

Private Health Information Statement - General treatment policy

Top Extras Cover

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

Monthly Premium

\$127.80 #

(before any rebate or insurer discount)

Covers only one person

Available in Western Australia

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) (combined limit for general dental & other services)	Periodic oral examination - \$36.50 Scale & clean - \$69.00 Fluoride treatment - \$24.00
Major dental	12	\$2,000 per policy (combined limit for major dental & other services - Sub-limits apply)	Surgical tooth extraction - \$160.00 Full crown veneered - \$875.00
Endodontic	2	\$800 per policy	Filling of one root canal - \$170.00
Orthodontic	12	\$1,200 per policy \$2,400 lifetime limit (Sub-limits apply)	Braces for upper & lower teeth, including removal plus fitting of retainer - 80% of charge
Optical	6	\$310 per policy	Single vision lenses & frames - 80% of charge Multi-focal lenses & frames - 80% of charge
Non PBS pharmaceuticals	2	\$500 per policy (combined limit for non pbs pharmaceuticals & vaccinations - Sub-limits apply)	Per eligible prescription - \$70.00
Physiotherapy	2	\$800 per policy (combined limit for physiotherapy, remedial massage, exercise physiology & other services - Sub-limits apply)	Initial visit - \$50.00 Subsequent visit - \$37.00
Chiropractic	2	\$450 per policy (combined limit for chiropractic, acupuncture, osteopathy & other services)	Initial visit - \$40.00 Subsequent visit - \$30.00
Podiatry	2	\$400 per policy (combined limit for podiatry & orthotics (podiatric orthoses))	Initial visit - \$44.00 Subsequent visit - \$34.00
Psychology	2	\$500 per policy (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 policy 2 appliance(s) every 5 years (Sub-limits apply)	Hearing aid - \$900.00

Blood glucose monitors	2	\$900 per policy (combined limit for blood glucose monitors & other services)	Per monitor - 80% of charge
Dietetics/dietary advice	2	\$300 per policy	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 policy (combined limit for eye therapy (orthoptics), occupational therapy & speech therapy - Sub-limits apply)	Initial visit - \$45.00 Subsequent visit - \$44.00
Health management / Healthy lifestyle	2	\$150 per policy (combined limit for health management / healthy lifestyle & other services)	Health management - 80% of charge
Home nursing	2	\$500 per policy (Sub-limits apply)	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
**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 **X** does not include General treatment (Extras) cover for

X Other treatments - check with your insurer

Ambulance cover

In Western Australia 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.