

**Phoenix Health Fund Limited**
Mid Extras Cover**\$142.78 / month**
(Before Rebate, Discount & Loading)
Available in WA

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/WCY12D

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	\$400 per person combined limit for acupuncture, chiropractic, osteopathy & other services	- Initial visit: \$22.5 - Subsequent visit: \$22.5
✓ Blood glucose monitors	2	\$150 per person	Per monitor: 80% of charge
✓ Chiropractic	2	\$400 per person combined limit for acupuncture, chiropractic, osteopathy & other services	- Initial visit: \$36 - Subsequent visit: \$27
✓ Endodontic*	2	\$1,500 per person combined limit for endodontic, general dental, major dental & orthodontic sub-limits apply	Filling of one root canal: \$153
✓ Exercise physiology	2	\$400 per person combined limit for exercise physiology, physiotherapy, remedial massage & other services sub-limits apply	- Initial visit: \$35 - Subsequent visit: \$27
✓ Eye therapy (orthoptics)	2	\$300 per person combined limit for eye therapy (orthoptics), occupational therapy & speech therapy sub-limits apply	- Initial visit: \$40.5 - Subsequent visit: \$39.6

✓ General dental*	2	\$1,500 per person combined limit for endodontic, general dental, major dental & orthodontic sub-limits apply	- Fluoride treatment: \$21.6 - Scale & clean: \$62.1 - Periodic oral examination: \$32.85
✓ Health management / Healthy lifestyle	2	\$100 per person	Health management: 80% of charge
✓ Major dental*	12	\$1,500 per person combined limit for endodontic, general dental, major dental & orthodontic sub-limits apply	- Surgical tooth extraction: \$144 - Full crown veneered: \$787
✓ Non PBS pharmaceuticals*	2	\$250 per person combined limit for non pbs pharmaceuticals & vaccinations	Per eligible prescription: \$45
✓ Occupational therapy	2	\$300 per person combined limit for eye therapy (orthoptics), occupational therapy & speech therapy sub-limits apply	- Initial visit: \$54 - Subsequent visit: \$36
✓ Optical	6	\$200 per person	- Multi-focal lenses & frames: 80% of charge - Single vision lenses & frames: 80% of charge
✓ Orthodontic*	12	\$1,500 per person combined limit for endodontic, general dental, major dental & orthodontic sub-limits apply	Braces for upper & lower teeth, including removal plus fitting of retainer: 80% of charge
✓ Orthotics (podiatric orthoses)	2	\$200 per person combined limit for orthotics (podiatric orthoses) & podiatry	Orthotics supply & fit: 80% of charge
✓ Osteopathy	2	\$400 per person combined limit for acupuncture, chiropractic, osteopathy & other services	- Initial visit: \$36 - Subsequent visit: \$27
✓ Physiotherapy	2	\$400 per person combined limit for exercise physiology, physiotherapy, remedial massage & other services	- Initial visit: \$45 - Subsequent visit: \$33.3
✓ Podiatry	2	\$200 per person combined limit for orthotics (podiatric orthoses) & podiatry	- Initial visit: \$39.6 - Subsequent visit: \$30.6
✓ Remedial massage	2	\$400 per person combined limit for exercise physiology, physiotherapy, remedial massage & other services sub-limits apply	- Initial visit: \$25 - Subsequent visit: \$22.5
✓ Speech therapy	2	\$300 per person combined limit for eye therapy (orthoptics), occupational therapy & speech therapy sub-limits apply	- Initial visit: \$76.5 - Subsequent visit: \$40.5

- ✓ **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 WA 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

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