Product Details - Top 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 ■ General dental | ~ | 2 | No annual limit (no limit on preventative dental) (Sub-limits apply) | 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 | 1 | 2 | No annual limit (Sub-limits apply) | 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 (eg prescribed spectacles / contact lenses) | ~ | 6 | \$310 per policy (Sub-limits apply) | Single vision lenses & frames - \$220.00 Multi-focal lenses & frames - \$310.00 |
| NON PBS PHARMACEUTICALS | ~ | 2 | \$500 per policy (Sub-limits apply) | Per eligible prescription - \$70.00 |
| PHYSIOTHERAPY | ~ | 2 | \$800 per policy (combined limit for physiotherapy & other services - Sub-limits apply) | Initial visit - \$50.00 Subsequent visit - \$37.00 |
| CHIROPRACTIC | ~ | 2 | \$450 per policy (combined limit for chiropractic & acupuncture - Sub-limits apply) | Initial visit - \$40.00 Subsequent visit - \$30.00 |
| PODIATRY | ~ | 2 | \$400 per policy (Sub-limits apply) | Initial visit - \$44.00 Subsequent visit - \$34.00 |
| PSYCHOLOGY | ~ | 2 | \$500 per policy (Sub-limits apply) | Initial visit - \$75.00 Subsequent visit - \$75.00 |
| ACUPUNCTURE | ~ | 2 | Combined limit - see Chiropractic | Initial visit - \$25.00 Subsequent visit - \$25.00 |
| NATUROPATHY | ~ | 2 | \$200 per policy (combined limit for naturopathy & remedial massage - Sub-limits apply) | Initial visit - \$25.00 Subsequent visit - \$25.00 |
| REMEDIAL MASSAGE | ~ | 2 | | Initial visit - \$25.00 Subsequent visit - \$25.00 |
| HEARING AIDS | ~ | 12 | \$1,700 per policy 2 appliance(s) every 5 years (Sub-limits apply) | Per hearing aid - \$900.00 |
| BLOOD GLUCOSE MONITORS | ~ | 2 | \$800 per policy (Sub-limits apply) | Per monitor - 80% of charge |
| AMBULANCE | ~ | 0 day | No annual limit | Comprehensive cover (see insurer for details) |

^{*} Overall Major Dental limit \$2000 with Sub Limits of \$1000 each on: Crowns & Bridges: Implants: Indirect Restorations: Dentures Orthodontia paid at \$1200 per year with Lifetime limit of \$2400

OTHER FEATURES: Healthy Living benefits apply for approved Health Management Programs eg. weight loss & quit smoking (see Fund for details).