

Product Details – Basic Extras

This Statement provides basic information for the purposes of comparison only. **For full explanation of this hospital policy please contact Phoenix Health Fund** on 1800 028 817 or visit www.phoenixhealthfund.com.au.

This product is available for residents of all states.

PREFERRED SERVICE PROVIDER ARRANGEMENTS: Phoenix Health Fund doesn't have preferred providers like some health funds do. In doing this, our members have the flexibility of choosing their own provider in the location that suits them best.

SERVICES	COVER	WAITING PERIOD (MONTHS)	BENEFIT LIMITS (PER 12 MONTHS)	EXAMPLES OF MAXIMUM BENEFITS
DENTAL	✓	2	\$500 per person (Sub-limits apply)	Periodic oral examination - \$29.20 Scale & clean - \$55.20 Fluoride treatment - \$19.20
● General dental	✓	2	\$500 per person (Sub-limits apply)	Periodic oral examination - \$29.20 Scale & clean - \$55.20 Fluoride treatment - \$19.20
● Major dental	✗	-	-	Full crown veneered - n/a
● Endodontic	✗	-	-	Filling of one root canal - n/a
● Orthodontic	✗	-	-	Braces for upper & lower teeth, including removal plus fitting of retainer - n/a
OPTICAL (eg prescribed spectacles / contact lenses)	✓	6	\$150 per person (Sub-limits apply)	Single vision lenses & frames - \$150.00 Multi-focal lenses & frames - \$150.00
NON PBS PHARMACEUTICALS	✓	2	\$200 per person (Sub-limits apply)	Per eligible prescription - \$30.00
PHYSIOTHERAPY	✓	2	\$250 per person (Sub-limits apply)	Initial visit - \$40.00 Subsequent visit - \$29.60
CHIROPRACTIC	✓	2	\$250 per person (Sub-limits apply)	Initial visit - \$32.00 Subsequent visit - \$24.00
PODIATRY	✗	-	-	-
PSYCHOLOGY	✗	-	-	-
ACUPUNCTURE	✗	-	-	-
NATUROPATHY	✗	-	-	-
REMEDIAL MASSAGE	✗	-	-	-
HEARING AIDS	✗	-	-	-
BLOOD GLUCOSE MONITORS	✗	-	-	-
AMBULANCE	✓	0 day	No annual limit	Comprehensive cover (see insurer for details)