

## Private Health Information Statement - General treatment policy

### Total Extras

#### Doctors' Health Fund

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

[info@doctorshealthfund.com.au](mailto:info@doctorshealthfund.com.au)

1800 226 126

#### Monthly Premium

**\$324.10 #**

(before any rebate or insurer discount)

Covers two adults & dependants  
(3 or more people, only 2 of  
whom are adults)

Available in All States

Closed to new members

# You may be entitled to an Australian Government rebate on the above premium. Your premium may also include an insurer discount. Check with your insurer for details.

This policy covers children and other dependants up to and including the age of 20, students up to and including the age of 31, as well as persons with a disability who qualify as a child or other dependant or student in these age ranges.

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

### General Treatment Cover

This health insurer does not operate a preferred provider scheme.

This policy  includes General treatment (Extras) cover for

Note, for items marked with an asterisk \*: 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
General dental	2	No annual limit (no limit on preventative dental)	Periodic oral examination - 100% of charge Scale & clean - 100% of charge Fluoride treatment - 100% of charge Surgical tooth extraction - \$195.00
Major dental	12	\$4,200 per person (combined limit for major dental, endodontic & other services - <b>Sub-limits apply</b> )	Full crown veneered - \$900.00
Endodontic	12		Filling of one root canal - \$155.00
Orthodontic*	12	\$3,000 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - 100% of charge
Optical*	2	\$700 per person	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Non PBS pharmaceuticals	2	\$600 per person (combined limit for non pbs pharmaceuticals & vaccinations - <b>Sub-limits apply</b> )	Per eligible prescription - 85% of charge
Physiotherapy*	2	\$700 per person (combined limit for physiotherapy, remedial massage & exercise physiology)	Initial visit - \$75.00 Subsequent visit - \$50.00
Podiatry	2	\$1,000 per person (combined limit for podiatry, ante-natal/post-natal classes, dietetics/dietary advice, eye therapy (orthotics), occupational therapy, orthotics (podiatric orthoses), speech therapy & other services - <b>Sub-limits apply</b> )	Initial visit - \$65.00 Subsequent visit - \$40.00
Psychology	2	\$900 per person	Initial visit - \$100.00 Subsequent visit - \$100.00
Acupuncture*	2	\$250 per person up to \$500 per policy (combined limit for acupuncture, health management / healthy lifestyle & other services)	Initial visit - 75% of charge Subsequent visit - 75% of charge

Remedial massage	2	Combined limit - see Physiotherapy	Initial visit - \$50.00 Subsequent visit - \$35.00
Hearing aids	24	\$1,600 per person 1 appliance(s) every 5 years	Hearing aid - \$800.00
Blood glucose monitors	12	\$1,000 per person up to \$500 per service 1 appliance(s) every 2 years (combined limit for blood glucose monitors & other services - <b>Sub-limits apply</b> )	Per monitor - 75% of charge
Audiology	2	1 service(s) every 1 year	Initial visit - \$60.00 Subsequent visit - \$60.00
Ante-natal/Post-natal classes	2	Combined limit - see Podiatry	Initial visit - \$65.00 Subsequent visit - \$35.00
Dietetics/dietary advice	2	Combined limit - see Podiatry	Initial visit - \$65.00 Subsequent visit - \$40.00
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - \$35.00 Subsequent visit - \$35.00
Eye therapy (orthoptics)	2	Combined limit - see Podiatry	Initial visit - \$65.00 Subsequent visit - \$40.00
Health management / Healthy lifestyle	2	Combined limit - see Acupuncture	Health management - 75% of charge
Home nursing	2	\$600 per person	Initial visit - \$30.00 Subsequent visit - \$30.00
Occupational therapy	2	Combined limit - see Podiatry	Initial visit - \$65.00 Subsequent visit - \$45.00
Orthotics (podiatric orthoses)	12	Combined limit - see Podiatry	Orthotics supply & fit - \$200.00
Speech therapy	2	Combined limit - see Podiatry	Initial visit - \$65.00 Subsequent visit - \$45.00
Vaccinations	2	Combined limit - see Non PBS pharmaceuticals	Per service - 85% of charge

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 **X** does not include General treatment (Extras) cover for

**X** Chiropractic

**X** Other treatments - check with your insurer

### 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/extras-cover-total-extras>

### Ambulance cover

Ambulance cover is provided by the State government in Tasmania ([https://www.health.tas.gov.au/ambulance/fees\\_and\\_accounts](https://www.health.tas.gov.au/ambulance/fees_and_accounts)) and Queensland (<https://www.ambulance.qld.gov.au/>). In other states concession card holders may have free cover and there are subscription services in several states ([https://privatehealth.gov.au/health\\_insurance/what\\_is\\_covered/ambulance.htm](https://privatehealth.gov.au/health_insurance/what_is_covered/ambulance.htm)).

For further information about this policy see

<https://www.doctorshealthfund.com.au/extras-cover-total-extras>  
[PrivateHealth.gov.au](https://www.privatehealth.gov.au)

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## Disclaimer

The information contained in this Private Health Information Statement was provided by the insurer and is intended as general information. It may not take into account your particular circumstances. For information please contact the insurer.