

Private Health Information Statement - General treatment policy

Everyday Extras 60

Phoenix Health Fund Limited
<https://www.phoenixhealthfund.com.au>
enquiries@phoenixhealthfund.com.au
 1800 028 817

Monthly Premium
\$103.43[#]
 (before any rebate or insurer discount)

Covers only one person
 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.

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 *: 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
General dental*	2	No annual limit (no limit on preventative dental)	Periodic oral examination - 100% of charge Scale & clean - 100% of charge Fluoride treatment - 100% of charge
Major dental	12	\$800 per policy (combined limit for major dental & endodontic)	Surgical tooth extraction - 60% of charge Full crown veneered - 60% of charge
Endodontic	12		Filling of one root canal - 60% of charge
Orthodontic	12	\$800 per policy \$2,100 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - 60% of charge
Optical	6	\$260 per policy	Single vision lenses & frames - 60% of charge Multi-focal lenses & frames - 60% of charge
Non PBS pharmaceuticals	2	\$250 per policy (combined limit for non pbs pharmaceuticals & vaccinations)	Per eligible prescription - 60% of charge
Physiotherapy	2	\$800 per policy (combined limit for physiotherapy, chiropractic, acupuncture, remedial massage, exercise physiology & osteopathy - Sub-limits apply)	Initial visit - 60% of charge Subsequent visit - 60% of charge
Chiropractic	2		Initial visit - 60% of charge Subsequent visit - 60% of charge
Podiatry	2	\$300 per policy	Initial visit - 60% of charge Subsequent visit - 60% of charge
Psychology	2	\$600 per policy (combined limit for psychology, eye therapy (orthoptics), occupational therapy & speech therapy - Sub-limits apply)	Initial visit - 60% of charge Subsequent visit - 60% of charge
Acupuncture	2	Combined limit - see Physiotherapy	Initial visit - 60% of charge Subsequent visit - 60% of charge
Remedial massage	2	Combined limit - see Physiotherapy	Initial visit - 60% of charge Subsequent visit - 60% of charge
Blood glucose monitors	12	\$600 per policy (combined limit for blood glucose monitors & other services - Sub-limits apply)	Per monitor - 60% of charge
Dietetics/dietary advice	2	\$200 per policy (combined limit for dietetics/dietary advice, health management / healthy lifestyle & other services)	Initial visit - 60% of charge Subsequent visit - 60% of charge

Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - 60% of charge Subsequent visit - 60% of charge
Eye therapy (orthoptics)	2	Combined limit - see Psychology	Initial visit - 60% of charge Subsequent visit - 60% of charge
Health management / Healthy lifestyle	2	Combined limit - see Dietetics/dietary advice	Health management - 60% of charge
Occupational therapy	2	Combined limit - see Psychology	Initial visit - 60% of charge Subsequent visit - 60% of charge
Orthotics (podiatric orthoses)	2	\$300 per policy	Orthotics supply & fit - 60% of charge
Osteopathy	2	Combined limit - see Physiotherapy	Initial visit - 60% of charge Subsequent visit - 60% of charge
Speech therapy	2	Combined limit - see Psychology	Initial visit - 60% of charge Subsequent visit - 60% of charge
Vaccinations	2	Combined limit - see Non PBS pharmaceuticals	Per service - 60% of charge

*\$400 sublimit for Physiotherapy/ Myotherapy & Exercise Physiology; \$400 sublimit for Chiropractic, Osteopathy, Remedial Massage & Acupuncture; up to overall combined limit of \$800. *\$200 sublimit per modality for Mental Health (including Psychology & Counselling), Speech Therapy, Eye Therapy, Occupational Therapy; up to overall combined limit of \$600. *Aids to Recovery (including Blood Glucose monitors) have a sublimit of \$200 per item, up to overall limit of \$600 every 2 years. *Non PBS Pharmacy benefit applies after PBS co-payment applied.

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

X Hearing aids

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.

Other features of this ambulance cover

60% benefit for Emergency & Non-emergency Ambulance up to overall limit of \$1000 per person per calendar year

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.