

**Phoenix Health Fund Limited**  
**Mid Extras Cover****\$142.78 / 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:** Two adults & dependants (3 or more people, only 2 of whom are adults).

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/MA/NCXK2D

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

- ✓ **Vaccinations** 2 **\$250 per person** • Per service: \$45  
combined limit for non pbs pharmaceuticals & vaccinations

\*\*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 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



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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**

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