

Assurance Extra Protection Benefit Sheet

Major Medical Cover Benefit

1. Lives Assured

The **Lives Assured** for this major medical cover benefit are detailed in the **Policy Schedule**. All references to **Life Assured** or **Lives Assured** in this protection benefit sheet refer only to those people.

2. Major Medical Cover Benefit Claims

The major medical cover benefit is payable, if a **Life Assured** incurs medical costs covered by this benefit and **OnePath** has accepted the claim. The amount payable to you will be the actual medical costs incurred. However if, in **OnePath**'s sole opinion, the medical costs incurred are excessive compared to what is usual for a particular treatment or procedure then **OnePath** will only pay what it believes to be the usual, customary and reasonable costs for the particular treatment or procedure. The amount payable is subject to any excess referred to in Clause 3 (The Excess) of this protection benefit sheet and the maximums and exclusions referred to elsewhere in this protection benefit sheet. Any medical costs incurred must have arisen directly from the recommendation of an appropriate registered medical practitioner as being necessary for the purposes of diagnosing a medical condition or for treatment of a **Non-acute Medical Condition**.

The amount payable will also be reduced by any other payments or benefits which the **Life Assured** is eligible to receive from any other persons or organisations as a result of the same medical costs.

3. The Excess

The excess you have selected is detailed in the **Policy Schedule**. The higher the excess you select the lower the **Protection Premium** will be for this major medical cover benefit.

Any excess applies to each treatment cost incurred by each **Life Assured**. **OnePath** will reimburse the balance of the treatment cost over and above the excess subject to the maximums and exclusions detailed elsewhere in this protection benefit sheet.

For the purposes of the excess, a treatment cost is defined as:

3.1 Base Plan (including Optional Major Medical Deluxe Benefit)

All costs incurred, unless specifically exempt from an excess, payable under the Base Plan and directly related to the same condition. This includes **Specialist** consultations and diagnostic procedures undertaken within six (6) months of surgery or admission providing they are directly related to the surgery or admission.

3.2 Optional Specialist and Diagnostic Test Benefit

All costs incurred and payable under the optional specialist and diagnostic test benefit detailed in this protection benefit sheet which occur within the twelve (12) months following a **Policy Anniversary** (assuming your policy remains in force).

4. Australasian Coverage

Your major medical cover benefit reimburses medical costs for **Non-acute Medical Conditions**, which are incurred and treated in Australia. The amount of reimbursement will be the usual, customary and reasonable costs which would be payable in New Zealand for the same treatment or procedure subject to the excess, maximums and exclusions described elsewhere in this protection benefit sheet. All maximums, excesses and benefit amounts referred to in this protection benefit sheet are in New Zealand dollars.

5. Surgical Hospitalisation Benefit

The maximum surgical hospitalisation benefit payable per **Life Assured** is \$200,000 per operation.

This surgical hospitalisation benefit will cover costs which have occurred as a direct result of surgical treatment of a **Non-acute Medical Condition**, subject to the exclusions described elsewhere in this protection benefit sheet. The treatment must have been recommended by an appropriate registered medical practitioner as being necessary to improve the health of the **Life Assured** and must be carried out in a **Private Hospital** or a **Public Hospital** provided protocols for a **Private Hospital** set by the Ministry of Health for the treatment of private patients in **Public Hospitals** have been followed.

Surgeries included under the surgical hospitalisation benefit are:

- General Surgery
- Cardiac Surgery
- Otolaryngological Surgery
- Urological Surgery
- Gynaecological Surgery
- Ophthalmological Surgery (Not including laser eye surgery to correct refractive errors or astigmatisms.)
- Orthopaedic Surgery
- Peripheral Vascular Surgery
- Plastic Surgery (Non-**Cosmetic**)
- Oral Surgery (Only if performed by a **Specialist** oral surgeon. Dentists costs not covered)
- Maxillofacial Surgery
- Day Surgery performed by a **Specialist** (Non-**Cosmetic**)
- Sterilisation Procedures (Only those occurring after two (2) years from the **Commencement Date**).

The surgical hospitalisation benefit will cover the following costs associated with the surgery during the period of hospital admission:

- Surgeon's and anaesthetist's fees
- Operating theatre fees
- **Private Hospital** accommodation fees or a **Public Hospital** accommodation fees provided protocols for a **Private Hospital** set by the Ministry of Health for the treatment of private patients in **Public Hospitals** have been followed.
- **Specialists** consultations that occurred within six (6) months pre or post the admission date and which were directly related to the surgery
- Diagnostic procedures including diagnostic procedures which are directly related to the surgery and which occurred within six (6) months of the admission date
- Prostheses
- Outpatient fees for day surgery
- Surgical sundries including intravenous fluids, irrigating solutions, dressings, and prescriptions. This includes prescriptions which are directly related to the surgery for a maximum period of six (6) months following the surgery
- Post-operative physiotherapy including physiotherapy treatment which is directly related to the surgery for a maximum period of six months following the surgery.

6. Non-Surgical Hospitalisation Benefit

The maximum non-surgical hospitalisation benefit payable per **Life Assured** is \$200,000 per annum.

The non-surgical hospitalisation benefit will cover costs which have occurred as a direct result of the diagnosis of any **Non-acute Medical Condition**, subject to the exclusions described elsewhere in this protection benefit sheet, for which non-surgical hospital treatment is recommended by an appropriate registered medical practitioner as being necessary to improve the health of the **Life Assured**.

The non-surgical hospitalisation benefit will cover the following costs, which are incurred during the period of hospital admission to a **Private Hospital** or a **Public Hospital** provided protocols for a **Private Hospital** set by the Ministry of Health for the treatment of private patients in **Public Hospitals** have been followed.

- **Private Hospital** accommodation fees or **Public Hospital** accommodation fees provided protocols for a **Private Hospital** set by the Ministry of Health for the treatment of private patients in **Public Hospitals** have been followed.
- **Specialist** fees including specialist fees directly related to the hospital admission and which have occurred within six (6) months of the date of admission.
- Prescription drugs listed on the New Zealand Pharmaceutical Management Agency (**PHARMAC**) pharmaceutical schedule and administered to you while in a **Private Hospital** or prescribed immediately upon your discharge from a **Private Hospital** for a maximum period of six (6) months. The drugs must be listed on the PHARMAC Pharmaceutical Schedule as being approved for the condition being treated, taking into account any restrictions where applicable.
- Treatment costs, subsidised by **PHARMAC**, subject to the treatment being registered by **Medsafe** and approved for use in New Zealand, e.g. chemotherapy or radiotherapy. Oral treatment for chemotherapy recommended by an appropriate registered medical practitioner that does not require admission to a **Private Hospital** will also be covered.
- Treatment costs for hyperbaric oxygen treatment when recommended by an appropriate registered medical practitioner that does not require admission to a **Private Hospital** will also be covered.
- Diagnostic procedures including diagnostic procedures directly relating to the hospital admission which occurred within six (6) months of the date of admission
- Sundries including but not limited to intravenous fluids and dressings.

7. Major Diagnostics Benefit

The maximum major diagnostics benefit payable per **Life Assured** is \$200,000 per annum.

The major diagnostics benefit will cover the costs of the following diagnostic procedures, subject to the exclusions described elsewhere in this protection benefit sheet, which have been recommended by an appropriate registered medical practitioner, whether they have occurred in relation to a period of private hospitalisation or not:

- MRI Scans
- CT Scans
- PET Scan
- Arthroscopy
- Laparoscopy
- Dilation & Curettage
- Cystoscopy
- Myelogram
- Hysteroscopy
- Angiogram
- Colonoscopy
- Gastroscopy

8. Minor Surgery Benefit

The minor surgery benefit covers the cost of treatment for medically necessary minor surgery, incurred for an outpatient surgical procedure following referral by the usual general practitioner. The surgery must be performed under local anaesthesia in specialised surgery rooms by a registered medical practitioner who has undertaken appropriate vocational training acceptable to **OnePath** in a specialised area of medicine and whose primary business is to practice in this area of medicine. The maximum minor surgery benefit payable per **Life Assured** is \$3,000 per annum. This benefit includes the pre and post minor surgery consultations or any diagnostic costs directly associated with the minor surgery as listed below:

- Specialising general practitioner consultations which occurred within six (6) months of the minor surgery date and which were directly related to the minor surgery.
- Diagnostic procedures including diagnostic procedures which are directly related to the minor surgery and which occurred within six (6) months of the minor surgery date.

- Outpatient fees for day surgery
- Surgical sundries including intravenous fluids, irrigating solutions, dressings, and prescriptions. This includes prescriptions which are directly related to the surgery for a maximum period of six (6) months following the surgery.

9. Post Admission Home Nursing Care Benefit

The maximum post admission home nursing care benefit payable per **Life Assured** is \$300 per day for up to a maximum of ten (10) days per admission. The post admission home nursing care benefit will reimburse costs incurred for home nursing care by a registered nurse following any **Private Hospital** admission covered under this major medical cover benefit, subject to the exclusions described elsewhere in this protection benefit sheet. Such care must have been recommended as necessary by the **Private Hospital** where the admission occurred.

No excess applies to this post admission home nursing care benefit.

10. Transfer Costs Benefit

If the required treatment is not available within the **Life Assured's Residential Region** then **OnePath** will reimburse the air or road ambulance costs associated with transferring the **Life Assured** to or from a **Private Hospital** within New Zealand, subject to the exclusions described elsewhere in this protection benefit sheet.

11. Support Person Accommodation Grant Benefit

The maximum support person accommodation grant payable per **Life Assured** is \$300 per day for up to a maximum of ten (10) days per admission.

The support person accommodation grant is payable, subject to the exclusions described elsewhere in this protection benefit sheet, where on the recommendation of an appropriate registered medical practitioner, a support person is required to accompany a **Life Assured** outside of their **Residential Region** for non-acute treatment in a **Private Hospital**, which is deemed necessary but cannot be provided locally.

No excess applies to this support person accommodation grant benefit.

12. Support Person Transfer Benefit

The support person transfer benefit is payable, subject to the exclusions described elsewhere in this protection benefit sheet, where on the recommendation of an appropriate registered medical practitioner, a support person is required to accompany a **Life Assured** outside of their **Residential Region** for treatment, which is deemed necessary but cannot be provided locally.

OnePath will reimburse the actual transport costs of the support person provided that those costs are the usual, reasonable and customary costs for public transport directly to and from the treatment destination.

13. Overseas Treatment Benefit

The maximum overseas treatment benefit payable per **Life Assured** is \$30,000 per annum.

The overseas treatment benefit will reimburse overseas medical, travel and support person costs, subject to the excess, maximums and exclusions detailed elsewhere in this protection benefit sheet. This benefit will only apply where the recommended treatment cannot be provided in New Zealand. **OnePath** will determine at its sole discretion, the country to which the **Life Assured** can travel for medical treatment. Any financial assistance which the **Life Assured** is eligible for from any other persons or organisations, as a result of the unavailability of New Zealand treatment options, will be deducted from any benefit payable under this overseas treatment benefit.

14. Overseas Waiting List Benefit

The maximum overseas waiting list benefit payable per **Life Assured** is \$200,000 per annum.

The overseas waiting list benefit will reimburse overseas medical, travel and support person costs, subject to the excess, maximums, limits and exclusions detailed elsewhere in this protection benefit sheet. This benefit will only apply where the recommended treatment is able to be provided in New Zealand but cannot be provided in New Zealand within six (6) months of the recommended time as a direct result of insufficient medical resources. **OnePath** will determine at its sole discretion, the country to which the **Life Assured** can travel for medical treatment. Any financial assistance which the **Life Assured** is eligible for from any other persons or organisations, as a result of the delay in accessing New Zealand treatment options, will be deducted from any benefit payable under this overseas waiting list benefit.

The amount of reimbursement for overseas medical costs will be limited to the usual, customary and reasonable costs which would be payable in New Zealand for the same treatment or procedure. All maximums, excesses and benefit amounts referred to in this protection benefit sheet are in New Zealand dollars.

15. Medical Tourism Benefit

If the **Life Assured** is recommended by a **Specialist** to undergo medical treatment, which is available in New Zealand within the six (6) months following recommendation and a claim for the medical tourism benefit is pre-approved by **OnePath**, you may elect at your sole discretion, to claim under the medical tourism benefit instead of any other benefit provided under this protection benefit sheet.

The medical tourism benefit will reimburse up to a maximum of:

- Seventy five percent (75%) of the usual customary and reasonable costs which would have been incurred for the medical treatment, had that treatment been undertaken in New Zealand; and
- The maximum of \$200,000 per operation as specified under the surgical hospitalisation benefit.

OnePath will include the following costs in the reimbursement amount subject to the maximums detailed above:

- Treatment costs for the **Life Assured**; and
- Accommodation costs for the **Life Assured** and one support person; and
- Ordinary public transport costs to and from the destination for the **Life Assured** and one support person.

OnePath will not accept responsibility for any complications that might arise as a direct or indirect result of the treatment undertaken at your choice of overseas destination unless the treatment costs for these complications coupled with the other costs listed above remain below the seventy five percent (75%) limit detailed above.

OnePath will only pay for the following costs, where the total of all costs including these costs is below the seventy five percent (75%) maximum detailed above:

- Any subsequent medical treatment which must be undertaken outside of New Zealand as a direct or indirect result of complications arising from the original medical treatment which had been undertaken outside of New Zealand; and
- Any medical emergency evacuation costs arising from the medical treatment which had been undertaken outside of New Zealand; and
- Any subsequent medical treatment which must be undertaken inside of New Zealand, as a direct or indirect result of complications of the original medical treatment which had been undertaken outside of New Zealand, for a period of six (6) continuous months following the **Life Assured's** return to New Zealand.

16. Children's Coverage

Children are automatically covered for the first three (3) months after being born, subject to the exclusions described in Clause 23 (Exclusions) in this protection benefit sheet. If you require coverage for your child after the three (3) month period you must advise **OnePath** of the child's name, gender and date of birth before this free coverage period ends. A premium will be payable for each child you require coverage for at the end of the free coverage period. **OnePath** will advise you what the new **Total Premium** payable will be. All children are subject to an exclusion for **Congenital Conditions** as specified in Clause 23 (Exclusions) in this protection benefit sheet.

Children may remain covered under this major medical cover benefit for as long as you continue to pay the required **Total Premium**, irrespective of their age.

If a child covered under this major medical cover benefit wishes to convert their major medical cover to a **OnePath** policy of their own, they may do so by writing to **OnePath**. Their major medical cover will be converted to the new policy on the same terms and conditions that applied to their cover at the date of conversion or they may elect cover under the current policy terms and conditions that **OnePath** are offering at the time of conversion. Once converted no further major medical cover will be provided under this policy for that child.

17. Optional Major Medical Deluxe Benefit

This option is only available to you if it is shown in the **Policy Schedule**. If the **Life Assured** has chosen the major medical deluxe benefit and the claim would not otherwise be accepted under the base terms of the standard major medical protection benefit policy, **OnePath** will assess your claim based on the major medical deluxe benefit provisions. The major medical deluxe benefit provides you with the following benefits:

17.1 Inability to Change Major Medical Wordings

OnePath will not alter the terms and conditions of this Major Medical Benefit unless the change is to the advantage of the **Life Assured** and/or **Policy Owner**.

17.2 Coverage for Non-PHARMAC Drugs

Exclusions for non-PHARMAC drugs specified elsewhere in this protection benefit sheet do not apply if this benefit is shown in the **Policy Schedule**. This includes but is not limited to chemotherapy.

The maximum coverage for non-PHARMAC drugs payable per **Life Assured** is \$200,000 per annum as detailed in Clause 6 (Non-Surgical Hospitalisation Benefit).

For the purposes of this protection benefit sheet, non-PHARMAC drugs means any drug that has been approved by Medsafe but is not listed as a government subsidised drug by PHARMAC.

17.3 Bariatric Surgery

If the **Life Assured** is recommended by a **Specialist** acceptable to **OnePath**, to undergo medically necessary bariatric surgery and the **Life Assured** meets the criteria below, **OnePath** will cover the following costs, associated with the surgery during the period of hospital admission:

- Surgeon's and anaesthetist's fees
- Operating theatre fees
- **Private Hospital** accommodation fees or **Public Hospital** accommodation fees provided protocols for a **Private Hospital** set by the Ministry of Health for the treatment of private patients in **Public Hospitals** have been followed.

- **Specialist(s)** consultations that occurred within six (6) months pre or post the admission date and which were directly related to the surgery
- Diagnostic procedures which are directly related to the surgery and which occurred within six (6) months of the admission date
- Outpatient fees for day surgery
- Surgical sundries including intravenous fluids, irrigating solutions, dressings, and prescriptions. This includes prescriptions which are directly related to the surgery for a maximum period of six (6) months following the surgery
- Post-operative physiotherapy including physiotherapy treatment which is directly related to the surgery for a maximum period of six (6) months following the surgery.

In order to qualify for bariatric surgery the **Life Assured** needs to prove that other reasonable non-surgical weight loss measures have been attempted unsuccessfully and the **Life Assured** must meet following criteria:

- BMI equal to or greater than 40;

Or

- BMI equal to 35 to 39 inclusive and one (1) of the following:
 - Osteoarthritis of the at least two (2) different weight bearing joints as shown in x-ray reports. The weight bearing joints being lumbosacral spine, hips, knees, ankles, first metatarsophalangeal joint in feet; or
 - Treatment-refractive hypertension s of BP > 140/90 and on 3 or more medications; or
 - Obstructive sleep apnoea proven on sleep study; or
 - Medically confirmed Type 2 diabetes; or
 - Previous coronary artery disease, ischaemic hearth disease or stroke.

17.4 Breast Reduction Surgery

If the **Life Assured** is recommended by a **Specialist** acceptable to **OnePath** to undergo medically necessary breast reduction surgery, and the **Life Assured** meets the criteria below, **OnePath** will cover the following costs, associated with the surgery during the period of hospital admission:

- Surgeon's and anaesthetist's fees
- Operating theatre fees
- **Private Hospital** accommodation fees or **Public Hospital** accommodation fees provided protocols for a **Private Hospital** set by the Ministry of Health for the treatment of private patients in **Public Hospitals** have been followed.
- **Specialist(s)** consultations that occurred within six (6) months pre or post the admission date and which were directly related to the surgery
- Diagnostic procedures which are directly related to the surgery and which occurred within six (6) months of the admission date
- Outpatient fees for day surgery
- Surgical sundries including intravenous fluids, irrigating solutions, dressings, and prescriptions. This includes prescriptions which are directly related to the surgery for a maximum period of six (6) months following the surgery
- Post-operative physiotherapy including physiotherapy treatment which is directly related to the surgery for a maximum period of six months following the surgery.

In order to qualify for breast reduction surgery the **Life Assured** needs to meet all of the following criteria:

- Medical evidence showing an ongoing history of neck, back and/or shoulder pain; and
- Medical evidence of grooving from bra strap or skin irritation beneath breast; and
- The medical need to remove 350g per breast more than; and
- Normal mammogram within the last twelve (12) months is required for those aged forty (40) and over.

18. Optional Specialist and Diagnostic Tests Benefit

You are only covered for this optional benefit if it is included on the **Policy Schedule**.

The maximum **Specialist** benefit payable per **Life Assured** is \$3,000 per annum.

The **Specialist** benefit will cover the costs of any **Specialist** consultations, subject to the exclusions described elsewhere in this protection benefit sheet, which have been recommended by an appropriate registered medical practitioner and which do not form part of the costs associated with the **Base Plan**.

Where the specialist consultation is with one (1) of the following alternative providers a maximum of ten (10) sessions per life assured per policy year will apply, subject to the overall specialist and diagnostic tests benefit maximum of \$3,000

- Registered Osteopath
- Registered Naturopath
- Registered Homeopath
- Registered Chiropractor
- Registered Acupuncturist

The maximum diagnostic tests benefit payable per **Life Assured** is \$3,000 per annum.

The diagnostic tests benefit will cover the costs of any specific diagnostic procedures, subject to the exclusions described elsewhere in this protection benefit sheet, which have been recommended by an appropriate registered medical practitioner and which do not form part of the costs associated with the **Base Plan**.

19. Public Hospital Cash Grant Benefit

The maximum **Public Hospital** cash grant payable is \$300 per night for up to a maximum of ten (10) nights per admission.

The **Public Hospital** cash grant will apply where the **Life Assured** is admitted to a **Public Hospital** as a non-private fee paying patient, and where the admission lasts for more than three (3) nights. The benefit will be payable for each extra night after the third night, subject to the exclusions described elsewhere in this protection benefit sheet.

No excess applies to this **Public Hospital** cash grant.

20. Funeral Support Benefit

OnePath recognises that there will be immediate expenses associated with the death of a **Life Assured**. In order to assist with these expenses **OnePath** will pay a funeral support benefit of \$3,000 immediately upon written notification of the death of a **Life Assured** who is older than ten (10) years. Where the **Life Assured** is ten (10) years or younger than **OnePath** will pay a funeral support benefit of \$2,000 immediately upon written notification of their death

No excess applies to this funeral support benefit. The funeral support benefit will be payable if the death was caused by an acute condition.

21. Loyalty Benefits

OnePath will cover the cost of a sterilisation procedures occurring after two (2) years from the **Commencement Date** including vasectomies and female sterilisation procedures including but not limited to tubal ligation and hysteroscopic sterilisation. This includes procedures performed by General Practitioner's specialising in sterilisation.

22. Claim Proofs

OnePath has no obligation to pay any claim under this major medical cover benefit until it has received all information it requires to assess the claim and is satisfied that the **Life Assured** fulfils the relevant criteria.

Pre-approval of a medical treatment or procedure is encouraged by **OnePath**. If a **Life Assured** has been referred for a medical test or procedure, they can apply to **OnePath** for pre-approval of the costs involved. If **OnePath** approves the procedure or treatment then a pre-approval letter will be provided to the **Life Assured** and **OnePath** will automatically pay the costs less the excess to the treatment supplier upon receipt of the pre-approved medical bills.

Where pre-approval has not been sought, **OnePath** will need to assess the validity of any claim made before any claim can be paid. To allow this process to be completed **OnePath** will require the information listed below and any other information **OnePath** deems necessary:

- Copies of the medical bills to be reimbursed; and
- Details of any other payments or benefits which the **Life Assured** is eligible to receive from any other persons or organisations as a result of the same medical bills; and
- Proof (acceptable to **OnePath**) of the death of a **Life Assured** if claiming under the funeral support benefit; and
- Proof (acceptable to **OnePath**) of the surgery being completed if claiming under the medical tourism benefit.

Depending on the individual circumstances surrounding each claim, **OnePath** may also request any other additional claim proof that it determines, at its sole discretion, is necessary to complete its assessment of the claim. From time to time **OnePath** may learn of a **Specialist** or medical practitioner whose methods may not be consistent with what is, in **OnePath**'s sole opinion, commonly regarded as good medical practice. If, as a result of this, **OnePath** does not approve of a **Specialist** or medical practitioner from whom the **Life Assured** has obtained his/her diagnosis of the condition or a recommended treatment option on which a claim is based, **OnePath** can require that the **Life Assured** obtain a second diagnosis or recommended treatment option from another **Specialist** or medical practitioner approved by **OnePath**.

23. Exclusions

OnePath will not pay any claim if a medical condition is either directly or indirectly caused by or results from any of the following:

- Self-inflicted harm including attempted suicide, alcohol or drug abuse; or
- Pregnancy or complications arising from the pregnancy unless complications last more than ninety (90) days after the end of the pregnancy; or
- Participating in a criminal act; or
- HIV and related conditions including AIDS; or
- Mental disease or disorder, developmental delay or psychiatric conditions; or
- Geriatric conditions or senility; or
- **Congenital Conditions** or
- War, whether declared or not, civil war, participation in any armed force or peacekeeping activities resulting from an act of war or terrorism.

OnePath will also not pay any claim for any of the following costs or related costs:

- Acute admission to a **Public Hospital** or **Private Hospital**; or
- **Cosmetic** surgery or procedures; or
- Weight Reduction Surgery, unless the Optional Major Medical Deluxe Benefit is shown in the policy schedule; or
- General practitioner's costs except if specifically included, or
- Dentists costs; or
- Prescription costs except those covered under the surgical and non-surgical hospitalisation benefits outlined in Clause 5 (Surgical Hospitalisation Benefit) and Clause 6 (Non-Surgical Hospitalisation Benefit) of this protection benefit sheet; or

- Costs incurred outside of New Zealand and Australia except those specifically detailed in Clause 13 (Overseas Treatment Benefit), Clause 14 (Overseas Waiting List Benefit) and Clause 15 (Medical Tourism Benefit) of this protection benefit sheet; or
- Contraception of any kind; or
- Treatment provided by a **Public Hospital** except under the public hospital cash grant detailed in Clause 17 (Public Hospital Cash Grant) of this protection benefit sheet or unless protocols for a **Private Hospital** set by the Ministry of Health for the treatment of private patients in **Public Hospitals** have been followed; or
- Surveillance or Routine Screening: An investigation or procedure undertaken when the **Life Assured** has no signs or symptoms and is undertaken to screen for early detection of diseases, except for follow-up investigations and/or diagnostics procedures that are undertaken to enable early detection of the re-occurrence of a **Non-acute Medical Condition** for which **OnePath** has previously accepted a claim; or
- Prophylactic and Preventative procedures: A procedures undertaken to reduce the risk of or prevent disease from occurring.
- Infertility investigations and treatment of any kind; or
- Sterilisation costs incurred within two (2) years of the **Commencement Date** of this major medical cover benefit; or
- Medical costs which are covered by ACC; or
- Laser eye surgery; or
- Any treatment which has not been approved by the Minister of Health or someone delegated by the Minister of Health to make such decisions for marketing in New Zealand; or
- Any treatment which is not recognised as the appropriate treatment for **Non-acute Medical Conditions**, in the sole opinion of **OnePath**.

OnePath will also not pay any funeral support benefit claim if a **Life Assured** dies as a direct or indirect result of self-inflicted harm including suicide or attempted suicide that occurs within the first thirteen (13) months following the date this major medical cover benefit commenced. If the policy is cancelled and subsequently re-started by you then this thirteen (13) month suicide exclusion will also re-apply from the effective date of the policy reinstatement.

The terms and conditions of this Major Medical protection benefit may be changed by **OnePath** at any time by giving you not less than thirty (30) day's written notice. For the avoidance of any doubt, unless your policy includes the Optional Major Medical Deluxe Benefit, if you or any **Life Assured** makes a claim in relation to the Major Medical protection benefit, the terms and conditions applying to the Major Medical protection benefit (as amended) will apply to your claim notwithstanding the original terms and conditions of the Major Medical protection benefit at the time your policy was issued.