



**Phoenix Health Fund Limited**  
Mid Extras Cover

**\$142.78 / 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:** Two adults (and no-one else).

This health insurer does not operate a preferred provider scheme.

**Policy ID:** PWA/MA/DCXN20

**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>\$400 per person</b> combined limit for acupuncture, chiropractic, osteopathy & other services	<ul style="list-style-type: none"> <li>Initial visit: \$22.5</li> <li>Subsequent visit: \$22.5</li> </ul>
✓ Blood glucose monitors	2	<b>\$150 per person</b>	<ul style="list-style-type: none"> <li>Per monitor: 80% of charge</li> </ul>
✓ Chiropractic	2	<b>\$400 per person</b> combined limit for acupuncture, chiropractic, osteopathy & other services	<ul style="list-style-type: none"> <li>Initial visit: \$36</li> <li>Subsequent visit: \$27</li> </ul>
✓ Endodontic*	2	<b>\$1,500 per person</b> combined limit for endodontic, general dental, major dental & orthodontic sub-limits apply	<ul style="list-style-type: none"> <li>Filling of one root canal: \$153</li> </ul>
✓ Exercise physiology	2	<b>\$400 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: \$35</li> <li>Subsequent visit: \$27</li> </ul>
✓ Eye therapy (orthoptics)	2	<b>\$300 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: \$40.5</li> <li>Subsequent visit: \$39.6</li> </ul>
✓ General dental*	2	<b>\$1,500 per person</b> combined limit for endodontic, general dental, major dental & orthodontic sub-limits apply	<ul style="list-style-type: none"> <li>Fluoride treatment: \$21.6</li> <li>Scale &amp; clean: \$62.1</li> <li>Periodic oral examination: \$32.85</li> </ul>

✓ <b>Health management / Healthy lifestyle</b>	2	<b>\$100 per person</b>	<ul style="list-style-type: none"> <li>Health management: 80% of charge</li> </ul>
✓ <b>Major dental*</b>	12	<b>\$1,500 per person</b> combined limit for endodontic, general dental, major dental & orthodontic sub-limits apply	<ul style="list-style-type: none"> <li>Surgical tooth extraction: \$144</li> <li>Full crown veneered: \$787</li> </ul>
✓ <b>Non PBS pharmaceuticals*</b>	2	<b>\$250 per person</b> combined limit for non pbs pharmaceuticals & vaccinations	<ul style="list-style-type: none"> <li>Per eligible prescription: \$45</li> </ul>
✓ <b>Occupational therapy</b>	2	<b>\$300 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: \$54</li> <li>Subsequent visit: \$36</li> </ul>
✓ <b>Optical</b>	6	<b>\$200 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>\$1,500 per person</b> combined limit for endodontic, general dental, major dental & orthodontic sub-limits apply	<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>\$200 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>\$400 per person</b> combined limit for acupuncture, chiropractic, osteopathy & other services	<ul style="list-style-type: none"> <li>Initial visit: \$36</li> <li>Subsequent visit: \$27</li> </ul>
✓ <b>Physiotherapy</b>	2	<b>\$400 per person</b> combined limit for exercise physiology, physiotherapy, remedial massage & other services	<ul style="list-style-type: none"> <li>Initial visit: \$45</li> <li>Subsequent visit: \$33.3</li> </ul>
✓ <b>Podiatry</b>	2	<b>\$200 per person</b> combined limit for orthotics (podiatric orthoses) & podiatry	<ul style="list-style-type: none"> <li>Initial visit: \$39.6</li> <li>Subsequent visit: \$30.6</li> </ul>
✓ <b>Remedial massage</b>	2	<b>\$400 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: \$25</li> <li>Subsequent visit: \$22.5</li> </ul>
✓ <b>Speech therapy</b>	2	<b>\$300 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: \$76.5</li> <li>Subsequent visit: \$40.5</li> </ul>
✓ <b>Vaccinations</b>	2	<b>\$250 per person</b> combined limit for non pbs pharmaceuticals & vaccinations	<ul style="list-style-type: none"> <li>Per service: \$45</li> </ul>

\*\*Overall Dental limit \$1500 with Sub Limits of \$1000 each on: Crowns & Bridges; Implants; Inlays, Onlays & Veneers. Lifetime Limit of \$1000 on Orthodontics

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

- ✗ Ante-natal/Post-natal classes
- ✗ Dietetics/dietary advice
- ✗ Psychology
- ✗ Audiology
- ✗ Hearing aids
- ✗ Chinese medicine
- ✗ Home nursing

## Ambulance cover

In NT 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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Call now **1800 028 817**  
Sponsor link

**Phoenix Health Fund Limited**

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

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**1800 028 817**

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