Private Health Information Statement - Combined policy

Smart Starter Bronze Plus $750 Excess & Starter Extras

Doctors' Health Fund	*Monthly Premium*	Covers only one person
http://www.doctorshealthfund.com.au info@doctorshealthfund.com.au 1800 226 126	*$215.62 #* (before any rebate, loading or discount)	Available in Victoria

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

✓ 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 – limited benefits)
✓ Chemotherapy, radiotherapy and immunotherapy for cancer	✓ Joint reconstructions	✓ Skin
✓ Dental surgery	✓ Kidney and bladder	✓ Sleep studies
✓ Diabetes management (excluding insulin pumps)	✓ Lung and chest	✓ Tonsils, adenoids and grommets
✓ Digestive system	✓ Male reproductive system	R Hospital psychiatric services
✓ Ear, nose and throat	✓ Miscarriage and termination of pregnancy	R Rehabilitation

This policy X **does not include** cover for

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

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/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 *: General dental limit excludes tooth whitening and extractions. $300 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	$800 per policy	Periodic oral examination - 100% of charge Scale & clean - 100% of charge Fluoride treatment - 100% of charge
Optical*	2	$300 per policy	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Non PBS pharmaceuticals	2	$150 per policy (combined limit for non pbs pharmaceuticals, blood glucose monitors & vaccinations - **Sub-limits apply**)	Per eligible prescription - 85% of charge
Physiotherapy*	2	$600 per policy (combined limit for physiotherapy, podiatry, psychology, remedial massage, dietetics/dietary advice, exercise physiology, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), speech therapy & other services - **Sub-limits apply**)	Initial visit - $45.00 Subsequent visit - $35.00
Podiatry	2		Initial visit - $40.00 Subsequent visit - $30.00
Psychology	2		Initial visit - $100.00 Subsequent visit - $100.00

Acupuncture*	2	$150 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 - $35.00 Subsequent visit - $25.00
Blood glucose monitors	12	Combined limit - see Non PBS pharmaceuticals	Per monitor - 75% of charge
Dietetics/dietary advice	2	Combined limit - see Physiotherapy	Initial visit - $35.00 Subsequent visit - $30.00
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - $25.00 Subsequent visit - $25.00
Eye therapy (orthoptics)	2	Combined limit - see Physiotherapy	Initial visit - $30.00 Subsequent visit - $30.00
Health management / Healthy lifestyle	2	Combined limit - see Acupuncture	Health management - 75% of charge
Occupational therapy	2	Combined limit - see Physiotherapy	Initial visit - $45.00 Subsequent visit - $35.00
Orthotics (podiatric orthoses)	12	Combined limit - see Physiotherapy	Orthotics supply & fit - $100.00
Speech therapy	2	Combined limit - see Physiotherapy	Initial visit - $45.00 Subsequent visit - $35.00
Vaccinations	2	Combined limit - see Non PBS pharmaceuticals	Per service - 85% of charge
Combined annual limit of $600 for physiotherapy, exercise physiology, dietetics, occupational therapy, speech therapy, mental health services, podiatry, massage and more ($100 per pair for orthotics up to 2 pairs per year). Group physiotherapy and hydrotherapy $15 per session. Pharmacy benefits paid at 85% of charge above the PBS co-payment to a maximum of $20 per prescription (sub-limit applies for weight loss medications).			

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

✗ Chiropractic	✗ Hearing aids	✗ Orthodontic
✗ Endodontic	✗ Major dental	✗ Other treatments - check with your insurer

Other features of this general treatment cover

Affordable entry-level extras cover perfectly suited to young singles and couples. 100% back for one dental checkup per year (50% thereafter) at the provider of your choice. No sub-limits on optical benefits – use the full $300 limit on your choice of contact lenses or frames fitted with prescription lenses. 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 Victoria 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.