

Your guide to

Healthy Flex Extras 50

*Only available combined with any
Phoenix Health Hospital cover.*



Percentage based benefits

Forget the swipe and hope, and claim with confidence knowing you'll get at least 50% 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 where limits are available.

Extras limits with flex

Health Flex means you have the freedom to use your extras limits however you choose – they'll flex to your needs!

With Healthy Flex Extras you have two limits; one limit for general dental treatments, including 100% back twice a year on services like a scale and clean, and one limit for everything else – so you can claim more on the services you use the most while staying covered for things you use less often!

Your Included Services

You receive a **50% 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	Sub-Limit	Limit
Gap Free Dental* 100% back on select services like a check-up and clean twice a year.	100%	2 per year	\$700 overall limit for Gap Free Dental and General Dental
General Dental Fillings, some extractions, x-rays and more.	50%		
Major Dental and Endodontic Crowns, implants, dentures, root canals and more.	50%		\$700 overall limit
Optical* Frames, single and multi focal lenses, optical repairs and more.	50%	\$200 sublimit	
Physio Initial and subsequent visits.	50%		
Chiropractic Initial and subsequent visits, chiropractic x-rays.	50%		
Podiatry Initial and subsequent visits.	50%		
Remedial Massage Initial and subsequent visits.	50%	\$200 sublimit	

Am I covered for ambulance services?

All Phoenix Health Hospital covers include unlimited benefits for medically necessary ambulance treatment and transport across Australia you will have benefits for ambulance services. So, should you need one, any Ambulance claims you have will be covered in full and processed against your Phoenix Health Hospital Cover.

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

Claiming information*

Gap Free Dental

Everyone on your membership will get 100% back for the following treatments once per appointment, twice per calendar year where limits are available on the following item numbers:

- 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.

Optical

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

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.



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.

Optical	6 months
Major Dental and Endodontic	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 November 2022. 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.

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**.

