# **Private Health Information Statement - General treatment policy**

## **Total Extras**

### **Doctors' Health Fund**

**Monthly Premium** \$152.16#

Covers only one person **Available in All States** 

http://www.doctorshealthfund.com.au info@doctorshealthfund.com.au 1800 226 126

(before any rebate or insurer discount)

# 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.

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<br>(months) | Benefit limits (per 12 months unless otherwise stated)  | Examples of maximum benefits  |
|-------------------------|----------------------------|---|---|
| General dental          | 2                          | No annual limit<br>(no limit on preventative dental)  | Periodic oral examination - 100% of charge<br>Scale & clean - 100% of charge<br>Fluoride treatment - 100% of charge<br>Surgical tooth extraction - \$195.00 |
| Major dental            | 12                         | \$4,200 per policy<br>(combined limit for major dental, endodontic & other<br>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 policy  | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge  |
| Non PBS pharmaceuticals | 2                          | \$600 per policy<br>(combined limit for non pbs pharmaceuticals &<br>vaccinations)  | Per eligible prescription - 85% of charge   |
| Physiotherapy*          | 2                          | \$700 per policy<br>(combined limit for physiotherapy, remedial massage<br>& exercise physiology)   | Initial visit - \$75.00<br>Subsequent visit - \$50.00   |
| Podiatry                | 2                          | \$1,000 per policy<br>(combined limit for podiatry, ante-natal/post-natal<br>classes, dietetics/dietary advice, eye therapy<br>(orthoptics), occupational therapy, speech therapy &<br>other services - <b>Sub-limits apply</b> ) | Initial visit - \$65.00<br>Subsequent visit - \$40.00   |
| Psychology              | 2                          | \$900 per policy  | Initial visit - \$100.00<br>Subsequent visit - \$100.00   |
| Acupuncture*            | 2                          | \$250 per policy<br>(combined limit for acupuncture, health management /<br>healthy lifestyle & other services)   | Initial visit - 75% of charge<br>Subsequent visit - 75% of charge   |
| Remedial massage        | 2                          | Combined limit - see Physiotherapy  | Initial visit - \$50.00<br>Subsequent visit - \$35.00   |
| Hearing aids            | 24                         | \$1,600 per policy<br>1 appliance(s) every 5 years  | Hearing aid - \$800.00  |

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| Blood glucose monitors                   | 12 | \$1,000 per policy<br>1 appliance(s) every 2 years<br>(combined limit for blood glucose monitors, orthotics<br>(podiatric orthoses) & other services) | Per monitor - 75% of charge                           |
|--|----|---|---|
| Audiology                                | 2  | 1 service(s) every 1 year   | Initial visit - \$60.00<br>Subsequent visit - \$60.00 |
| Ante-natal/Post-natal classes            | 2  | Combined limit - see Podiatry   | Initial visit - \$65.00<br>Subsequent visit - \$35.00 |
| Dietetics/dietary advice                 | 2  | Combined limit - see Podiatry   | Initial visit - \$65.00<br>Subsequent visit - \$40.00 |
| Exercise physiology                      | 2  | Combined limit - see Physiotherapy  | Initial visit - \$35.00<br>Subsequent visit - \$35.00 |
| Eye therapy (orthoptics)                 | 2  | Combined limit - see Podiatry   | Initial visit - \$65.00<br>Subsequent visit - \$40.00 |
| Health management / Healthy<br>lifestyle | 2  | Combined limit - see Acupuncture  | Health management - 75% of charge                     |
| Home nursing                             | 2  | \$600 per policy  | Initial visit - \$30.00<br>Subsequent visit - \$30.00 |
| Occupational therapy                     | 2  | Combined limit - see Podiatry   | Initial visit - \$65.00<br>Subsequent visit - \$45.00 |
| Orthotics (podiatric orthoses)           | 12 | Combined limit - see Blood glucose monitors   | Orthotics supply & fit - 75% of charge                |
| Speech therapy                           | 2  | Combined limit - see Podiatry   | Initial visit - \$65.00<br>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). 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.

### 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) 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).

For further information about this policy see

https://www.doctorshealthfund.com.au/extras-cover-total-extras

## 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.