

## Private Health Information Statement - General treatment policy

### Classic Ancillary

**Phoenix Health Fund Limited**  
<https://www.phoenixhealthfund.com.au>  
[enquiries@phoenixhealthfund.com.au](mailto:enquiries@phoenixhealthfund.com.au)  
 1800 028 817

**Monthly Premium**  
**\$210.48<sup>#</sup>**  
 (before any rebate or insurer discount)

Covers two adults & dependants  
 (3 or more people, only 2 of  
 whom are adults)  
 Available in Tasmania  
 Closed to new members

# 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 children and other dependants up to and including the age of 20, students up to and including the age of 24, as well as persons with a disability who qualify as a child or other dependant or student in these age ranges.

### General Treatment Cover

This health insurer does not operate a preferred provider scheme.

This policy  includes General treatment (Extras) cover for

Note, for items marked with an asterisk \*: \*Overall Major Dental limit \$4400, with Sub Limits of \$1000 for Inlays, Onlays & Veneers; \$1600 for Crowns & Bridges; \$1500 for Implants. Lifetime Orthodontics limit of \$2400 per person.

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental	2	No annual limit (no limit on preventative dental)	Periodic oral examination - \$44.00 Scale & clean - \$83.00 Fluoride treatment - \$29.00
Major dental*	12	\$4,400 per person (Sub-limits apply)	Surgical tooth extraction - \$160.00 Full crown veneered - \$875.00
Endodontic	2	No annual limit	Filling of one root canal - \$170.00
Orthodontic	12	\$2,400 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - 80% of charge
Optical	6	\$310 per person	Single vision lenses & frames - 80% of charge Multi-focal lenses & frames - 80% of charge
Non PBS pharmaceuticals	2	\$500 per person (combined limit for non pbs pharmaceuticals & vaccinations)	Per eligible prescription - \$70.00
Physiotherapy	2	\$800 per person (combined limit for physiotherapy, remedial massage, exercise physiology & other services - <b>Sub-limits apply</b> )	Initial visit - \$50.00 Subsequent visit - \$37.00
Chiropractic	2	\$450 per person (combined limit for chiropractic, acupuncture, osteopathy & other services)	Initial visit - \$40.00 Subsequent visit - \$30.00
Podiatry	2	\$400 per person (combined limit for podiatry & orthotics (podiatric orthoses))	Initial visit - \$44.00 Subsequent visit - \$34.00
Psychology	2	\$500 per person (combined limit for psychology & other services)	Initial visit - \$75.00 Subsequent visit - \$75.00
Acupuncture	2	Combined limit - see Chiropractic	Initial visit - \$25.00 Subsequent visit - \$25.00
Remedial massage	2	Combined limit - see Physiotherapy	Initial visit - \$32.00 Subsequent visit - \$25.00

Hearing aids	12	\$1,700 per person 2 appliance(s) every 5 years (combined limit for hearing aids & other services - <b>Sub-limits apply</b> )	Hearing aid - \$900.00
Blood glucose monitors	2	\$900 per person (combined limit for blood glucose monitors & other services - <b>Sub-limits apply</b> )	Per monitor - 80% of charge
Ante-natal/Post-natal classes	2	10 service(s) every 1 year ( <b>Sub-limits apply</b> )	Initial visit - \$30.00 Subsequent visit - \$30.00
Dietetics/dietary advice	2	\$300 per person	Initial visit - \$60.00 Subsequent visit - \$40.00
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - \$40.00 Subsequent visit - \$30.00
Eye therapy (orthoptics)	2	\$500 per person (combined limit for eye therapy (orthoptics), occupational therapy & speech therapy - <b>Sub-limits apply</b> )	Initial visit - \$45.00 Subsequent visit - \$44.00
Health management / Healthy lifestyle	2	\$150 per person (combined limit for health management / healthy lifestyle & other services)	Health management - 80% of charge
Home nursing	2	\$500 per person ( <b>Sub-limits apply</b> )	Initial visit - \$15.00 Subsequent visit - \$15.00
Occupational therapy	2	Combined limit - see Eye therapy (orthoptics)	Initial visit - \$60.00 Subsequent visit - \$40.00
Orthotics (podiatric orthoses)	2	Combined limit - see Podiatry	Orthotics supply & fit - 80% of charge
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - \$40.00 Subsequent visit - \$30.00
Speech therapy	2	Combined limit - see Eye therapy (orthoptics)	Initial visit - \$85.00 Subsequent visit - \$45.00
Vaccinations	2	Combined limit - see Non PBS pharmaceuticals	Per service - \$70.00

\*Non PBS Pharmaceuticals excludes items purchased over the counter

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

**X** Other treatments - check with your insurer

## 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).

For further information about this policy see

<https://phoenixhealthfund.com.au/covers-by-life-stage/>

## Disclaimer

The information contained in this Private Health Information Statement was provided by the insurer and is intended as general information. It may not take into account your particular circumstances. For information please contact the insurer.