

Private Health Information Statement - General treatment policy

Mid Extras Cover

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

Monthly Premium  
\$71.39 #  
(before any rebate or insurer discount)

Covers only one person  
Available in Northern Territory  
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                       | \$1,500 per policy<br>(combined limit for general dental, major dental, endodontic & orthodontic - <b>Sub-limits apply</b> )              | Periodic oral examination - \$32.85<br>Scale & clean - \$62.10<br>Fluoride treatment - \$21.60 |
| Major dental*            | 12                      |                                                                                                                                           | Surgical tooth extraction - \$144.00<br>Full crown veneered - \$787.00                         |
| Endodontic*              | 2                       |                                                                                                                                           | Filling of one root canal - \$153.00                                                           |
| Orthodontic*             | 12                      |                                                                                                                                           | Braces for upper & lower teeth, including removal plus fitting of retainer - 80% of charge     |
| Optical                  | 6                       | \$200 per policy<br>(combined limit for optical & other services)                                                                         | Single vision lenses & frames - 80% of charge<br>Multi-focal lenses & frames - 80% of charge   |
| Non PBS pharmaceuticals* | 2                       | \$250 per policy<br>(combined limit for non pbs pharmaceuticals & vaccinations)                                                           | Per eligible prescription - \$45.00                                                            |
| Physiotherapy            | 2                       | \$400 per policy<br>(combined limit for physiotherapy, remedial massage, exercise physiology & other services - <b>Sub-limits apply</b> ) | Initial visit - \$45.00<br>Subsequent visit - \$33.30                                          |
| Chiropractic             | 2                       | \$400 per policy<br>(combined limit for chiropractic, acupuncture, osteopathy & other services)                                           | Initial visit - \$36.00<br>Subsequent visit - \$27.00                                          |
| Podiatry                 | 2                       | \$200 per policy<br>(combined limit for podiatry & orthotics (podiatric orthoses))                                                        | Initial visit - \$39.60<br>Subsequent visit - \$30.60                                          |
| Acupuncture              | 2                       | Combined limit - see Chiropractic                                                                                                         | Initial visit - \$22.50<br>Subsequent visit - \$22.50                                          |
| Remedial massage         | 2                       | Combined limit - see Physiotherapy                                                                                                        | Initial visit - \$25.00<br>Subsequent visit - \$22.50                                          |
| Blood glucose monitors   | 2                       | \$150 per policy<br>(combined limit for blood glucose monitors & other services)                                                          | Per monitor - 80% of charge                                                                    |
| Exercise physiology      | 2                       | Combined limit - see Physiotherapy                                                                                                        | Initial visit - \$35.00<br>Subsequent visit - \$27.00                                          |

|                                                                                                                                                                 |   |                                                                                                                                        |                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Eye therapy (orthoptics)                                                                                                                                        | 2 | \$300 per policy<br>(combined limit for eye therapy (orthoptics),<br>occupational therapy & speech therapy - <b>Sub-limits apply</b> ) | Initial visit - \$40.50<br>Subsequent visit - \$39.60 |
| Health management / Healthy lifestyle                                                                                                                           | 2 | \$100 per policy<br>(combined limit for health management / healthy lifestyle & other services)                                        | Health management - 80% of charge                     |
| Occupational therapy                                                                                                                                            | 2 | Combined limit - see Eye therapy (orthoptics)                                                                                          | Initial visit - \$54.00<br>Subsequent visit - \$36.00 |
| Orthotics (podiatric orthoses)                                                                                                                                  | 2 | Combined limit - see Podiatry                                                                                                          | Orthotics supply & fit - 80% of charge                |
| Osteopathy                                                                                                                                                      | 2 | Combined limit - see Chiropractic                                                                                                      | Initial visit - \$36.00<br>Subsequent visit - \$27.00 |
| Speech therapy                                                                                                                                                  | 2 | Combined limit - see Eye therapy (orthoptics)                                                                                          | Initial visit - \$76.50<br>Subsequent visit - \$40.50 |
| Vaccinations                                                                                                                                                    | 2 | Combined limit - see Non PBS pharmaceuticals                                                                                           | Per service - \$45.00                                 |
| **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

|                       |                     |                                                     |
|-----------------------|---------------------|-----------------------------------------------------|
| <b>✗</b> Hearing aids | <b>✗</b> Psychology | <b>✗</b> Other treatments - check with your insurer |
|-----------------------|---------------------|-----------------------------------------------------|

## Ambulance cover

In Northern Territory 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/>

## 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.