

## Product Details – Mid 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](http://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   |
|--|-------|-------------------------|--|--|
| <b>DENTAL</b>  | *     | 2                       | \$1,500 per person<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 |
| ● General dental   | *     | 12                      |  | Surgical tooth extraction - \$144.00<br>Full crown veneered - \$787.00                         |
| ● Major dental   | *     | 2                       |  | Filling of one root canal - \$153.00   |
| ● Endodontic   | *     | 12                      |  | Braces for upper & lower teeth, including removal plus fitting of retainer - 80% of charge     |
| ● Orthodontic  | *     |                         |  |  |
| <b>OPTICAL</b> (eg prescribed spectacles / contact lenses) | ✓     | 6                       | \$200 per person<br>( <b>Sub-limits apply</b> )  | Single vision lenses & frames - \$198.00<br>Multi-focal lenses & frames - \$200.00             |
| <b>NON PBS PHARMACEUTICALS</b>                             | ✓     | 2                       | \$250 per person<br>( <b>Sub-limits apply</b> )  | Per eligible prescription - \$45.00  |
| <b>PHYSIOTHERAPY</b>                                       | ✓     | 2                       | \$400 per person<br>(combined limit for physiotherapy & other services - <b>Sub-limits apply</b> )                           | Initial visit - \$45.00<br>Subsequent visit - \$33.30  |
| <b>CHIROPRACTIC</b>  | ✓     | 2                       | \$400 per person<br>(combined limit for chiropractic & acupuncture - <b>Sub-limits apply</b> )                               | Initial visit - \$36.00<br>Subsequent visit - \$27.00  |
| <b>PODIATRY</b>  | ✓     | 2                       | \$200 per person<br>( <b>Sub-limits apply</b> )  | Initial visit - \$39.60<br>Subsequent visit - \$30.60  |
| <b>PSYCHOLOGY</b>  | ✗     | -                       | -  | -  |
| <b>ACUPUNCTURE</b>   | ✓     | 2                       | Combined limit - see Chiropractic  | Initial visit - \$22.50<br>Subsequent visit - \$22.50  |
| <b>NATUROPATHY</b>   | ✓     | 2                       | \$200 per person<br>(combined limit for naturopathy & remedial massage - <b>Sub-limits apply</b> )                           | Initial visit - \$22.50<br>Subsequent visit - \$22.50  |
| <b>REMEDIAL MASSAGE</b>                                    | ✓     | 2                       |  | Initial visit - \$22.50<br>Subsequent visit - \$22.50  |
| <b>HEARING AIDS</b>  | ✗     | -                       | -  | -  |
| <b>BLOOD GLUCOSE MONITORS</b>                              | ✓     | 2                       | \$150 per person<br>( <b>Sub-limits apply</b> )  | Per monitor - 80% of charge  |
| <b>AMBULANCE</b>   | ✓     | 0 day                   | No annual limit  | Comprehensive cover (see insurer for details)  |

\* Overall Dental limit \$1500 with Sub Limits of \$1000 each on: Crowns & Bridges : Implants : Indirect Restorations : Dentures. Lifetime Orthodontia limit of \$1000

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