

## PRIVATE MEDICAL COVER | To help fund private hospital treatments, and access to specialists, diagnostic tests, and non-PHARMAC medications outside of the public health system.

Premium Review Options	Minimum Entry Age	Maximum Entry Age	Expiry Age	Base Excess Options	Base Excess Applies	Minimum Risk Premium for Bundled Medical Rates	Australasian Cover	Worldwide Cover	Medical Inflation
Yearly Renewable Term	None	70	Life	<ul style="list-style-type: none"> <li>• Nil</li> <li>• \$250</li> <li>• \$500</li> <li>• \$1,000</li> <li>• \$2,000</li> <li>• \$5,000</li> <li>• \$10,000</li> </ul>	Per life, per annum	<b>\$7.05 of risk benefits per month</b> , or \$17.00 including policy fee, per month	Full cover in Australia but reimbursement will be usual, customary and reasonable NZ equivalent costs for same treatment. Standard maximums and excesses apply	No cover for medical expenses incurred outside of NZ or Australia*, however if client returned to NZ or Australia to receive treatment, those costs incurred within either country would be covered	Medical rates change periodically in line with Medical Inflation. These changes take effect when a policy reaches anniversary

Base Benefits	Description	Limit	Excess															
<b>Surgical Benefit</b>	Includes specialists and diagnostic tests in the 6 months leading up to surgery, and specialists and test costs, physiotherapy, prescriptions and sundries, hyperbaric oxygen therapy, breast reconstruction following mastectomy for breast cancer, and rehabilitation costs in the 6 months following discharge. Includes minor surgeries performed at day-stay clinics by a specialist or an approved GP. Also includes prostheses and lithotripsy. If the surgery relates to treating cancer, the follow up costs are covered until the cancer is cured or in remission.	<b>\$300,000</b>	Base															
<b>Non-Surgical Benefit</b>	Includes non-surgical private hospital admissions, specialists and diagnostic costs in the 6 months leading up to admission, and physiotherapy, prescriptions and sundries, hyperbaric oxygen therapy, and rehabilitation costs in the 6 months following discharge. If the surgery relates to treating cancer, the follow up costs are covered until the cancer is cured or in remission.	<b>\$300,000</b>	Base															
<b>Serious Illness Benefit</b>	Covers drug or radiotherapy treatment outside of private hospital and not already covered by the Surgical or Private Hospital benefits, intended to arrest or cure a condition posing a serious threat to life, such as cancer. Includes specialist consultations and diagnostic costs in the 6 months leading up to the diagnosis, hyperbaric oxygen therapy in the 6 months following diagnosis, and follow-up specialist consultations and tests after diagnosis and until cured or in remission. Also includes approved private outpatient clinic or other health service provider costs associated with administering treatment, prescription costs, and follow-up diagnostic tests related to the serious illness.	<b>Total of \$300,000</b> combined with Private Hospital Benefit	Base															
<b>Major Diagnostic Benefit</b>	<table border="0"> <tr> <td>Angiogram</td> <td>Colonoscopy</td> <td>Dilation and curettage</td> <td>Laparoscopy</td> <td>Nuclear stress test</td> </tr> <tr> <td>Arthroscopy</td> <td>CT scans</td> <td>Gastroscopy</td> <td>MRI</td> <td>PET scans</td> </tr> <tr> <td>Cholescintigraphy</td> <td>Cystoscopy</td> <td>Hysteroscopy</td> <td>Myelogram</td> <td></td> </tr> </table>	Angiogram	Colonoscopy	Dilation and curettage	Laparoscopy	Nuclear stress test	Arthroscopy	CT scans	Gastroscopy	MRI	PET scans	Cholescintigraphy	Cystoscopy	Hysteroscopy	Myelogram		<b>\$200,000</b>	Lesser of Base or \$250
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<b>Non-PHARMAC Subsidised Drugs Benefit</b>	Drug must be Medsafe approved	Surgical or Non-Surgical Limits apply	Base															
<b>Medical Tourism Benefit</b>	Where required treatment is pre-approved, client can choose to go overseas and combine treatment with travel. However payment will be limited to a maximum of 75% of the costs that would have been incurred if the treatment had been undertaken in NZ. Will not pay for the following costs, except where the total of all costs including these costs is below 75% limit detailed: <ul style="list-style-type: none"> <li>• Any subsequent medical treatment undertaken outside of NZ as a direct or indirect result of the medical treatment performed overseas; and</li> <li>• Any resulting medical emergency evacuation costs; and</li> <li>• Any subsequent medical treatment undertaken inside of NZ as a direct or indirect result of the medical treatment performed overseas, for 6 months following the client's return</li> </ul>	Actual cost of treatment to a maximum of <b>75% of the usual cost inside NZ</b>	Base															
<b>Overseas Waiting List Benefit</b>	Where treatment is available in NZ but cannot be provided here within 6 months due to insufficient medical resources. Reimburses usual, customary and reasonable NZ equivalent costs for same treatment and procedure obtained overseas	Surgical or Non-Surgical Limits apply	Base															

Base Benefits	Description	Limit	Excess
<b>Overseas Treatment Benefit</b>	Where recommended treatment cannot be provided in NZ at all. Offset by any other entitlements for reimbursement from NZ government	<b>\$30,000</b>	Base
<b>Public Hospital Cash Grant</b>	Payable for 10 nights per admission, after the third night	<b>\$300 per night</b> (Maximum of 10 nights)	None
<b>Return to Home Benefit</b>	Has been working outside of NZ or Australia for 3 or more months and suffers a condition requiring treatment for which they wish to return to NZ or Australia	<b>Reimburses actual costs</b> (Maximum of \$10,000 over life of policy)	None
<b>Home Nursing Care Benefit</b>	Payable for 10 days per admission, following client's return home from hospital	<b>\$300 per day</b> (Maximum of 10 days)	None
<b>Children's Coverage Benefit</b>	Automatic free coverage for children in the first 3 months after birth. Must be added to policy and pay a premium within initial 3 months for coverage to continue without medical underwriting. Children's rates to age 21 but can stay on policy indefinitely as adults. Can convert to their own adult policy later. Terms and conditions of new policy are guaranteed to be the same or better than the policy they are transferring from	-	Base
<b>Transfer Costs Benefit</b>	Reimburses actual air or road ambulance costs if required treatment is not available in residential region	Actual costs	None
<b>Support Person Transfer Benefit</b>	Reimburses actual public transport costs for required support person when treatment outside of residential region	Actual costs	None
<b>Support Person Accommodation Grant</b>	Payable for 10 days for required support person when treatment outside of residential region	<b>\$300 per day</b> (Maximum of 10 days)	None
<b>Waiver of Premium Benefit</b>	If any life assured over the age of 21 dies before age 70 then Private Medical Cover premiums are refunded for survivors every year for 3 years or until oldest survivor reaches age 70	-	None
<b>Funeral Support Benefit</b>	Paid immediately upon notification of death, except where death is the result of self-harm within the first 13 months	<b>\$3,500</b> (\$2,000 10 years or younger)	None
<b>Medical Misadventure Benefit</b>	Payable if the assured dies as a direct result of medical misadventure, for which the hospital has publically admitted liability, provided death occurs within 30 days of incident	<b>\$30,000</b>	None
<b>Hospice Benefit</b>	Payable for 10 nights per admission, starting from third night	<b>\$300 per night</b> (Maximum of 10 nights)	None
<b>Second Opinion Benefit</b>	Where client wishes to consult an alternate specialist with regard to a diagnosis or treatment plan	<b>\$4,000</b>	None
<b>Excess Waiver Benefit</b>	Selected excess waived if admission to private hospital is as a result of heart attack, stroke, coronary artery bypass surgery, and critical cancer	-	None
<b>Multiple Policy Excess Benefit</b>	Where a portion of medical costs are recovered from another medical insurance policy, and the remainder claimed against the client's Partners Life Medical Cover, their excess will be reduced by the amount recovered from the other insurer	-	Base less costs recovered
<b>Sterilisation Loyalty Benefit</b>	Included under Surgical Benefit after 2-year stand-down period	Surgical Limit applies	Base

Options	Description	Limit	Excess
<b>Specialist and Tests Option</b>	Covers all specialist consultations and tests, including osteopaths, naturopaths, homeopaths, chiropractors and acupuncturists if referred by a GP, and obstetrician costs relating to complications of pregnancy up until 90 days after the end of the pregnancy. Separate maximums apply for each of Specialist and Test costs	<b>\$4,000 for Specialists; and \$4,000 for Tests</b>	<b>\$250</b>

Exclusions			
<ul style="list-style-type: none"> <li>• Mental disease or disorders, or psychiatric conditions</li> <li>• Cosmetic surgery or procedures</li> <li>• Anything which is not medically necessary</li> <li>• Self-inflicted harm</li> <li>• Anything not directly relating to the health condition*, e.g. taxi fares</li> <li>• Expenses recoverable from other sources</li> <li>• GP, dentist, nurse, or any other non-hospital or specialist treatment provider's costs*</li> <li>• After-hours, administration, or cancelation costs</li> </ul>	<ul style="list-style-type: none"> <li>• Health conditions as a consequence of a criminal offense by the client</li> <li>• Pregnancy or pregnancy complications lasting less than 90 days after the end of the pregnancy</li> <li>• Health conditions related to the misuse of alcohol, or prescription or non-prescription drugs</li> <li>• HIV, AIDS and related conditions</li> <li>• Prescription costs*</li> <li>• Organ donation</li> </ul>	<ul style="list-style-type: none"> <li>• Alternative health practitioners, and non-recognised treatments, e.g. experimental treatments</li> <li>• Geriatric Conditions or senility</li> <li>• Congenital Disorders</li> <li>• War</li> <li>• Acute admissions</li> <li>• Childbirth, termination, and Infertility treatment</li> <li>• Short or long sightedness, or presbyopia</li> <li>• Dental health conditions*</li> </ul>	<ul style="list-style-type: none"> <li>• Preventative treatment or investigative tests</li> <li>• Sterilisation costs in the first 2 years</li> <li>• Overseas costs*</li> <li>• Contraception</li> <li>• Public hospital costs*</li> <li>• Laser eye surgery</li> <li>• Investigation or treatment for sleep disturbances</li> <li>• Non-disclosure, misstatement, fraudulent claims, or non-compliance with medical treatment</li> </ul>