



Doctors' Health Fund
Prime Choice Gold \$250 Excess & Essential Extras

Restricted Insurer

\$367.60 / month

(Before Rebate, Discount & Loading)

Available in NT

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/J7/DAPJ10

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 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/J7/DAPJ10 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 \$1,600 at \$320 per year of membership. \$500 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	\$200 per policy combined limit for acupuncture, health management / healthy lifestyle & other services	<ul style="list-style-type: none"> • Initial visit: 75% of charge • Subsequent visit: 75% of charge
✓ Ante-natal/Post-natal classes 2	\$900 per policy combined limit for ante-natal/post-natal classes, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), physiotherapy, podiatry, psychology, remedial massage, speech therapy & other services sub-limits apply	<ul style="list-style-type: none"> • Initial visit: \$50 • Subsequent visit: \$30

✓ Blood glucose monitors	12	\$250 per service up to \$500 per policy sub-limits apply	<ul style="list-style-type: none"> Per monitor: 75% of charge
✓ Dietetics/dietary advice	2	\$900 per policy combined limit for ante-natal/post-natal classes, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), physiotherapy, podiatry, psychology, remedial massage, speech therapy & other services sub-limits apply	<ul style="list-style-type: none"> Initial visit: \$50 Subsequent visit: \$35
✓ Endodontic	12	\$1,600 per policy combined limit for endodontic, general dental, major dental & orthodontic	<ul style="list-style-type: none"> Filling of one root canal: \$131.75
✓ Exercise physiology	2	\$900 per policy combined limit for ante-natal/post-natal classes, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), physiotherapy, podiatry, psychology, remedial massage, speech therapy & other services	<ul style="list-style-type: none"> Initial visit: \$30 Subsequent visit: \$30
✓ Eye therapy (orthoptics)	2	\$900 per policy combined limit for ante-natal/post-natal classes, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), physiotherapy, podiatry, psychology, remedial massage, speech therapy & other services sub-limits apply	<ul style="list-style-type: none"> Initial visit: \$50 Subsequent visit: \$35
✓ General dental	2	\$1,600 per policy combined limit for endodontic, general dental, major dental & orthodontic	<ul style="list-style-type: none"> Fluoride treatment: 100% of charge Scale & clean: 100% of charge Surgical tooth extraction: \$153 Periodic oral examination: 100% of charge
✓ Health management / Healthy lifestyle	2	\$200 per policy combined limit for acupuncture, health management / healthy lifestyle & other services	<ul style="list-style-type: none"> Health management: 75% of charge
✓ Hearing aids	24	\$800 per policy	<ul style="list-style-type: none"> Hearing aid: \$400
✓ Major dental	12	\$1,600 per policy combined limit for endodontic, general dental, major dental & orthodontic	<ul style="list-style-type: none"> Full crown veneered: \$765
✓ Non PBS pharmaceuticals	2	\$300 per policy combined limit for non pbs pharmaceuticals & vaccinations sub-limits apply	<ul style="list-style-type: none"> Per eligible prescription: 85% of charge
✓ Occupational therapy	2	\$900 per policy combined limit for ante-natal/post-natal classes, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), physiotherapy, podiatry, psychology, remedial massage, speech therapy & other services sub-limits apply	<ul style="list-style-type: none"> Initial visit: \$50 Subsequent visit: \$40
✓ Optical*	2	\$500 per policy	<ul style="list-style-type: none"> Multi-focal lenses & frames: 100% of charge Single vision lenses & frames: 100% of charge

✓ Orthodontic*	12	\$1,600 per policy \$1,600 lifetime limit combined limit for endodontic, general dental, major dental & orthodontic	<ul style="list-style-type: none"> • Braces for upper & lower teeth, including removal plus fitting of retainer: 100% of charge
✓ Orthotics (podiatric orthoses)	12	\$900 per policy combined limit for ante-natal/post-natal classes, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), physiotherapy, podiatry, psychology, remedial massage, speech therapy & other services sub-limits apply	<ul style="list-style-type: none"> • Orthotics supply & fit: \$150
✓ Physiotherapy*	2	\$900 per policy combined limit for ante-natal/post-natal classes, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), physiotherapy, podiatry, psychology, remedial massage, speech therapy & other services sub-limits apply	<ul style="list-style-type: none"> • Initial visit: \$50 • Subsequent visit: \$35
✓ Podiatry	2	\$900 per policy combined limit for ante-natal/post-natal classes, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), physiotherapy, podiatry, psychology, remedial massage, speech therapy & other services sub-limits apply	<ul style="list-style-type: none"> • Initial visit: \$50 • Subsequent visit: \$35
✓ Psychology	2	\$900 per policy combined limit for ante-natal/post-natal classes, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), physiotherapy, podiatry, psychology, remedial massage, speech therapy & other services sub-limits apply	<ul style="list-style-type: none"> • Initial visit: \$100 • Subsequent visit: \$100
✓ Remedial massage	2	\$900 per policy combined limit for ante-natal/post-natal classes, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), physiotherapy, podiatry, psychology, remedial massage, speech therapy & other services sub-limits apply	<ul style="list-style-type: none"> • Initial visit: \$40 • Subsequent visit: \$30
✓ Speech therapy	2	\$900 per policy combined limit for ante-natal/post-natal classes, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), physiotherapy, podiatry, psychology, remedial massage, speech therapy & other services sub-limits apply	<ul style="list-style-type: none"> • Initial visit: \$50 • Subsequent visit: \$40
✓ Vaccinations	2	\$300 per policy combined limit for non pbs pharmaceuticals & vaccinations	<ul style="list-style-type: none"> • Per service: 85% of charge

Major dental paid at fixed benefits per item. Combined annual limit of \$900 for physiotherapy, exercise physiology, dietetics, occupational therapy, speech therapy, podiatry, massage and more (sub-limits of \$700 for mental health and \$500 for other therapies). Group physiotherapy and hydrotherapy \$20 per session. Benefit of \$400 each for one left and one right hearing aid every 5 years. Pharmacy benefits paid at 85% of charge above the PBS co-payment to a maximum of \$40 per prescription (sub-limit applies for weight loss medications).

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

- ✗ Audiology
- ✗ Chiropractic
- ✗ Osteopathy
- ✗ Chinese medicine
- ✗ Home nursing

Other features of this general treatment cover: Superior mid-range extras cover with substantial benefits including major dental and high-level optical cover. 100% back for 2 dental checkups per year (fixed benefits thereafter) at the provider of your choice. No sub-limits on optical benefits – use the full \$500 limit on contact lenses or frames fitted with prescription lenses. Claim up to \$700 per year (as part of the \$900 overall limit for therapies) for mental health services. 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 NT 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 & Essential Extras

Restricted Insurer

\$367.60 / month

(Before Rebate, Discount & Loading)

Available in NT

Call now 1800 226 126 [Sponsor link](#)

Doctors' Health Fund

<http://www.doctorshealthfund.com.au>

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1800 226 126

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