

Your guide to

Everyday Extras 60

This product is closed and is no longer available to purchase.



Percentage based benefits

Forget the swipe and hope, claim with confidence knowing you'll get at least 60% back for all included services and treatments up to your annual limits.



Choose your Extras provider

Your preferred provider is ours too. We don't lock you into a preferred provider network so you get the same great benefits no matter who you choose to treat you.



100% back on dental check-ups

Get 100% back on two preventative check-ups, including a scale and clean, every year at the dentist of your choice. See page 3 for more details.



Your Included Services

You receive a **60% set benefit** for the following range of services. Unless otherwise specified, limits are per person, per year and reset on the 1st of January each year. So that you've got all the information about claiming these benefits, make sure you check out the details on the next page.

Service	Benefit	Limit	
Gap Free Dental* 100% back on select services like a check-up and clean twice a year.	100%	2 per year	
General Dental Fillings, some extractions, x-rays and more.	60%	No limit	
Major Dental and Endodontic Crowns, implants, dentures, root canals and more.	60%	\$800	
Orthodontic* Braces, retainers and more.	60%	\$800 per year, and \$2,100 lifetime limit	
Optical* Frames, single and multi focal lenses, optical repairs and more.	60%	\$260	
Pharmacy* Non-PBS Pharmaceuticals including private prescriptions not already subsidised by the PBS.	60%	\$250	
Physio & Exercise Physiology Initial and subsequent visits..	60%	\$400 sublimit	\$800 overall limit for Core Wellbeing services
Chiropractic, Osteopathic, Remedial Massage and Acupuncture Initial and subsequent visits, chiropractic x-rays.	60%	\$400 sublimit	
Podiatry Initial and subsequent visits.	60%	\$300	
Orthotics Orthotics or podiatric devices.	60%	\$300	
Psychology, Speech, Eye and Occupational Therapies Initial and subsequent visits.	60%	\$200 sublimit per therapy, \$600 overall limit for all Mindful Wellbeing therapies	
Healthy Lifestyle* Including benefits towards Dietetics, Quit smoking courses, weight management programs, Asthma programs and more.	60%	\$200	
Aids to Recovery* Including various aids and appliances to aid in recovery from a hospital admission in the six months leading up to the claim or for those who suffer a Chronic Condition as confirmed by a Doctor’s letter, e.g. blood pressure monitor, nebuliser or CPAP machine.	60%	\$200 per item, \$600 overall limit every 2 years	
Ambulance* Emergency and non-emergency ambulance services, Australia-wide where medically necessary.	60%	\$1,000	

Do you have Phoenix Health Hospital Cover? All of our hospital covers include unlimited ambulance benefits, so any Ambulance claims you have will be covered in full and processed against your Phoenix Health Hospital Cover.

Claiming information*

Gap Free Dental

Everyone on your membership will get 100% back for the following treatments once per appointment, twice per calendar year:

- Oral examinations (item 011, 012 and 013)
- Scale and clean (item 111, 114, 115 and 121)
- Fissure and/or tooth surface sealing (item 161)

Thereafter, benefits will be paid according to your level of cover. This also applies for where more than one fissure seal or tooth surface sealing (item 161) is required per appointment.

Orthodontic

Orthodontic benefits are claimable once in the insured lifetime of a member.

Optical

Optical benefits do not apply to glasses in which no prescription or sight correction is needed, i.e. sunglasses.

Pharmacy

Benefits apply per prescription after PBS co-payment and excludes items purchased over the counter.

Healthy Lifestyle

Benefits are payable towards Healthy Lifestyle Programs that form part of a Health Management Plan designed to manage a specific health condition as recommended by your doctor or health professional.

To claim these benefits, a Healthy Lifestyle Program Treatment Plan must be completed by your treating health professional and submitted to Phoenix Health. You can download a **Healthy Lifestyle Treatment Plan Form** from our website or by contacting the Phoenix Health Team.

Aids to Recovery

To claim Aids to Recovery, your Doctor’s letter must outline the requirement for the device or appliance. Contact Phoenix Health for a full list of Aids and Appliances and for eligibility requirements. No other benefits are payable towards repairs, rentals, other parts, medical reporting or consumables. CPAP benefits are payable on machines and mask only.

Ambulance

Medically necessary means on-site treatment or transport to your closest hospital or emergency department for treatment of an acute medical condition or accident.

Waiting Periods

If you’re joining Extras Cover for the first time then you will need to serve the waiting periods set out below. If you’re transferring from another fund and join Phoenix Health within 30 days, we’ll honour any waiting periods you’ve already served.

Ambulance	1 day
Optical	6 months
Major Dental and Endodontic, Orthodontics and Aids to Recovery	12 months
All other included services	2 months

Transferring from another fund?

We’ll look after you when you transfer to Phoenix Health and make sure that any waiting periods that you’ve served at your previous fund will stay served with us.

If you’re covering new services with us or if your cover is considered an upgrade, then the waiting periods above will apply only to those new services or upgrades to your cover.

Any benefits you’ve already claimed with your previous fund will be counted towards your limits with us.

Upgrading your cover?

Changing your cover to include more services or higher limits than it previously had is considered an upgrade. When you upgrade your cover, the above waiting periods apply. You will continue to have access to the same services and limits that you have already served waiting periods for as long as they’re included in your upgraded cover.

This information is current as at 1 December 2023. This brochure contains product specific benefit information, and as such should be read and retained in conjunction with the Member Guide and Fund Rules which contain full membership, claiming and eligibility rules. Benefits vary according to level of cover. Phoenix Health Everyday Extras 60 is only available to purchase when combined with a Phoenix Health Hospital cover.

Contact the Phoenix Health Team on **1800 028 817** or email **enquiries@phoenixhealthfund.com.au** if you have any questions about your cover, Phoenix Health membership or if you are requiring treatment; **we’re here to help.**

Claiming your benefits

The easiest way to make a claim is to swipe your Phoenix Health membership card at the time of your treatment. If your provider doesn’t offer HICAPS claiming or you don’t have your card handy, download the Phoenix Health App from the App Store or Google Play to submit a Fast Claim or a photo of your itemised account.

