



The only health  
fund created  
by doctors  
for the medical  
profession

**Dr Rebecca Barnes,**  
Doctors' Health Fund  
member since 1993

# We are the health fund that aligns to the values of the medical profession and supports quality healthcare

We look forward to welcoming you to Doctors' Health Fund.



Dr Beverly Rowbotham  
Chair – Avant Mutual Board



Peter Aroney  
CEO – Doctors' Health Fund

“Being a doctor has given me the opportunity to be involved with a fund that has never let me down.”

**Dr Lorraine Baker,**  
Former AMA Victoria President and Doctors' Health Fund member since 1981

A health fund for doctors began as a response by AMA members to changes in the Australian healthcare system.

1976

"When doctors treated other doctors or their families, it was unthinkable for them to charge anything for a medical service," explains the Fund's former Chairman, Dr Paul Nisselle.

The Fund Membership was opened to AMA members nation-wide.

1987

1977

The NSW Branch of the AMA incorporated its own AMA NSW Health Fund and played a key role in designing the Fund's products to ensure they met the particular requirements of medical practitioners and provided the high quality cover the profession would expect.

2005

The fund changed its name to Doctors' Health Fund.

2012

Recognising the synergy between its support of the medical profession as a mutual and Doctors' Health Fund as a health insurer for doctors, the fund became part of Avnt Mutual in 2012.

Our performance is an indication of how much the fund's support is valued by the medical community.

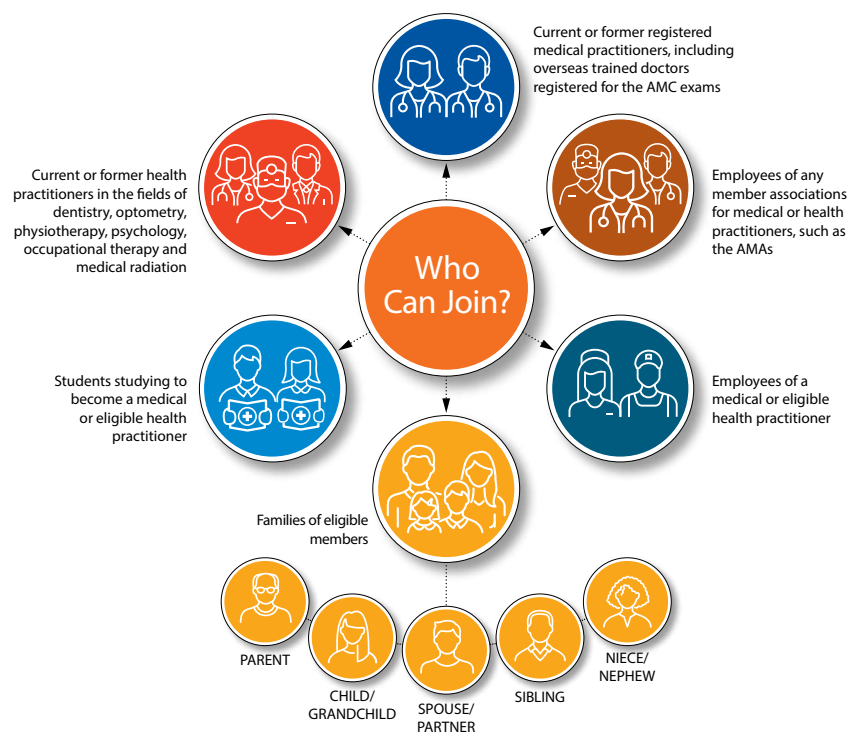
Doctors' Health Fund CEO, Peter Aroney

2021

The national membership of Doctors' Health Fund is more than **27,000**, covering more than **54,000** lives.

## Our membership is restricted to the medical community and their families

We are a restricted health fund, which means not everyone can join us. If you belong to any of the following categories, we'll be delighted to welcome you.



Once you've been a member of Doctors' Health Fund, you can remain a member even if your occupation or relationship status changes.

For more information on eligibility please visit [www.doctorshealthfund.com.au/who-can-join](http://www.doctorshealthfund.com.au/who-can-join)

# The health fund more doctors choose



Our unique Top Cover Gold hospital pays the highest level of medical benefits, paying up to the AMA list of medical services and fees



We advocate for clinical independence and freedom of choice with no restrictive preferred provider networks for your extras cover - we believe you know best who should treat you



We outperform the bigger open funds when paying in-hospital medical services with no gap<sup>1</sup>



Generous extras benefits, like 100% cover for unlimited general dental check-ups when you choose Total Extras<sup>2</sup>



We don't cover non-medically proven therapies such as chiropractic or natural therapies



We provide exceptional member service, with a 96% member satisfaction rating in 2021



90% of your calls in business hours answered in under 30 seconds



As part of Avant Mutual, we are owned by doctors, not shareholders

1. Privatehealth.gov.au - Health Insurers Performance 'Medical services with No Gaps'

2. Check-ups limited to an examination, fluoride and a scale and clean where the fees are within the range of usual, customary and reasonable charges.

3. The Doctors' Health Fund Member Satisfaction Research Report 2021



**I chose Doctors' Health Fund for their competitive benefits on extras.**

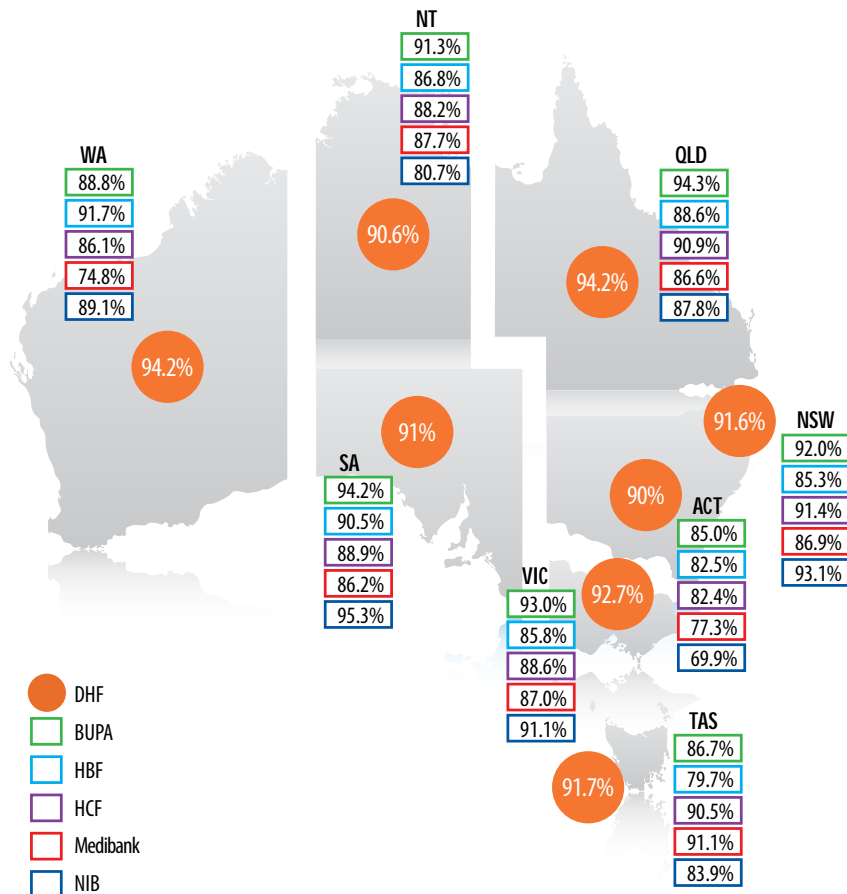
**Dr Emily Stevens,**  
Doctors' Health Fund member since 2017



# We cover the medical gap better than the leading health funds

The gap is the difference between the fee charged by the hospital or the amount the doctor charges for services in hospital, and the amount covered by Medicare and your private health insurer. It is the out-of-pocket expense you may pay for your treatment.

In most states Doctors' Health Fund outperforms the bigger, national, open funds in terms of the percentage of medical services being provided with no gap<sup>4</sup>.



4. Privatehealth.gov.au - Health Insurers Performance 'Medical services with No Gaps'



**Dr Jomini Cheong,**  
Doctors' Health Fund member since 2012

# Increased access to medical services for greater peace of mind

Wait times in the public system can be weeks, even months, which is not feasible for busy doctors and high demand medical practitioners with responsibilities to their own patients. Further, private hospital treatment can be very expensive without health insurance.

Doctors' Health Fund gives you increased access and greater peace of mind.

Agreements with over **550** private hospitals and day hospitals<sup>5</sup>

Covering up to **98.3%** of no or known medical gaps<sup>5</sup>

Covering up to **91.3%** of hospital related charges<sup>5</sup>

Covering up to **56.1%** of general treatment (extras) services<sup>5</sup>

You can buy hospital cover and extras cover in a combined package or separately so you're not spending money on things you're less likely to use. The next few pages will help you understand the detail on all of our covers.

5. Privatehealth.gov.au - Doctors' Health Fund 'Performance'

**Dr Alex Kippin,**  
Doctors' Health Fund member since 2007

# Hospital Cover

## Smart Starter Bronze Plus Hospital

The ideal hospital cover if you are young, fit and healthy, not planning children any time soon but still want to be covered for services you need as well as accidents and the unexpected.

With some exclusions and benefit restrictions, this cover is only available for single and couples memberships.

**Waiting periods:** The benefits available under this cover are only payable for services received after serving the relevant waiting periods. Waiting periods apply when you're new to private health insurance or you purchase cover with higher benefits or conditions.

- 12 months for pre-existing conditions, with the exception of psychiatric services, rehabilitation and palliative care which have a 2 month waiting period.
- 2 months for all other new conditions
- 2 months for rehabilitation and palliative care; this also applies when the condition is pre-existing.
- 2 months for psychiatric services when taking out cover for the first time or when the condition is pre-existing.
- 1 day for ambulance
- None for psychiatric services when upgrading cover. This waiting period can be waived only once a lifetime.
- None for accidents

## Prime Choice Gold Hospital

Starting a family or looking for the peace-of-mind of a comprehensive policy?

This cover is comparable to the top cover of many other health funds. Our cover is ideal for families or those starting a family as well as those wanting no exclusions and no restrictions for the full range of in-patient services eligible for Medicare benefits.

**Waiting periods:** The benefits available under this cover are only payable for services received after serving the relevant waiting periods. Waiting periods apply when you're new to private health insurance or you purchase cover with higher benefits or conditions.

- 12 months for pre-existing conditions, with the exception of psychiatric services, rehabilitation and palliative care which have a 2 month waiting period.
- 12 months for pregnancy and birth-related services.
- 2 months for rehabilitation and palliative care; this also applies when the condition is pre-existing.
- 2 months for psychiatric services when taking out cover for the first time or when the condition is pre-existing.
- 2 months for all other new conditions
- 1 day for ambulance
- None for psychiatric services when upgrading cover. This waiting period can be waived only once a lifetime.
- None for accidents

## Top Cover Gold Hospital

A unique comprehensive hospital cover with no surprises – no excesses, no exclusions and no restrictions for the full range of in-patient services eligible for Medicare Benefits. This cover pays a medical gap benefit based on the AMA list of medical services and fees.

**Waiting periods:** The benefits available under this cover are only payable for services received after serving the relevant waiting periods. Waiting periods apply when you're new to private health insurance or you purchase cover with higher benefits or conditions.

- 12 months for pre-existing conditions, with the exception of psychiatric services, rehabilitation and palliative care which have a 2 month waiting period and palliative care which have a 2 month waiting period.
- 12 months for pregnancy and birth-related services
- 2 months for rehabilitation and palliative care; this also applies when the condition is pre-existing.
- 2 months for psychiatric services when taking out cover for the first time or when the condition is pre-existing.
- 2 months for all other new conditions
- 1 day for ambulance
- None for psychiatric services when upgrading cover. This waiting period can be waived only once a lifetime.
- None for accidents

Before applying to join any of the Doctors' Health Fund hospital or extras cover options please consider your personal circumstances and ensure you read our product information on our website [www.doctorshealthfund.com.au](http://www.doctorshealthfund.com.au) or call us on 1800 226 126 as waiting periods and other terms and conditions may apply.



Basic tier inclusions			
Ambulance	✓	✓	✓
Rehabilitation	!	✓	✓
Hospital psychiatric services	!	✓	✓
Palliative care	✓	✓	✓
Bronze tier inclusions			
Brain and nervous system	✓	✓	✓
Eye (not cataracts)	✓	✓	✓
Ear, nose and throat	✓	✓	✓
Tonsils, adenoids and grommets	✓	✓	✓
Bone, joint and muscle	✓	✓	✓
Joint reconstructions	✓	✓	✓
Kidney and bladder	✓	✓	✓
Male reproductive system	✓	✓	✓
Digestive system	✓	✓	✓
Hernia and appendix	✓	✓	✓
Gastrointestinal endoscopy	✓	✓	✓
Gynaecology	✓	✓	✓
Miscarriage and termination of pregnancy	✓	✓	✓
Chemotherapy, radiotherapy and immunotherapy for cancer	✓	✓	✓
Pain management	✓	✓	✓
Skin	✓	✓	✓
Breast surgery (medically necessary)	✓	✓	✓
Diabetes management (excluding insulin pumps)	✓	✓	✓
Silver tier inclusions			
Heart and vascular system	✗	✓	✓
Lung and chest	✓	✓	✓
Blood	✓	✓	✓
Back, neck and spine	✗	✓	✓
Plastic and reconstructive surgery (medically necessary)	✓	✓	✓
Dental surgery	✓	✓	✓
Podiatric surgery (provided by a registered podiatric surgeon)	✓	✓	✓
Implantation of hearing devices	✗	✓	✓
Gold tier inclusions			
Cataracts	✗	✓	✓
Joint replacements	✗	✓	✓
Dialysis for chronic kidney failure	✗	✓	✓
Pregnancy and birth	✗	✓	✓
Assisted reproductive services	✗	✓	✓
Weight loss surgery	✗	✓	✓
Insulin pumps	✗	✓	✓
Pain management with device	✗	✓	✓
Sleep studies	✓	✓	✓

Excess

Smart Starter Bronze Plus

Singles memberships:

Excess Option	Maximum Excess Per Person Per Calendar Year*
\$500	\$500
\$750	\$750

Couples memberships:

Excess Option	Maximum Excess Per Person Per Calendar Year	Maximum Excess Per Membership Per Year*
\$500	\$500	\$1,000
\$750	\$750	\$1,500

Prime Choice Gold

Singles memberships:

Excess Option	Maximum Excess Per Person Per Calendar Year*
NIL	\$0
\$500	\$500
\$750	\$750

Couples, families and single-parent memberships:

Excess Option	Maximum Excess Per Person Per Calendar Year	Maximum Excess Per Membership Per Year*
NIL	\$0	\$0
\$500	\$500	\$1,000
\$750	\$750	\$1,500

\*The maximum you'll pay per calendar year regardless of the number of hospital admissions.

Top Cover Gold

There is no excess option available with Top Cover Gold

Gap Covers

AMA Benefit

Our premium hospital cover, Top Cover Gold pays a medical benefit up to the AMA list of medical services and fees on medical services that are listed in the Medicare Benefit Schedule. This means you will have no out-of-pocket expenses when your doctor charges you according to the AMA list of medical services and fees or less.

You will need to pay the difference 'out-of-pocket' if your doctor charges you above the AMA list of medical services and fees.

Access Gap Cover

Our Prime Choice Gold and Smart Starter Bronze Plus hospital covers include the Access Gap Cover scheme. A participating doctor agrees to bill for their services according to the Access Gap Cover Schedule for each medical service item and the rules regarding co-payments which can be charged directly to the patient. Co-payments by patients are not allowed to exceed \$500 per service or \$800 on management of labour and delivery.



# Extras Cover

## Starter Extras

The right extras cover if you are budget conscious and only need services that help you stay in good health like general dental, physiotherapy and remedial massage. (Available only with Smart Starter Bronze Plus Hospital cover).

**Waiting periods apply** if you are new to extras cover or if you are switching from a lower level of extras cover:

- 12 months for aids and appliances
- 2 months for all other services

## Essential Extras

A competitively priced extras cover for those people who want the freedom to choose a range of services to suit their or their family's unique and changing needs including major dental, helping them maintain good health.

**Waiting periods apply** if you are new to extras cover or if you are switching from a lower level of extras cover:

- 24 months for hearing aids
- 12 months for major dental services, aids and appliances
- 2 months for all other services

## Total Extras

Our most comprehensive extras cover, offering a range of premium benefits including major dental cover and high annual claim limits per person. This cover is ideal for families and those in need of higher levels of benefits.

**Waiting periods apply** if you are new to extras cover or if you are switching from a lower level of extras cover:

- 24 months for hearing aids
- 12 months for major dental services, aids and appliances
- 2 months for all other services

Before applying to join any of the Doctors' Health Fund hospital or extras cover options please consider your personal circumstances and ensure you read our product information on our website [www.doctorshealthfund.com.au](http://www.doctorshealthfund.com.au) or call us on 1800 226 126 as waiting periods and other terms and conditions may apply.



“Great service, excellent cover and extras benefits. Fair and reasonable rebates for practitioners.”

Dr Luke Reid,  
Doctors' Health Fund member since 2007

# Extras Cover

Limits apply per person per calendar year except where otherwise stated in the product brochure

## Starter Extras

Only available with Smart Starter Bronze Plus Hospital

## Essential Extras

## Total Extras

Services and Treatments	Benefits Paid	Annual Limits per person	Benefits Paid	Annual Limits per person	Benefits Paid	Annual Limits per person
Dietetics	✓ \$30 per visit	<b>Total combined service limit of \$600</b>	✓ \$35 per visit	<b>Total service limit of \$900 Sub-limit of \$700 for mental health services Sub-limit of \$500 for all other therapies</b>	✓ \$65 first visit in calendar year \$40 per subsequent visit	<b>Total combined service limit of \$1,000 and sub-limits of \$600 per type of therapy</b>
Orthoptics	✓ \$30 per visit		✓ \$35 per visit		✓ \$65 first visit in calendar year \$40 per subsequent visit	
Podiatry	✓ \$30 per visit		✓ \$35 per visit		✓ \$65 first visit in calendar year \$40 per subsequent visit	
Occupational & speech therapy	✓ \$35 per visit		✓ \$40 per visit		✓ \$65 first visit in calendar year \$45 per subsequent visit	
Pregnancy care	✗		✓ \$30 per visit		✓ \$65 first visit in calendar year \$35 per subsequent visit	<b>Total combined service limit of \$700</b>
Physiotherapy	✓ \$15 per group visit \$35 per individual visit		✓ \$20 per group and hydrotherapy visit \$35 per individual visit		✓ Individual: \$65 first visit in calendar year, \$50 per subsequent visit Group: \$20 per visit Hydrotherapy: \$35 per visit	
Remedial massage and myotherapy	✓ \$25 per visit		✓ \$30 per visit		✓ \$35 per visit	
Mental health services	✓ \$100 per visit		✓ \$100 per visit		✓ \$100 per visit	
ThinPrep, mammograms, bone density, mole mapping	✗	<b>Total combined limit of \$150</b>	✓ \$60 per test	One of each test per person per year	✓ \$60 per test	One of each test per person per year
Non-PBS pharmaceuticals and immunisations	✓ 85% of cost covered above the PBS		✓ 85% of cost covered above the PBS	<b>Total combined limit of \$300</b>	✓ 85% of cost covered above the PBS	<b>Total combined limit of \$600</b>
Aids & appliances	✓ 75% of the cost of fund approved aids & appliances		✓ 75% of the cost of fund approved aids & appliances One set of hearing aids every 3 calendar years	<b>Total combined limit of \$500</b> Sub-limits of one hearing aid \$200, two hearing aids \$400	✓ 75% of the cost of fund approved aids & appliances	\$1,000
Hearing aids	✗		✓		✓ One set of hearing aids every 5 calendar years	One hearing aid \$800 Two hearing aids \$1,600
General dental services	✓ 100% of the cost of first general check-up each year <sup>6</sup> 50% of the cost of subsequent check-ups and other dental services	\$600 limit	✓ 100% of the cost of two general check-ups per year <sup>6</sup>	<b>Total combined limit of \$1,600</b> Including Orthodontic services to a lifetime limit of \$1,600 (accrued at \$320 per year of membership)	✓ Unlimited. 100% of the cost of all general check-ups per year <sup>6</sup>	
Major dental services 1. Dental restorations 2. Endodontic/periodontic 3. Crowns & bridges 4. Dentures and prosthodontics 5. Orthodontics	✗		✓ 1, 2, 3, 4 fixed benefits paid per item number 5. 100% of the cost of orthodontics		✓ 1. \$1,000 limit 2. \$1,000 limit 3. \$1,200 limit 4. \$1,000 limit 5. Lifetime limit of \$3,000 accrued at \$600 per year of membership 1, 2, 3, 4 fixed benefits paid per item number 5. 100% of the cost of orthodontics.	
Optical	✓ \$300 limit over a fixed 2 year period. Use the full \$300 for your choice of frames, lenses or contact lenses.		✓ \$500 limit over a fixed 2 year period. Use the full \$500 for your choice of frames, lenses or contact lenses.		✓ \$600 limit over a fixed 2 year period. Use the full \$600 for your choice of frames, lenses or contact lenses.	
Home nursing	✗		✗		✓ \$600 limit. \$30 per visit up to 6 hours and \$60 per visit exceeding 6 hours	
Health management	✗		✓ Limits of \$100 per person and \$200 per policy for family/couple/single parent policies. 50% of the cost for programs recommended by your doctor to treat a specific health condition		✓ Limits of \$200 per person and \$400 per policy for family/couple/single parent policies. 50% of the cost for programs recommended by your doctor to treat a specific health condition	

6. Check-ups limited to an examination, fluoride and a scale and clean where the fees are within the range of usual, customary and reasonable charges.

✓ Included ✗ Excluded

# If you're switching insurers

To ensure continuity of cover you need to join Doctors' Health Fund within 60 days of cancelling your membership with your current health insurer. Here are some of the important aspects of switching your cover that you need to be aware of.

## Continuity of cover

The fund you leave must provide a clearance certificate within 10 business days. The certificate includes information about:

- the waiting periods you have served
- the insurance product or level of cover you have been on
- any Lifetime Health Cover loading
- the remaining amount of your extras limits transfer

## How waiting periods are applied when transferring

If you are switching from another cover that has comparable benefits and conditions, you may not need to serve relevant waiting periods again.

We will contact you once we have received the transfer certificate which should be in approximately 10 business days.

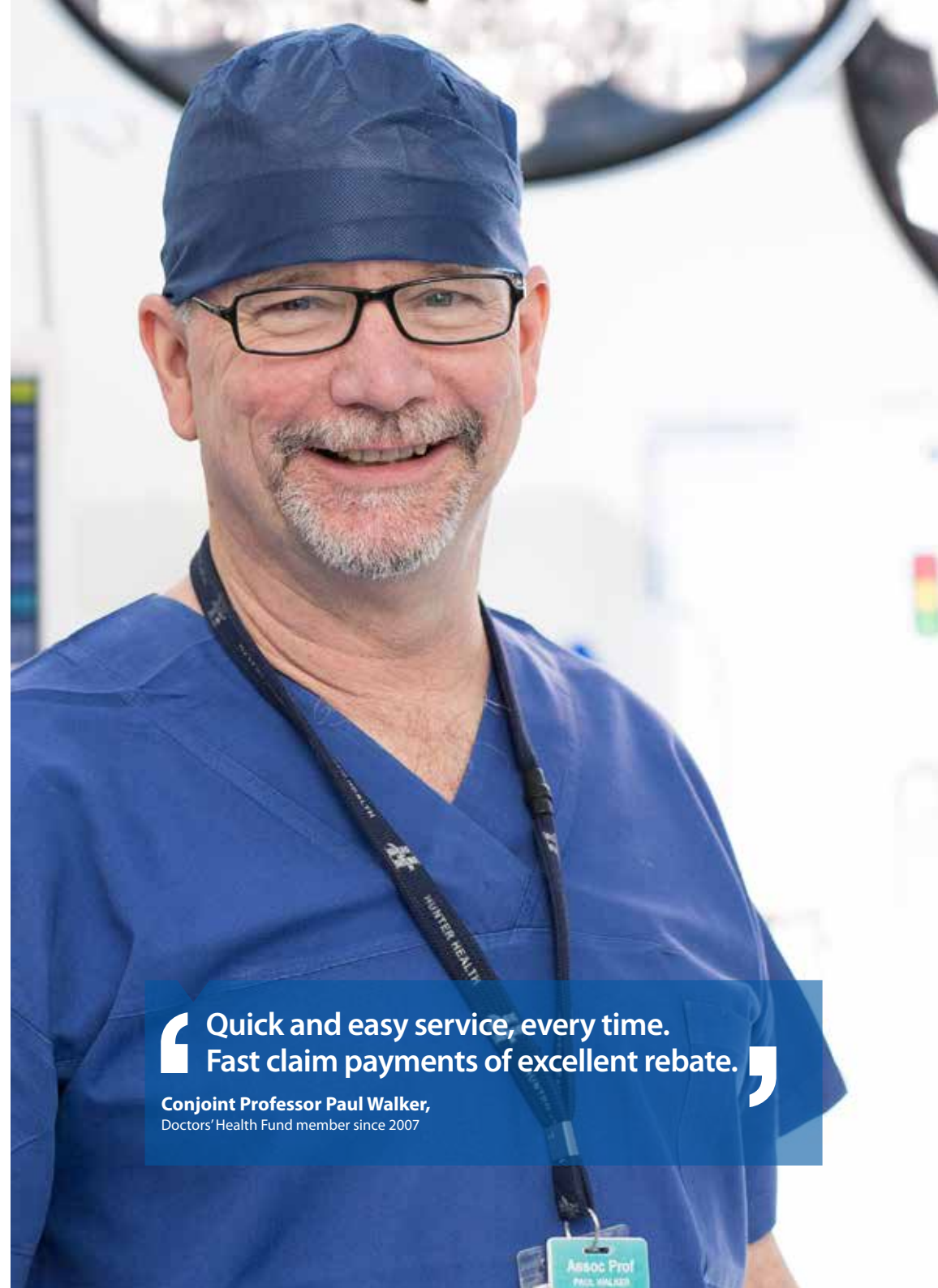
If you are new to health insurance, you will have to serve relevant waiting periods before you can claim for all services.

## Loyalty Limits and Benefits

Some health funds allow members to accrue loyalty benefits or increases to their annual extras limits based on their years of membership with that fund.

Only your orthodontic limits and benefits earned or used with your previous health insurer will transfer over to Doctors' Health Fund with you.

All benefits, limits and excesses used with your previous fund will be taken into consideration when paying claims in the first calendar year of joining.



“ Quick and easy service, every time.  
Fast claim payments of excellent rebate. ”

Conjoint Professor Paul Walker,  
Doctors' Health Fund member since 2007



# Government Initiatives

To encourage Australians to protect themselves with private health insurance, the Australian Government introduced a range of initiatives and programs.

## Rebate – how you can save

Australians who take out private health insurance cover may be eligible to receive a rebate from the Government to help cover the cost of premiums. This rebate, known as the Australian Government Rebate, varies depending on your level of income.

## The Medicare Levy Surcharge – what you may have to pay

This is levied on payers of Australian tax who do not have private hospital cover and who earn above a certain income. The surcharge is calculated at the rate of 1% to 1.5% of your income and is additional to the Medicare levy of 2% which is paid by most Australian taxpayers.

For more information visit [www.ato.gov.au](http://www.ato.gov.au)

## Lifetime Health Cover Loading – an extra loading you may have to pay

This is a Government initiative designed to encourage people to take out hospital insurance earlier in life and to maintain their hospital cover. It does not affect extras cover.

If you don't have hospital cover with an Australian registered health fund like Doctors' Health Fund on your Lifetime Health Cover base day (the later of 1 July 2000 or the 1st July following your 31st birthday) and then decide to take out hospital cover, you will pay a 2% loading on top of your insurance premiums for every year you are aged over 30.

For more information visit [www.privatehealth.gov.au](http://www.privatehealth.gov.au)

## Discounts for 18 to 29 year olds

As part of the Australian Government's private health insurance reforms, health funds are able to offer a discount of up to 10% to members aged 18 - 29.

The objective of this initiative is to make private health insurance more affordable for young Australians and increase their ability to access private hospital services.

This discount is voluntary and not all health funds have chosen to adopt this scheme. At Doctors' Health Fund, we support this new initiative and have made the youth discount available on all our hospital covers.

The applicable discount is between 2% and 10% per annum and is based on your age. Members will retain their discount until they turn 41, after which time it reduces at a rate of 2% per annum until they turn 45.

### Allowable age-based discount by age

Age	Discount
18-25	10%
26	8%
27	6%
28	4%
29	2%
30	0%



# Member service that understands there are unique demands on your time

Doctors' Health Fund offers a range of ways to make claiming easier for our members.

Our most popular and convenient way to submit your extras claim is through HICAPS. If your extras provider is connected to HICAPS they can process your claim on the spot and you only pay them the difference between the amount of the claim and the amount of the bill.

+ HICAPS +



In addition to HICAPS there are many other ways you can make a claim with us – just choose which is most convenient to you.



Online by logging onto Online Member Services



Doctors' Health Fund mobile app

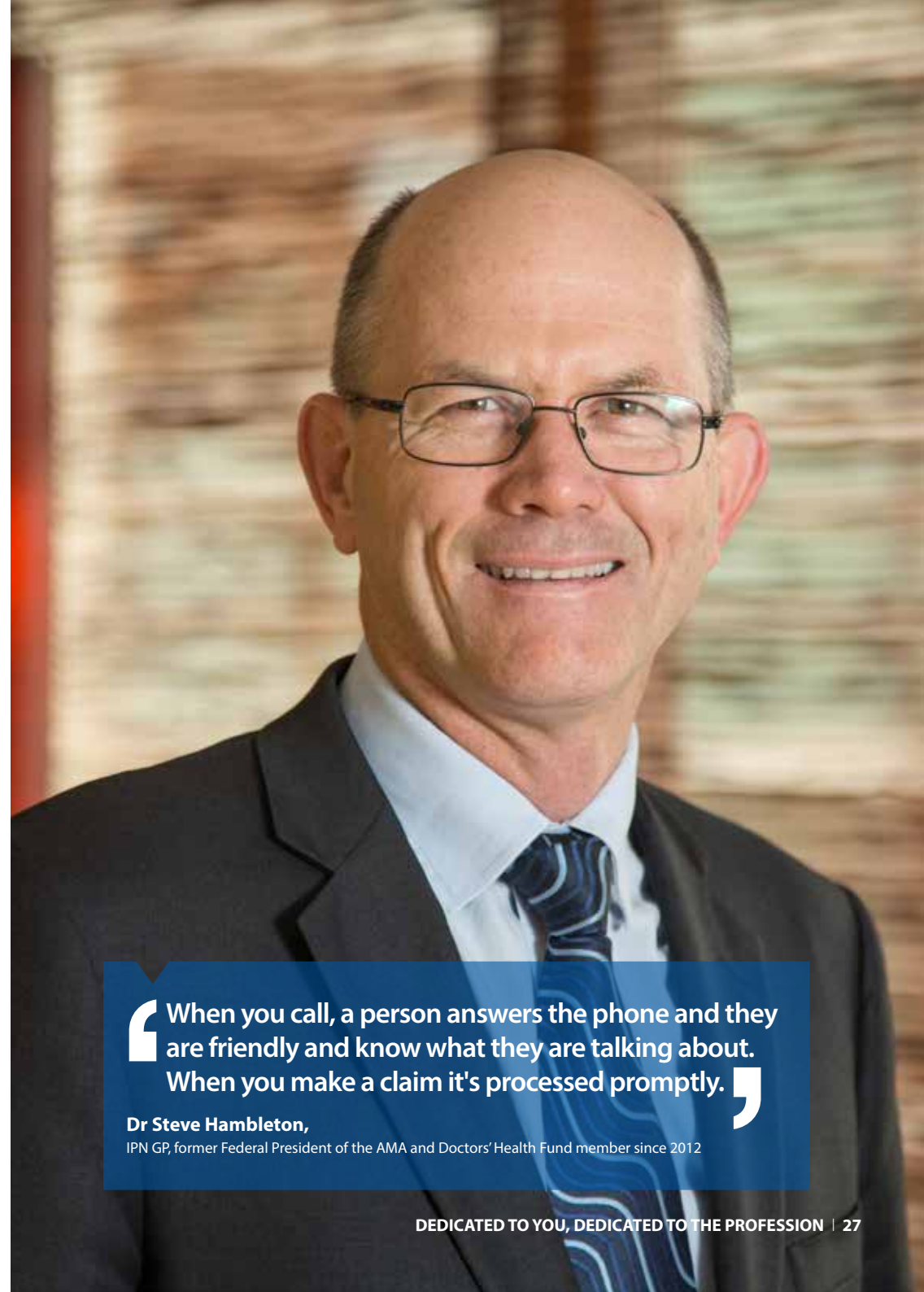


Email [info@doctorshealthfund.com.au](mailto:info@doctorshealthfund.com.au)



By downloading and completing a Claims Form and

- emailing [info@doctorshealthfund.com.au](mailto:info@doctorshealthfund.com.au); or
- posting it to PO Box Q1749, Queen Victoria Building, Sydney NSW 1230; or
- faxing it to 02 9260 9958.



“When you call, a person answers the phone and they are friendly and know what they are talking about. When you make a claim it's processed promptly.”

**Dr Steve Hambleton,**

IPN GP, former Federal President of the AMA and Doctors' Health Fund member since 2012

# Want to know more?

Get a quick quote online or call us for a detailed comparison to your current cover.

**Call us on**

1800 226 126

Monday to Friday 8:30 am to 6:00 pm AEDT/AEST

**Get a quick quote at**

[www.doctorshealthfund.com.au](http://www.doctorshealthfund.com.au)

**Email us at**

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

**Postal Address**

PO Box Q1749, Queen Victoria Building  
Sydney NSW 1230



## It's quick and simple to switch

Switching from your current health fund is easy. It takes just 5 minutes, and we do all the paperwork including liaising with your current health fund.

Doctors are quite different to other consumers of healthcare. When I'm considering my healthcare I want to pick my team and I see myself as being part of that team. Doctors' Health Fund has clearly held true to its original principles of being by doctors for doctors.

**Dr Beverly Rowbotham,**

Member of the Executive at Sullivan Nicolaides Pathology, Chair of the National Pathology Accreditation Advisory Committee, Chair of the Avant Mutual Board and Doctors' Health Fund member since 2012.

**The Doctors' Health Fund Pty Ltd**

A private health insurer  
ABN 68 001 417 527

Postal Address:  
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Queen Victoria Building  
Sydney NSW 1230

**Freecall: 1800 226 126**

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Email: [join@doctorshealthfund.com.au](mailto:join@doctorshealthfund.com.au)