.gov.au/ambulance/fees\\_and\\_accounts](https://www.health.tas.gov.au/ambulance/fees_and_accounts).

**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



**Phoenix Health Fund Limited**  
**Complete Extras 70**

**\$304.08 / month**

(Before Rebate, Discount & Loading)

Available in TAS

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/E70/TGZA20>