

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 Periods	Minimum Entry Age	Maximum Entry Age	Expiry Age	Base Excess Options	Base Excess Applies	Minimum Risk Premium for Bundled Medical Rates	Australasian Cover	GST	Worldwide Cover	Medical Inflation
Yearly Stepped	None	70	Life	<ul style="list-style-type: none"> • Nil • \$250 • \$500 • \$1,000 • \$2,000 • \$5,000 • \$10,000 	Per life, per annum	\$7.05 of risk benefits per month , 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	Applies to premiums, claims and commissions	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				
Surgical Benefit	Includes specialists and diagnostic tests in the 12 months leading up to surgery, and specialists and test costs, physiotherapy, prescriptions and sundries, hyperbaric oxygen therapy and rehabilitation costs in the 12 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	\$600,000	Base				
Reconstruction Benefit	Reconstruction surgery covers the cost where reconstruction is required following surgery to remove cancer for example mastectomy, or arrest any other life threatening illness even though it is not medically necessary						
Private Hospital Benefit (Non-surgical)	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 12 months following discharge. If the surgery relates to treating cancer, the follow up costs are covered until the cancer is cured or in remission	\$300,000	Base				
Serious Illness Benefit	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 12 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						
Serious Illness Dental Benefit	Pays for dental evaluation or treatment, within 6 months of chemotherapy, radiotherapy or heart valve replacement surgery	\$1,500,00 per annum	None				
Major Diagnostic Benefit	<ul style="list-style-type: none"> • Angiogram • Arthroscopy • Cardiovascular Ultrasound • Colonoscopy 	<ul style="list-style-type: none"> • CT scans • Cystoscopy • Dilatation and curettage • Echocardiography 	<ul style="list-style-type: none"> • Endoscopies • Gastroscopy • Hysteroscopy • Laparoscopy 	<ul style="list-style-type: none"> • MRI Scans • Myelogram • Myocardial Perfusion Scans • Nuclear stress test 	<ul style="list-style-type: none"> • PET scans • Scintigraphy • Sigmoidoscopy 	\$200,000	Lesser of Base or \$250
Non-PHARMAC Subsidised Drugs Benefit	Drug must be Medsafe approved	Surgical or Non-Surgical Limits apply	Base				
Medical Tourism Benefit	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"> • Any subsequent medical treatment undertaken outside of NZ as a direct or indirect result of the medical treatment performed overseas; and • Any resulting medical emergency evacuation costs; and • 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 	Actual cost of treatment to a maximum of 75% of the usual cost inside NZ	Base				

Base Benefits	Description	Limit	Excess
Overseas Waiting List Benefit	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
Overseas Treatment Benefit	Where recommended treatment cannot be provided in NZ at all. Offset by any other entitlements for reimbursement from NZ government	\$30,000	Base
Public Hospital Cash Benefit	Payable for 10 nights per admission, after the third consecutive night	\$300 per night (Maximum of 10 nights)	None
Public Hospital Credit Benefit	Reimburses 12 months of life assured's Private Medical Cover premiums	-	None
Return to Home Benefit	Has been working outside of NZ or Australia for 3 or more consecutive months and suffers a condition requiring treatment for which they wish to return to NZ or Australia	Reimburses actual costs (Maximum of \$10,000 over life of policy)	None
Home Nursing Care Benefit	Payable for 10 days per admission, following client's return home from hospital	\$300 per day (Maximum of 10 days)	None
Children's Coverage Benefit	Automatic free coverage for children in the first 6 months after birth. Must be added to policy within initial 6 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
Transfer Costs Benefit	Reimburses actual air or road ambulance costs if required treatment is not available in residential region within New Zealand or Australia	Actual costs	None
Support Person Transport Benefit	Reimburses actual public transport costs for required support person when treatment outside of residential region	Actual costs	None
Support Person Accommodation Benefit	Payable for 10 days for required support person when treatment outside of residential region	\$300 per day (Maximum of 10 days)	None
Waiver of Premium Benefit	If any life assured over the age of 21 dies or is diagnosed with a Terminal Illness before age 70 then Private Medical Cover premiums are waived for survivors every year for 3 years or until oldest survivor reaches age 70	-	None
Funeral Support Benefit	Paid immediately upon notification of death, except where death is the result of self-harm within the first 13 months	\$10,000 (For 10 years and older) \$2,000 (Under 10 years which include unborn children with a gestational age of 24 weeks)	None
Medical Misadventure Benefit	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	\$30,000	None
Hospice Benefit	Payable for 10 nights per admission, starting from third consecutive night	\$300 per night (Maximum of 10 nights)	None
Second Opinion Benefit	Where client wishes to consult an alternate specialist with regard to a diagnosis or treatment plan	\$5,000	None
Excess Waiver Benefit	Selected excess waived if admission to private hospital is as a result of heart attack, stroke, coronary artery bypass surgery or critical cancer	-	None
Multiple Policy Excess Benefit	Where a portion of medical costs are recovered from another medical insurance policy, and the remainder claimed against the client's Partners Life Private Medical Cover, their excess will be reduced by the amount recovered from the other insurer	-	Base less costs recovered

Base Benefits	Description	Limit	Excess
Sterilisation Loyalty Benefit	Included under Surgical Benefit after 2-year stand-down period	Surgical Limit applies	None
Accommodation Benefit	Payable for 10 days for the life assured when treatment is required outside of residential region	\$300 per day (Maximum of 10 days)	None
Transport Benefit	Reimburses actual public transport costs for the life assured when treatment is required outside of residential region	Actual costs	None
Recovery Benefit	Pays per admission for recovery treatments such as Osteopathic, Chiropractic, Speech and Occupational Therapy etc occurring within 6 months of discharge	\$500 (Maximum per life)	None

Options	Description	Limit	Excess
Specialist and Tests Option	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	Combined annual maximum of \$10,000 for specialists and tests	\$250

Exclusions			
<ul style="list-style-type: none"> Mental disease or disorders, or psychiatric conditions Cosmetic surgery or procedures Anything which is not medically necessary Self-inflicted harm Anything not directly relating to the health condition*, e.g. taxi fares Expenses recoverable from other sources GP, dentist, nurse, or any other non-hospital or specialist treatment provider's costs* After-hours, administration, or cancelation costs 	<ul style="list-style-type: none"> Health conditions as a consequence of a criminal offense by the client Pregnancy or pregnancy complications lasting less than 90 days after the end of the pregnancy Health conditions related to the misuse of alcohol, or prescription or non-prescription drugs HIV, AIDS and related conditions Prescription costs* Organ donation Refusal to provide claims information or undergo requested examinations or tests 	<ul style="list-style-type: none"> Alternative health practitioners, and non-recognised treatments, e.g. experimental treatments Geriatric Conditions or senility Congenital Disorders identified within 4 months of birth Health conditions as a consequence of War Acute admissions Childbirth, termination, and Infertility treatment Short or long sightedness, or presbyopia Dental health conditions* 	<ul style="list-style-type: none"> Preventative treatment or investigative tests Sterilisation costs in the first 2 years Overseas costs* Contraception Public hospital costs* Laser eye surgery Investigation or treatment other than Surgery for sleep disturbances, snoring and obstructive sleep apnoea Non-disclosure, misstatement, fraudulent claims, or non-compliance with medical treatment