

**Doctors' Health Fund****Prime Choice Gold \$250 Excess & Total Extras****Restricted Insurer****\$476.28 / month**

(Before Rebate, Discount &amp; Loading)

Available in SA

You may be entitled to an Australian Government Rebate on the above premium. Your premium may also include a Lifetime Health Cover Loading, an Age-based Discount or an insurer discount. Check with your insurer for details.

**This policy covers:** Only one person.

**Restricted insurer:** Membership of this insurer is restricted to Medical and allied health professionals, their families, medical students and AMA employees.

- This policy exempts you from the Medicare Levy Surcharge.
- This policy provides accident cover - check with insurer for details.
- This policy provides benefits for travel or accommodation outside of hospital - check with insurer for details.

**Policy ID:** AMA/J12/SAOE10**Source:** Private Health Information Statement (PHIS)

## Hospital Cover

✓ Covered

R Restricted Cover

✗ Not Covered

**This policy includes cover for**

- |                                                           |                                   |                                                                  |
|-----------------------------------------------------------|-----------------------------------|------------------------------------------------------------------|
| ✓ Assisted reproductive services                          | ✓ Ear, nose and throat            | ✓ Miscarriage and termination of pregnancy                       |
| ✓ Back, neck and spine                                    | ✓ Eye (not cataracts)             | ✓ Pain management                                                |
| ✓ Blood                                                   | ✓ Gastrointestinal endoscopy      | ✓ Pain management with device                                    |
| ✓ Bone, joint and muscle                                  | ✓ Gynaecology                     | ✓ Palliative care                                                |
| ✓ Brain and nervous system                                | ✓ Heart and vascular system       | ✓ Plastic and reconstructive surgery (medically necessary)       |
| ✓ Breast surgery (medically necessary)                    | ✓ Hernia and appendix             | ✓ Podiatric surgery (provided by a registered podiatric surgeon) |
| ✓ Cataracts                                               | ✓ Hospital psychiatric services   | ✓ Pregnancy and birth                                            |
| ✓ Chemotherapy, radiotherapy and immunotherapy for cancer | ✓ Implantation of hearing devices | ✓ Rehabilitation                                                 |
| ✓ Dental surgery                                          | ✓ Insulin pumps                   | ✓ Skin                                                           |
| ✓ Diabetes management (excluding insulin pumps)           | ✓ Joint reconstructions           | ✓ Sleep studies                                                  |
| ✓ Dialysis for chronic kidney failure                     | ✓ Joint replacements              | ✓ Tonsils, adenoids and grommets                                 |
| ✓ Digestive system                                        | ✓ Kidney and bladder              | ✓ Weight loss surgery                                            |
|                                                           | ✓ Lung and chest                  |                                                                  |
|                                                           | ✓ Male reproductive system        |                                                                  |

The benefits paid for hospital treatment will depend on the type of cover you purchase and whether your fund has an agreement in place with the hospital in which you are treated. See 'Agreement Hospitals' on [privatehealth.gov.au](http://privatehealth.gov.au) for which hospitals have arrangements with your insurer – <https://privatehealth.gov.au/dynamic/agreementhospitals>.

Under this policy, you may have to pay out-of-pocket costs above what you get from Medicare or your private health insurer. Before you go to hospital, you should ask your doctors, hospital and health insurer about any out-of-pocket costs that may apply to you.

**The following payments may also apply for hospital admissions**

**Excess:** You will have to pay an excess on admission. This is limited to a maximum of \$250 per person and \$250 per policy per year.

**Co-payments:** No co-payments

**The following waiting periods for hospital admissions apply to new or upgrading members**

**Waiting periods:**

- 2 months for palliative care, rehabilitation and hospital psychiatric treatments, even if pre-existing
- 12 months for other pre-existing conditions
- 12 months for pregnancy and birth (obstetrics)
- 2 months for all other treatments

**Gap Cover**

This provider offers 'known gap' or 'no gap' cover for medical bills for this product. The Medical Costs Finder (<https://www.health.gov.au/resources/apps-and-tools/medical-costs-finder>) lets you find out more about the cost of specialist medical services.

**Other features of this hospital cover**

This cover is categorised as Gold as it includes cover for the full range of inpatient services eligible for Medicare benefits, meaning there are no exclusions and restrictions. Prime Choice Gold is ideal for families who are looking for comprehensive hospital cover.

**For further information about this policy see:** <https://www.doctorshealthfund.com.au/our-health-cover>

This health insurer does not operate a preferred provider scheme.  
Policy ID: AMA/J12/SAOE10 Source: [Private Health Information Statement \(PHIS\)](#)

Extras Cover

**This policy includes General treatment (Extras) cover for**

Note, for treatments marked with \*: Orthodontic services accrue to a lifetime limit of \$3,000 at \$600 per year of membership. \$700 optical limit every 2 years. Individual and group physiotherapy and hydrotherapy claimable under physiotherapy. Class physiotherapy and acupuncture claimable through health management when prescribed by your medical practitioner.

| Treatment & waiting period (months) |   | Benefit limits per 12 months unless otherwise stated                                                                                                                                                                                                   | Examples of maximum benefits                                                                                             |
|-------------------------------------|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| ✓ Acupuncture*                      | 2 | <b>\$250 per policy</b><br>combined limit for acupuncture, health management / healthy lifestyle & other services                                                                                                                                      | <ul style="list-style-type: none"><li>• Initial visit: 75% of charge</li><li>• Subsequent visit: 75% of charge</li></ul> |
| ✓ Ante-natal/Post-natal classes     | 2 | <b>\$1,000 per policy</b><br>combined limit for ante-natal/post-natal classes, dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), podiatry, speech therapy & other services<br>sub-limits apply | <ul style="list-style-type: none"><li>• Initial visit: \$65</li><li>• Subsequent visit: \$35</li></ul>                   |

|                                         |    |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                              |
|-----------------------------------------|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Audiology                             | 2  |                                                                                                                                                                                                                                                        | <ul style="list-style-type: none"> <li>Initial visit: \$60</li> <li>Subsequent visit: \$60</li> </ul>                                                                                                                        |
| ✓ Blood glucose monitors                | 12 | <b>\$500 per service up to \$1,000 per policy</b><br>sub-limits apply                                                                                                                                                                                  | <ul style="list-style-type: none"> <li>Per monitor: 75% of charge</li> </ul>                                                                                                                                                 |
| ✓ Dietetics/dietary advice              | 2  | <b>\$1,000 per policy</b><br>combined limit for ante-natal/post-natal classes, dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), podiatry, speech therapy & other services<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$65</li> <li>Subsequent visit: \$40</li> </ul>                                                                                                                        |
| ✓ Endodontic                            | 12 | <b>\$4,200 per policy</b><br>combined limit for endodontic, major dental & other services<br>sub-limits apply                                                                                                                                          | <ul style="list-style-type: none"> <li>Filling of one root canal: \$155</li> </ul>                                                                                                                                           |
| ✓ Exercise physiology                   | 2  | <b>\$700 per policy</b><br>combined limit for exercise physiology, physiotherapy & remedial massage                                                                                                                                                    | <ul style="list-style-type: none"> <li>Initial visit: \$35</li> <li>Subsequent visit: \$35</li> </ul>                                                                                                                        |
| ✓ Eye therapy (orthoptics)              | 2  | <b>\$1,000 per policy</b><br>combined limit for ante-natal/post-natal classes, dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), podiatry, speech therapy & other services<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$65</li> <li>Subsequent visit: \$40</li> </ul>                                                                                                                        |
| ✓ General dental                        | 2  | <b>No annual limit</b>                                                                                                                                                                                                                                 | <ul style="list-style-type: none"> <li>Fluoride treatment: 100% of charge</li> <li>Scale &amp; clean: 100% of charge</li> <li>Surgical tooth extraction: \$195</li> <li>Periodic oral examination: 100% of charge</li> </ul> |
| ✓ Health management / Healthy lifestyle | 2  | <b>\$250 per policy</b><br>combined limit for acupuncture, health management / healthy lifestyle & other services                                                                                                                                      | <ul style="list-style-type: none"> <li>Health management: 75% of charge</li> </ul>                                                                                                                                           |
| ✓ Hearing aids                          | 24 | <b>\$1,600 per policy</b>                                                                                                                                                                                                                              | <ul style="list-style-type: none"> <li>Hearing aid: \$800</li> </ul>                                                                                                                                                         |
| ✓ Home nursing                          | 2  | <b>\$600 per policy</b>                                                                                                                                                                                                                                | <ul style="list-style-type: none"> <li>Initial visit: \$30</li> <li>Subsequent visit: \$30</li> </ul>                                                                                                                        |
| ✓ Major dental                          | 12 | <b>\$4,200 per policy</b><br>combined limit for endodontic, major dental & other services<br>sub-limits apply                                                                                                                                          | <ul style="list-style-type: none"> <li>Full crown veneered: \$900</li> </ul>                                                                                                                                                 |
| ✓ Non PBS pharmaceuticals               | 2  | <b>\$600 per policy</b><br>combined limit for non pbs pharmaceuticals & vaccinations<br>sub-limits apply                                                                                                                                               | <ul style="list-style-type: none"> <li>Per eligible prescription: 85% of charge</li> </ul>                                                                                                                                   |
| ✓ Occupational therapy                  | 2  | <b>\$1,000 per policy</b><br>combined limit for ante-natal/post-natal classes, dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), podiatry, speech therapy & other services<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$65</li> <li>Subsequent visit: \$45</li> </ul>                                                                                                                        |

|                                  |    |                                                                                                                                                                                                                                                        |                                                                                                                                                              |
|----------------------------------|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Optical*                       | 2  | <b>\$700 per policy</b>                                                                                                                                                                                                                                | <ul style="list-style-type: none"> <li>Multi-focal lenses &amp; frames: 100% of charge</li> <li>Single vision lenses &amp; frames: 100% of charge</li> </ul> |
| ✓ Orthodontic*                   | 12 | <b>\$3,000 lifetime limit</b>                                                                                                                                                                                                                          | <ul style="list-style-type: none"> <li>Braces for upper &amp; lower teeth, including removal plus fitting of retainer: 100% of charge</li> </ul>             |
| ✓ Orthotics (podiatric orthoses) | 12 | <b>\$1,000 per policy</b><br>combined limit for ante-natal/post-natal classes, dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), podiatry, speech therapy & other services<br>sub-limits apply | <ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: \$200</li> </ul>                                                                          |
| ✓ Physiotherapy*                 | 2  | <b>\$700 per policy</b><br>combined limit for exercise physiology, physiotherapy & remedial massage                                                                                                                                                    | <ul style="list-style-type: none"> <li>Initial visit: \$75</li> <li>Subsequent visit: \$50</li> </ul>                                                        |
| ✓ Podiatry                       | 2  | <b>\$1,000 per policy</b><br>combined limit for ante-natal/post-natal classes, dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), podiatry, speech therapy & other services<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$65</li> <li>Subsequent visit: \$40</li> </ul>                                                        |
| ✓ Psychology                     | 2  | <b>\$900 per policy</b>                                                                                                                                                                                                                                | <ul style="list-style-type: none"> <li>Initial visit: \$100</li> <li>Subsequent visit: \$100</li> </ul>                                                      |
| ✓ Remedial massage               | 2  | <b>\$700 per policy</b><br>combined limit for exercise physiology, physiotherapy & remedial massage                                                                                                                                                    | <ul style="list-style-type: none"> <li>Initial visit: \$50</li> <li>Subsequent visit: \$35</li> </ul>                                                        |
| ✓ Speech therapy                 | 2  | <b>\$1,000 per policy</b><br>combined limit for ante-natal/post-natal classes, dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), podiatry, speech therapy & other services<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$65</li> <li>Subsequent visit: \$45</li> </ul>                                                        |
| ✓ Vaccinations                   | 2  | <b>\$600 per policy</b><br>combined limit for non pbs pharmaceuticals & vaccinations                                                                                                                                                                   | <ul style="list-style-type: none"> <li>Per service: 85% of charge</li> </ul>                                                                                 |

Major dental has sub-limits and is paid at fixed benefits per item. Combined annual limit of \$1,000 for podiatry, dietetics, orthoptics, occupational therapy, speech therapy and pregnancy care (sub-limits of \$600 per therapy and \$200 per pair for orthotics up to 2 pairs per year). Group physiotherapy and hydrotherapy \$20 per session. Benefit of \$800 each for one left and one right hearing aid every 5 years. Benefit for laser eye surgery to each eye every 5 years. Home nursing \$30 per visit up to 6 hours, \$60 per visit over 6 hours. Pharmacy benefits paid at 85% of charge above the PBS co-payment to a maximum of \$70 per prescription (sub-limit applies for weight loss medications).

This policy **does not include** General treatment (Extras) cover for

✗ Chinese medicine

✗ Chiropractic

✗ Osteopathy

**Other features of this general treatment cover:** Premium extras with comprehensive dental including orthodontics and high benefits and limits across therapies. 100% back for dental checkups, bitewing x-rays and fissure sealings at the provider of your choice. No sub-limits on optical benefits – use the full \$700 on your choice of contact lenses or frames fitted with prescription lenses. Laser eye surgery benefit of \$800 per eye once every 5 years. Premium support for mental health with a \$900 limit per year. Health management includes services such as acupuncture, weight loss classes and class physiotherapy for the treatment of a specific diagnosed condition.

**For further information about this policy see:** <https://www.doctorshealthfund.com.au/our-health-cover>

## Ambulance cover

In SA this policy provides:

Emergency: Unlimited with a waiting period of 1 day.

Non-emergency: Unlimited transport with a waiting period of 1 day, or 1 day for pre-existing conditions.

Call-out fees: Will be paid for each attendance, including emergency treatment without transport to hospital.

**Other features of this ambulance cover:** National cover for emergency and medically necessary ambulance transportation costs except where there is an entitlement to Benefits under a State Government ambulance transport scheme or any other source.

**For further information about this policy see:** <https://www.doctorshealthfund.com.au/our-health-cover>

## Insurer Details



### Doctors' Health Fund

Prime Choice Gold \$250 Excess & Total Extras

Restricted Insurer

**\$476.28 / month**

(Before Rebate, Discount & Loading)

Available in SA

Call now  1800 226 126 Sponsor link

### Doctors' Health Fund

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 1800 226 126

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