



**This policy includes cover for**

- |                                                           |                                            |                                                                  |
|-----------------------------------------------------------|--------------------------------------------|------------------------------------------------------------------|
| ✓ Blood                                                   | ✓ Eye (not cataracts)                      | ✓ Pain management                                                |
| ✓ Bone, joint and muscle                                  | ✓ Gastrointestinal endoscopy               | ✓ Palliative care                                                |
| ✓ Brain and nervous system                                | ✓ Gynaecology                              | ✓ Plastic and reconstructive surgery (medically necessary)       |
| ✓ Breast surgery (medically necessary)                    | ✓ Hernia and appendix                      | ✓ Podiatric surgery (provided by a registered podiatric surgeon) |
| ✓ Chemotherapy, radiotherapy and immunotherapy for cancer | R Hospital psychiatric services            | R Rehabilitation                                                 |
| ✓ Dental surgery                                          | ✓ Joint reconstructions                    | ✓ Skin                                                           |
| ✓ Diabetes management (excluding insulin pumps)           | ✓ Kidney and bladder                       | ✓ Sleep studies                                                  |
| ✓ Digestive system                                        | ✓ Lung and chest                           | ✓ Tonsils, adenoids and grommets                                 |
| ✓ Ear, nose and throat                                    | ✓ Male reproductive system                 |                                                                  |
|                                                           | ✓ Miscarriage and termination of pregnancy |                                                                  |

**This policy does not include cover for**

- |                                       |                                   |                               |
|---------------------------------------|-----------------------------------|-------------------------------|
| ✗ Assisted reproductive services      | ✗ Heart and vascular system       | ✗ Pain management with device |
| ✗ Back, neck and spine                | ✗ Implantation of hearing devices | ✗ Pregnancy and birth         |
| ✗ Cataracts                           | ✗ Insulin pumps                   | ✗ Weight loss surgery         |
| ✗ Dialysis for chronic kidney failure | ✗ Joint replacements              |                               |

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](https://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 \$500 per person and \$1000 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
- 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 Bronze Plus as the services covered exceed the minimum requirements for Bronze level cover. Smart Starter Bronze Plus has Silver inclusions such as lung and chest, blood, medically necessary plastic and reconstructive surgery, dental surgery, and podiatric surgery. It also includes cover for sleep studies which is generally only included in Gold level cover.

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

## Ambulance cover

In WA 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/hospital-cover-smart-starter>

## Insurer Details

**Doctors' Health Fund**

Smart Starter Bronze Plus \$500 Excess

Restricted Insurer

**\$353.60 / month**

(Before Rebate, Discount &amp; Loading)

Available in WA

Call now  **1800 226 126**  
Sponsor link**Doctors' Health Fund** <http://www.doctorshealthfund.com.au> [info@doctorshealthfund.com.au](mailto:info@doctorshealthfund.com.au) **1800 226 126**

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