Private Health Information Statement - Combined policy

Top Cover Gold $750 Excess & Essential Extras

Doctors' Health Fund	*Monthly Premium*	Covers only one person
http://www.doctorshealthfund.com.au info@doctorshealthfund.com.au 1800 226 126	*$456.06 #* (before any rebate, loading or discount)	Available in Western Australia

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.

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

Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy provides accident cover and benefits for travel or accommodation (outside of hospital) - check with your insurer for details.

✓ **Covered**
For information on what is covered under each category, see https://privatehealth.gov.au/categories

R **Restricted**
Restricted categories partially cover your hospital costs as a private patient in a public hospital. You may incur significant expenses in a private room or private hospital.

X **Not Covered**
These categories are not covered by this policy.

This policy ✓ **includes** cover for

✓ Assisted reproductive services	✓ Eye (not cataracts)	✓ Miscarriage and termination of pregnancy
✓ Back, neck and spine	✓ Gastrointestinal endoscopy	✓ Pain management
✓ Blood	✓ Gynaecology	✓ Pain management with device
✓ Bone, joint and muscle	✓ Heart and vascular system	✓ Palliative care
✓ Brain and nervous system	✓ Hernia and appendix	✓ Plastic and reconstructive surgery (medically necessary)
✓ Breast surgery (medically necessary)	✓ Hospital psychiatric services	✓ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits)
✓ Cataracts	✓ Implantation of hearing devices	✓ Pregnancy and birth
✓ Chemotherapy, radiotherapy and immunotherapy for cancer	✓ Insulin pumps	✓ Rehabilitation
✓ Dental surgery	✓ Joint reconstructions	✓ Skin
✓ Diabetes management (excluding insulin pumps)	✓ Joint replacements	✓ Sleep studies
✓ Dialysis for chronic kidney failure	✓ Kidney and bladder	✓ Tonsils, adenoids and grommets
✓ Digestive system	✓ Lung and chest	✓ Weight loss surgery
✓ Ear, nose and throat	✓ 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 $750 per person and $750 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 lets you find out more about the cost of specialist medical services.

Other features of this hospital cover

Top Cover Gold is a unique hospital cover that pays a medical gap benefit up to the Australian Medical Associations (AMA) list of medical services and fees. It does not require participation from your doctors and out-of-pocket expenses only occur when the doctor charges above AMA fee. This cover offers the highest level of hospital cover for the full range of inpatient services eligible for Medicare benefits.

For further information about this policy see

https://www.doctorshealthfund.com.au/our-health-cover

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 $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*
General dental	2	$1,600 per policy (combined limit for general dental, major dental, endodontic & orthodontic) $1,600 lifetime limit for Orthodontic	Periodic oral examination - 100% of charge Scale & clean - 100% of charge Fluoride treatment - 100% of charge Surgical tooth extraction - $153.00
Major dental	12		Full crown veneered - $765.00
Endodontic	12		Filling of one root canal - $131.75
Orthodontic*	12		Braces for upper & lower teeth, including removal plus fitting of retainer - 100% of charge
Optical*	2	$500 per policy	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Non PBS pharmaceuticals	2	$300 per policy (combined limit for non pbs pharmaceuticals & vaccinations - **Sub-limits apply**)	Per eligible prescription - 85% of charge
Physiotherapy*	2	$900 per policy (combined limit for physiotherapy, podiatry,	Initial visit - $50.00 Subsequent visit - $35.00

Podiatry	2	psychology, remedial massage, ante-natal/post-natal classes, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), speech therapy & other services - **Sub-limits apply**)	Initial visit - $50.00 Subsequent visit - $35.00
Psychology	2		Initial visit - $100.00 Subsequent visit - $100.00
Acupuncture*	2	$200 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 - $40.00 Subsequent visit - $30.00
Hearing aids	24	$800 per policy 1 appliance(s) every 5 years	Hearing aid - $400.00
Blood glucose monitors	12	$250 per service up to $500 per policy 1 appliance(s) every 2 years (combined limit for blood glucose monitors & other services - **Sub-limits apply**)	Per monitor - 75% of charge
Ante-natal/Post-natal classes	2	Combined limit - see Physiotherapy	Initial visit - $50.00 Subsequent visit - $30.00
Dietetics/dietary advice	2	Combined limit - see Physiotherapy	Initial visit - $50.00 Subsequent visit - $35.00
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - $30.00 Subsequent visit - $30.00
Eye therapy (orthoptics)	2	Combined limit - see Physiotherapy	Initial visit - $50.00 Subsequent visit - $35.00
Health management / Healthy lifestyle	2	Combined limit - see Acupuncture	Health management - 75% of charge
Occupational therapy	2	Combined limit - see Physiotherapy	Initial visit - $50.00 Subsequent visit - $40.00
Orthotics (podiatric orthoses)	12	Combined limit - see Physiotherapy	Orthotics supply & fit - $150.00
Speech therapy	2	Combined limit - see Physiotherapy	Initial visit - $50.00 Subsequent visit - $40.00
Vaccinations	2	Combined limit - see Non PBS pharmaceuticals	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

✗ Chiropractic	✗ Other treatments - check with your insurer

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 Western Australia 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

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.