

**Phoenix Health Fund Limited**  
**Top Extras Cover****\$255.60 / 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/TA/NEES2D

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>\$450 per person</b><br>combined limit for acupuncture, chiropractic, osteopathy & other services                                    | <ul style="list-style-type: none"><li>Initial visit: \$25</li><li>Subsequent visit: \$25</li></ul> |
| ✓ Blood glucose monitors            | 2 | <b>\$900 per person</b>                                                                                                                 | <ul style="list-style-type: none"><li>Per monitor: 80% of charge</li></ul>                         |
| ✓ Chiropractic                      | 2 | <b>\$450 per person</b><br>combined limit for acupuncture, chiropractic, osteopathy & other services                                    | <ul style="list-style-type: none"><li>Initial visit: \$40</li><li>Subsequent visit: \$30</li></ul> |
| ✓ Dietetics/dietary advice          | 2 | <b>\$300 per person</b>                                                                                                                 | <ul style="list-style-type: none"><li>Initial visit: \$60</li><li>Subsequent visit: \$40</li></ul> |
| ✓ Endodontic                        | 2 | <b>\$800 per person</b>                                                                                                                 | <ul style="list-style-type: none"><li>Filling of one root canal: \$170</li></ul>                   |
| ✓ Exercise physiology               | 2 | <b>\$800 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: \$40</li><li>Subsequent visit: \$30</li></ul> |
| ✓ Eye therapy (orthoptics)          | 2 | <b>\$500 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: \$45</li><li>Subsequent visit: \$44</li></ul> |

|                                         |    |                                                                                                                                  |                                                                                                                                                            |
|-----------------------------------------|----|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ General dental*                       | 2  | No annual limit                                                                                                                  | <ul style="list-style-type: none"> <li>Fluoride treatment: \$24</li> <li>Scale &amp; clean: \$69</li> <li>Periodic oral examination: \$36.5</li> </ul>     |
| ✓ Health management / Healthy lifestyle | 2  | \$150 per person                                                                                                                 | <ul style="list-style-type: none"> <li>Health management: 80% of charge</li> </ul>                                                                         |
| ✓ Hearing aids                          | 12 | \$1,700 per person<br>sub-limits apply                                                                                           | <ul style="list-style-type: none"> <li>Hearing aid: \$900</li> </ul>                                                                                       |
| ✓ Home nursing                          | 2  | \$500 per person<br>sub-limits apply                                                                                             | <ul style="list-style-type: none"> <li>Initial visit: \$15</li> <li>Subsequent visit: \$15</li> </ul>                                                      |
| ✓ Major dental                          | 12 | \$2,000 per person<br>sub-limits apply                                                                                           | <ul style="list-style-type: none"> <li>Surgical tooth extraction: \$160</li> <li>Full crown veneered: \$875</li> </ul>                                     |
| ✓ Non PBS pharmaceuticals               | 2  | \$500 per person<br>combined limit for non pbs pharmaceuticals & vaccinations                                                    | <ul style="list-style-type: none"> <li>Per eligible prescription: \$70</li> </ul>                                                                          |
| ✓ Occupational therapy                  | 2  | \$500 per person<br>combined limit for eye therapy (orthoptics), occupational therapy & speech therapy<br>sub-limits apply       | <ul style="list-style-type: none"> <li>Initial visit: \$60</li> <li>Subsequent visit: \$40</li> </ul>                                                      |
| ✓ Optical                               | 6  | \$310 per person                                                                                                                 | <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 | \$1,200 per person<br>\$2,400 lifetime limit<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  | \$400 per person<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  | \$450 per person<br>combined limit for acupuncture, chiropractic, osteopathy & other services                                    | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$30</li> </ul>                                                      |
| ✓ Physiotherapy                         | 2  | \$800 per person<br>combined limit for exercise physiology, physiotherapy, remedial massage & other services                     | <ul style="list-style-type: none"> <li>Initial visit: \$50</li> <li>Subsequent visit: \$37</li> </ul>                                                      |
| ✓ Podiatry                              | 2  | \$400 per person<br>combined limit for orthotics (podiatric orthoses) & podiatry                                                 | <ul style="list-style-type: none"> <li>Initial visit: \$44</li> <li>Subsequent visit: \$34</li> </ul>                                                      |
| ✓ Psychology                            | 2  | \$500 per person                                                                                                                 | <ul style="list-style-type: none"> <li>Initial visit: \$75</li> <li>Subsequent visit: \$75</li> </ul>                                                      |
| ✓ Remedial massage                      | 2  | \$800 per person<br>combined limit for exercise physiology, physiotherapy, remedial massage & other services<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$32</li> <li>Subsequent visit: \$25</li> </ul>                                                      |

|                  |   |                                                                                                                                   |                                                                                                    |
|------------------|---|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| ✓ Speech therapy | 2 | <b>\$500 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: \$85</li><li>Subsequent visit: \$45</li></ul> |
| ✓ Vaccinations   | 2 | <b>\$500 per person</b><br>combined limit for non pbs pharmaceuticals & vaccinations<br>sub-limits apply                          | <ul style="list-style-type: none"><li>Per service: \$70</li></ul>                                  |

\*\*Overall Major Dental limit \$2000, with Sub Limits of \$1000 for Inlays, Onlays & Veneers; \$1000 for Crowns & Bridges; \$1000 for Implants and \$1000 for Dentures. Orthodontics limit of \$1200 per person per year, up to Lifetime Limit of \$2400.

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

✗ Ante-natal/Post-natal classes

✗ Audiology

✗ Chinese medicine

## 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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