

Protection Benefit Sheet

Private Medical Cover

1. Introduction

You must read this Protection Benefit Sheet, the **Policy Schedule** and this **Partners Life** policy document together as one (1) document. All benefits provided under this Protection Benefit Sheet apply only whilst this Private Medical Cover remains current, has not ceased and has not been cancelled for any reason.

2. Life Assured

The lives assured for the Private Medical Cover and the excesses and optional benefits that apply to those lives assured are detailed in the **Policy Schedule**.

3. Benefits Under This Policy

3.1 When is Private Medical Cover Paid

A Private Medical Cover benefit is paid if a life assured incurs costs associated with a **Medical Treatment** and **Partners Life** accepts the claim.

The amount **Partners Life** will pay will be the actual costs incurred up to the defined maximums outlined in this Protection Benefit Sheet and reduced by the excess outlined below.

If, in the sole opinion of **Partners Life**, the costs incurred appear excessive compared to what is usual for the particular **Medical Treatment**, then **Partners Life** will only pay the usual, customary and reasonable costs for that **Medical Treatment**.

3.2 The Benefit Maximums

Where a benefit is subject to a maximum, the benefit maximum will apply to the applicable costs incurred within the policy year during which the **Medical Treatment** was undertaken. If costs (less any excess) reach the benefit maximum in any one (1) policy year, Partners Life will not reimburse any further costs associated with that **Medical Treatment**.

3.3 The Excess

The excess you have chosen is detailed in the **Policy Schedule**. The excess will be deducted from the total costs (excluding costs covered under the Optional Specialists and Tests Benefit) relating to any one (1) life assured during any one (1) policy year. For the purposes of this excess definition one (1) policy year means at least a twelve (12) month period has passed since the last excess was deducted by Partners Life for any claim relating to the life assured.

There are a number of benefits provided under Private Medical Cover which are not subject to an excess. In these circumstances the excess will not be deducted from the amount payable.

If you are covered for the Optional Specialists and Tests Benefit, there is also an excess for this benefit which is detailed in the **Policy Schedule** and that will apply to this optional benefit separately to any excess detailed above. The Optional Specialists and Tests Benefit excess will be deducted from the total specialists and tests costs relating to any one (1) life assured during any one (1) policy year. For the purposes of this excess definition one (1) policy year means at least a twelve (12) month period has passed since the last Optional Specialists and Tests Benefit excess was deducted by Partners Life for any specialists and tests claim relating to the life assured.

3.3.1 Multiple Policy Excess Benefit

Where a portion of your medical costs have been recovered from another medical insurance policy (excluding **ACC**), and the residual amount is claimable under this Partners Life Private Medical Cover, then the excess payable under this Private Medical Cover will also be reduced by the amount recovered up to a maximum of the excess.

3.4 Australasian Coverage

Private Medical Cover also reimburses medical costs which are incurred in Australia. The amount of reimbursement will be the usual, customary and reasonable costs which would be payable in New Zealand for the same **Medical Treatment** 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.

3.5 Outside of Australasia Coverage

Private Medical Cover does not reimburse costs for any medical expenses incurred outside of New Zealand or Australia except as specified under Clause 4.4 Overseas Benefits of this Protection Benefit Sheet. However, if you require **Medical Treatment** whilst outside of New Zealand or Australia and you return to New Zealand or Australia for treatment, those costs which are incurred in New Zealand or Australia are covered under Private Medical Cover.

4. Medical Treatments

Private Medical Cover provides the following benefits for reimbursement of medical costs subject to the exclusions outlined elsewhere in this Protection Benefit Sheet.

4.1 Surgical Benefit

Private Medical Cover reimburses the cost of surgery requiring an anaesthetic in an approved private hospital or in an approved private day-stay facility.

The types of surgery covered under this Surgical Benefit include (but are not limited to):

- General surgery; and
- Cardiac surgery; and
- Otolaryngological surgery; and
- Urological surgery; and
- Gynaecological surgery; and
- Ophthalmological surgery (not including laser eye surgery); and
- Orthopaedic surgery; and
- Peripheral vascular surgery; and
- Non-cosmetic plastic surgery required to treat or cure an underlying medical condition; and
- Breast reconstruction following surgery to remove cancer irrespective of the length of time between the initial surgery and the resulting reconstruction; and
- Oral surgery by an **Oral Surgeon** and the removal of unerupted and/or impacted teeth performed by a registered dentist; and
- Weight reduction surgery (not including liposuction) where it is medically required to treat or cure comorbid factors; and
- Non-cosmetic outpatient surgery performed by a **Specialist** or approved **Medical Doctor**; and
- Sterilisation procedures occurring at least two (2) years after the commencement date; and
- Any alternative, less invasive, procedure which, in **Partners Life's** sole opinion, replaces surgery as the most suitable method of treatment for any condition for which **Partners Life** would otherwise agree to accept a surgical claim for.

The Surgical Benefit will cover the following costs associated with the surgery:

- Surgeon's and anaesthetist's fees; and
- Operating theatre fees; and
- Surgical nursing costs; and
- **Private Hospital** accommodation fees; and
- Prostheses required as a result of the surgery; and
- Scans and x-rays undertaken during surgery; and
- Surgical sundries including intravenous fluids, irrigating solutions, dressings and drugs used during surgery; and
- **Diagnostic Procedures** undertaken within six (6) months immediately prior to the surgery provided they relate to the surgery and they have been recommended by a **Specialist**; and

- **Specialist** consultations that occur within six (6) months immediately before and/or after the surgery and which were directly related to the surgery; and
- Hyperbaric oxygen therapy expenses incurred within the six (6) months immediately before and/or after the surgery and which were directly related to the surgery; and
- Prescriptions which are required for a maximum period of six (6) months immediately following the surgery and which are directly related to the surgery; and
- Follow-up tests undertaken in the six (6) months immediately following the surgery provided they are directly related to the surgery; and
- Postoperative physiotherapy for a maximum period of six (6) months immediately following the surgery provided it is directly related to the surgery.

4.1.1 Benefit Maximum

Partners Life will pay up to \$300,000 per life assured per policy year for the Surgical Benefit.

4.2 Non-surgical Benefit

4.2.1 Private Hospital Benefit

Partners Life will reimburse the costs incurred where the life assured has been admitted to a **Private Hospital** on the recommendation of a **Specialist** or an approved **Medical Doctor**.

The Private Hospital Benefit will cover the following costs associated with the admission:

- **Private Hospital** accommodation fees; and
- In hospital nursing costs; and
- Scans and x-rays undertaken during admission; and
- Sundries including intravenous fluids, irrigating solutions, dressings and drugs required during admission; and
- **Diagnostic Procedures** undertaken within six (6) months immediately prior to the admission provided they relate to the admission and they have been recommended by a **Specialist**; and
- **Specialist** consultations that occur within six (6) months immediately before and/or after the admission and which were directly related to the admission; and
- Hyperbaric oxygen therapy expenses incurred within six (6) months immediately before and/or after the admission and which were directly related to the admission; and
- Prescriptions which are required for a maximum period of six (6) months immediately following the admission and which are directly related to the admission; and
- Follow-up tests undertaken in the six (6) months immediately following the admission provided they are directly related to the admission; and
- Post-admission physiotherapy for a maximum period of six (6) months immediately following the admission provided it is directly related to the admission.

4.2.2 Serious Illness Benefit

Partners Life will reimburse the costs incurred where the life assured requires drug or radiotherapy treatment where those costs are not covered under the Surgical and Private Hospital Benefits and where the treatment is required in order to arrest or cure a condition that represents a serious and imminent threat to life, such as cancer. The Serious Illness Benefit does not provide coverage for chronic conditions which do not pose a serious or imminent threat to life; and which are typically medically managed or controlled rather than having an expectation of being able to be arrested or cured; and/or for which treatment is typically required indefinitely. The treatment must be recommended as necessary by a **Specialist**.

The Serious Illness Benefit will cover the following costs associated with the treatment:

- **Diagnostic Procedures** undertaken within six (6) months immediately prior to the diagnosis of the serious illness provided they relate to the serious illness and they have been recommended by a **Specialist**; and
- **Specialist** consultations that occur within six (6) months immediately before the diagnosis of the serious illness and which were directly related to the serious illness; and
- Hyperbaric oxygen therapy expenses incurred in the six (6) months immediately following the diagnosis of the serious illness and which were directly related to the serious illness; and

- Approved private outpatient clinic costs directly associated with the administration of chemotherapy agent(s) and radiotherapy which are used in a cycle of treatment for the serious illness and which are administered outside of a public health facility; and
- The costs of the health service provider required to administer these treatments; and
- Prescriptions which are required for the treatment of the serious illness; and
- Follow-up **Specialist** consultations which occur following the diagnosis of the serious illness provided they are directly related to the serious illness. Costs are covered up until the serious illness is considered to be cured or in remission, whichever is applicable; and
- Follow-up tests undertaken following the diagnosis of the serious illness provided they are directly related to the serious illness. Costs are covered up until the serious illness is considered to be cured or in remission, whichever is applicable.

4.2.3 Benefit Maximum

Partners Life will pay up to \$300,000 per life assured per policy year for the Non-surgical Benefit.

4.3 Major Diagnostic Benefit

Private Medical Cover will reimburse the costs of the following **Diagnostic Procedures**, which have been recommended by a **Specialist** or an appropriate **Medical Doctor**, and which have not occurred in relation to a surgery, private hospital admission or diagnosis of a serious illness.

The referral for a diagnostic test must be for the purposes of reaching a diagnosis of a medical condition. Surveillance or screening testing due to family history or other causes, is not included.

If any of these diagnostic tests result in a surgery, admission to an approved **Private Hospital**, or treatment of a serious illness within the six (6) months immediately following the diagnostic test, the cost of the diagnostic tests will be included within the Surgical or Non-Surgical Benefits for the purposes of the benefit maximums.

The Major Diagnostic Benefit will reimburse the costs of the following tests:

- MRI Scans; and
- CT Scans; and
- Arthroscopy; and
- Laparoscopy; and
- Dilation & Curettage; and
- Cystoscopy; and
- Myelogram; and
- Hysteroscopy; and
- Angiogram; and
- Colonoscopy; and
- Nuclear Stress Test; and
- PET Scans; and
- Cholescintigraphy; and
- Gastroscopy.

The excess applied for claims under the Major Diagnostic Benefit will be the lesser of the excess detailed in the **Policy Schedule** or \$250.

4.3.1 Benefit Maximum

Partners Life will pay up to \$200,000 per life assured per policy year for the Major Diagnostics Benefit.

4.4 Overseas Benefits

4.4.1 Overseas Waiting List Benefit

If the life assured requires **Medical Treatment** which is able to be provided privately within New Zealand but cannot be provided within six (6) months of the recommended time as a direct result of insufficient medical resources, the Overseas Waiting List Benefit will reimburse the costs associated with the life assured obtaining the required treatment outside of New Zealand.

The amount of reimbursement for treatment costs will be limited to the usual, customary and reasonable costs which would be payable in New Zealand for the same treatment or procedure. In addition **Partners Life** will pay for the transport costs to and from the treatment destination for the life assured and one support person (limited to the lowest cost option available to reach the treatment destination).

The benefit maximums that apply to this Overseas Waiting List Benefit will be those that apply to the Surgical or Non-Surgical Benefits, whichever is applicable to the treatment that is required.

Partners Life will determine, at its sole discretion, the country to which the life assured can travel for the required **Medical Treatment**.

4.4.2 Overseas Treatment Benefit

If the life assured is recommended a **Medical Treatment** by a **Specialist** which is recognised by **Partners Life** as a conventional form of treatment and which is not available within New Zealand at all (either publicly or privately), the Overseas Treatment Benefit will reimburse the costs associated with the life assured obtaining the required treatment outside of New Zealand.

The required **Medical Treatment** must be accepted for funding by the Ministry of Health under the 'Medical Treatment Overseas Scheme'. You must provide evidence of the Ministry of Health's acceptance to partially fund the treatment and of the amount which they will pay.

The amount of reimbursement will be the actual costs of the treatment or procedure plus the transport costs to and from the treatment destination for the life assured and one support person (limited to the lowest cost option available to reach the treatment destination), less the amount payable by the Ministry of Health.

Partners Life will pay up to \$30,000 per life assured per policy year under the Overseas Treatment Benefit.

4.4.3 Medical Tourism Benefit

If the life assured is recommended a **Medical Treatment** by a **Specialist** which is available within New Zealand within the six (6) months following recommendation and a claim for that treatment is pre-approved by **Partners Life**, you can elect at your sole option, 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 maximum of 75% of the usual customary and reasonable costs which would have been incurred for the **Medical Treatment**, excluding complications, had that treatment been undertaken in New Zealand. This maximum applies per life assured per policy year.

Partners Life will include the following costs in the reimbursement amount subject to the maximum detailed above:

- Treatment costs for the life assured; and
- Accommodation costs for the life assured and one (1) support person; and
- Ordinary public transport costs to and from the destination for the life assured and one support person.

It is important you understand that while **Partners Life** is willing to accommodate you if you wish to combine medical treatment with overseas travel, **Partners Life** will not accept responsibility for any complications that might arise as a result of the treatment undertaken at your choice of overseas destination, except where the treatment costs for these complications coupled with the other costs listed above remain below the 75% limit detailed above. As a result the following three exclusions will apply specifically to this Medical Tourism Benefit in addition to the exclusions detailed elsewhere in this Protection Benefit Sheet:

Partners Life will not pay for the following costs, except where the total of all costs including these costs is below the 75% limit 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.

4.4.4 Return to Home Benefit

Partners Life will pay a Return to Home Benefit if the life assured has been working outside of New Zealand or Australia for more than three (3) consecutive months and then suffers a condition which requires **Medical Treatment** for which the life assured wishes to return to New Zealand or Australia to undertake; and **Partners Life** has accepted the claim.

- The Return to Home Benefit will reimburse the cost of a standard economy flight back to New Zealand or Australia for you and one (1) support person.
- You will need to provide evidence of the transport costs satisfactory to **Partners Life** before a claim under the Return to Home Benefit will be paid.
- In total the maximum we will pay over the life of the policy under the Return to Home Benefit is \$10,000.

4.5 Non-Pharmac Subsidised Drugs Benefit

Partners Life recognises that purchasing private medical cover should allow the life assured to access the most effective treatment available, irrespective of whether that treatment qualifies for a government (or quasi-government) subsidy, such as **Pharmac** funding.

As a result, Private Medical Cover reimburses the costs of all drugs registered by **Medsafe** for use in New Zealand where:

- The treatment is prescribed by a **Specialist** as being the appropriate **Medical Treatment** for the condition; and
- The treatment(s) and/or condition(s) are covered elsewhere in this Protection Benefit Sheet; and
- The drug is being prescribed within the guidelines set by **Medsafe**.

Partners Life will cover the costs of these drugs over and above any government (or quasi-government) subsidy. All costs under this Non-Pharmac Subsidised Drugs Benefit are included within the benefit maximums that apply to the Surgical and Non-Surgical Benefits, whichever is applicable for the required treatment.

5. Additional Benefits Under This Policy

5.1 Children's Coverage

Any children of the life assured are automatically covered for the first three (3) months after they are born, at no charge. If you require coverage for children after this three (3) month period and you advise **Partners Life** of the child's name, gender and date of birth before this three (3) month period ends, cover will continue without any health assessment.

If you do not advise **Partners Life** of these details within the three month period, coverage will automatically end as soon as the child reaches three (3) months of age. Cover can then be added again at a later date upon application to **Partners Life**. Any such application for cover will then be subject to **Partners Life** normal health assessment.

A premium will be payable for any children added. **Partners Life** will advise you what the new total premium payable will be.

Children may remain covered under this Private Medical Cover benefit for as long as you continue to pay the required **Protection Premium**, irrespective of their age.

If a child covered under this Private Medical Cover benefit wishes to convert their cover to a **Partners Life Private Medical Cover** policy (or equivalent) of their own, they may do so by writing to **Partners Life**. Their Private Medical Cover benefit will be converted to the new policy on the same acceptance terms as apply to their existing cover and on either, the terms and conditions that applied to their existing cover at the date of conversion, or the current policy terms and conditions that apply at the date of conversion; whichever is more favourable to them.

5.2 **Public Hospital Cash Grant**

The Public Hospital Cash Grant is payable if the life assured is admitted to a **Public Hospital** as a non-private fee paying patient, and the admission lasts for more than three (3) nights. The benefit will be payable for each extra night of admission after the third night.

The maximum Public Hospital Cash Grant payable is \$300.00 per night for up to a maximum of ten (10) nights.

No excess applies to this Public Hospital Cash Grant.

5.3 **Home Nursing Care Benefit**

The Home Nursing Care Benefit will reimburse all costs incurred for home nursing care recommended as necessary by a **Specialist** and provided by a registered nurse. The home nursing care must be required following treatment provided under the Surgical or Non-Surgical Benefits outlined in this Protection Benefit Sheet

The maximum Home Nursing Care Benefit payable per life assured is \$300.00 per day for up to a maximum of ten (10) days.

No excess applies to this Home Nursing Care Benefit.

5.4 **Support Person Accommodation Grant**

The Support Person Accommodation Grant is payable where, on the recommendation of an appropriate **Specialist** or **Medical Doctor**, 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.

The maximum Support Person Accommodation Grant payable per life assured is \$300.00 per day for up to a maximum of ten (10) days.

No excess applies to this Support Person Accommodation Grant.

5.5 **Support Person Transfer Benefit**

The Support Person Transfer Benefit is payable, where on the recommendation of an appropriate **Specialist** or **Medical Doctor**, 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.

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

No excess applies to this Support Person Transfer Benefit.

5.6 **Transfer Costs Benefit**

If the required treatment is not available within the life assured's local community then **Partners Life** will reimburse the air or road ambulance costs associated with transferring the life assured to or from the nearest appropriate **Private Hospital** within New Zealand.

No excess applies to this Transfer Costs Benefit.

5.7 Waiver of Premium Benefit

If a life assured dies between the ages of 21 and 70 then **Partners Life** will refund the Private Medical Cover Protection Premiums for all surviving lives assured for the following three (3) years, or until the oldest surviving life assured reaches age 70, whichever is the earlier.

Other terms

- The Waiver of Premium Benefit starts from the next premium payment date following the date of death; and
- **Protection Premiums** paid by you will be refunded on each anniversary date of the benefit start date up until and including the benefit expiry date as defined above; and
- Once the Waiver of Premium Benefit ends, the Private Medical Cover Protection Premiums for all remaining lives assured must be paid by you.

No excess applies to the Waiver of Premium Benefit.

5.8 Funeral Support Benefit

Partners Life recognises that there will be immediate expenses associated with the death of a life assured. In order to assist with these expenses **Partners Life** will pay a Funeral Support Benefit of \$3,500 immediately upon receiving written notification of the death of a life assured who is older than ten (10) years old. Where the life assured is ten (10) years old or younger, **Partners Life** will pay a Funeral Support Benefit of \$2,000 in accordance with legislative limitations.

No excess applies to this Funeral Support Benefit.

A Funeral Support Benefit is not payable where a Medical Misadventure Benefit has previously been paid for the life assured.

5.9 Medical Misadventure Benefit

Partners Life will pay a Medical Misadventure Benefit if, during the course of any medical procedure or treatment in a **Public** or **Private Hospital**, the life assured dies as a direct consequence of any erroneous or negligent action, omission or failure to observe reasonable and customary standards by a **Care Provider** of the **Hospital**, provided:

- The death occurs within 30 days of such a recorded and proven incident; and
- A public admission of such an incident and liability is accepted by the **Public** or **Private Hospital** and verified and confirmed by the relevant government authority, a court of law, coroner's inquest or the Medical Council.

The Medical Misadventure Benefit is \$30,000 per life assured.

No excess applies to the Medical Misadventure Benefit.

Partners Life will deduct any Funeral Support Benefit previously paid for a life assured from the Medical Misadventure Benefit.

5.10 Hospice Benefit

The Hospice Benefit will apply where the life assured is admitted to a **Hospice** and the admission lasts for more than three (3) nights. The benefit will be payable for each extra night of admission after the third night.

The Hospice Benefit payable is \$300.00 per night for up to a maximum of ten (10) nights per admission. The maximum payable per annum under the Hospice Benefit is \$3,000.

No excess applies to the Hospice Benefit.

5.11 Second Opinion Benefit

If a life assured has received a diagnosis or been recommended a treatment plan by a **Specialist** which is covered under this Private Medical Cover benefit and they wish to consult an alternative **Specialist** to obtain a second opinion, **Partners Life** will cover the costs of the second opinion consultation up to a maximum of \$4,000 per annum.

No excess applies to the Second Opinion Benefit.

5.12 Excess Waiver Benefit

If a life assured suffers one (1) or more of the conditions listed below and as a result are admitted to a **Private Hospital** or to a **Public Hospital** as a private fee paying patient, **Partners Life** will waive any excess.

The conditions are:

Heart Attack

Means a diagnosis has been made that part of the heart muscle has died due to the lack of blood supply to the heart muscle.

The diagnosis must be based on a combination of tests, medical evidence or specialist opinion which would generally be recognised by Cardiology Specialists as being appropriate for the purpose of determining whether death of part of the heart muscle has occurred.

Lesser acute coronary syndromes including unstable angina and acute coronary insufficiency are excluded.

Stroke

Means the suffering of a stroke as a result of a cerebrovascular event. There must be clear evidence on a CT, MRI or equivalent scan that a stroke has occurred and there is evidence of either:

- Infarction of brain tissue; or
- Intracranial or subarachnoid haemorrhage.

Cerebral symptoms due to transient ischaemic attacks, migraine, cerebral injury resulting from trauma or hypoxia and vascular disease affecting the eye, optic nerve or vestibular functions are excluded.

Coronary Artery Surgery

Means the actual undergoing of Coronary Artery Bypass Grafting to correct or treat coronary artery disease.

Critical Cancer

Means the presence of one (1) or more malignant tumours including melanoma, leukaemia, lymphoma and Hodgkin's disease which are characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue.

The following tumours are excluded:

- Tumours showing the malignant changes of carcinoma in situ (including cervical dysplasia CIN-1, CIN-2 and CIN-3) or which are histologically described as premalignant or non-invasive unless they result in **Radical Surgery**, chemotherapy or radiotherapy, provided that treatment is considered appropriate and necessary; or
- All non-melanoma skin cancers, unless there is evidence of metastases; or
- Malignant melanoma of less than 1.0mm using the Breslow method as determined by histological examination (or if a Breslow rating is unavailable, then malignant melanoma of less than Clarks Level 3), unless there is evidence of ulceration; or
- Prostatic cancers which are histologically described as:
 - TNM Classification T1; or
 - Gleason Score of 5 or less; unless

- they result in **Radical Surgery** or **Major Treatment**; and
- Chronic Lymphocytic Leukaemia less than Rai Stage I.
- Papillary and follicular carcinoma of thyroid, histologically diagnosed as T1a (tumour 1 cm or less in greatest dimension) unless existence of lymph node and/or distant metastasis.

The diagnosis of the condition must be made in writing by a **Specialist** and be based upon radiological, clinical, histological or laboratory evidence acceptable to **Partners Life**.

6. Loyalty Benefits

6.1 Sterilisation

After two (2) years **Protection Premiums** have been received for this **Protection Benefit**, **Partners Life** will cover the costs of sterilisation procedures (including those performed by a **Medical Doctor**), as a means of contraception.

Prior approval must be obtained from **Partners Life** prior to incurring any costs under this benefit.

Reversals of previous sterilisation procedures are specifically excluded.

7. Optional Benefits

7.1 Optional Specialist and Tests Benefit

If you have selected this option and it is shown in the **Policy Schedule**, **Partners Life** will cover the costs of **Specialist** consultations and **Diagnostic Procedures** which have been recommended by an appropriate **Medical Doctor** and which are not covered elsewhere in this Protection Benefit Sheet.

Obstetrician costs are included in this benefit where they are required due to complications of pregnancy. This coverage is provided until 90 days after the end of the pregnancy.

7.1.1 Benefit Maximum

The maximum Specialist and Tests Benefit payable per life assured is \$4,000.00 per annum for **Specialist** costs plus \$4,000 per annum for test costs.

For the purposes of this Specialists and Tests Benefit a **Specialist** can include the following:

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

An excess of \$250 per life assured per policy year applies to the Optional Specialists and Tests Benefit, irrespective of the excess outlined in the **Policy Schedule**.

8. How to Make a Claim

Partners Life may not pay any claim under the Private Medical Cover until **Partners Life** has received all the information **Partners Life** requires to assess the claim and is satisfied that the life assured fulfils the relevant criteria.

Partners Life would prefer the life assured applies for pre-approval prior to incurring costs. Pre-approval avoids the life assured discovering that they are not covered for the particular treatment or procedure, after they have already incurred the expense.

However, **Partners Life** also recognises obtaining pre-approval is not always possible if treatment is required within short time frames. **Partners Life** will, therefore, accept claims for reimbursement of already committed costs, provided they fall within the relevant criteria. The life assured needs to be aware of the risks associated with this approach.

To make a claim the life assured must fully complete the claim form, enclose the originals of estimated costs (for pre-approval) or all invoices and receipts (for reimbursement), and submit them to **Partners Life**, Private Bag 300995, Albany, Auckland 0752. We are able to commence the claims process if the required information is submitted by fax or email, however, no claims proceeds can be paid until the original signed claim form is received at the **Partners Life's** postal address or physical office.

The life assured must provide a full description of:

- The treatment undertaken; and
- The reason for the treatment; and
- The date of the treatment; and
- All medication required.

The life assured must also provide:

- Copies of the medical bills to be reimbursed; and
- Details of any other payments or benefits which they are eligible to receive from any other persons or organisations in relation to the same medical costs.

Partners Life reserves the right to require the life assured to undergo a medical examination or other reasonable tests in support of the claim.

Depending on the individual circumstances surrounding each claim, and at **Partners Life's** sole discretion, **Partners Life** may also request any other additional claim proof that it determines is necessary to complete its assessment of the claim. If the life assured needs assistance to complete the claim form, or we request a medical report to support the claim form, these will be at your expense. From time to time **Partners Life** may request additional information in order to assess a claim and in these circumstances, **Partners Life** will pay this expense.

Specific benefits under Private Medical Cover may require specific claims proofs. These are in addition to the completed claim form, and are listed below:

8.1 Home Nursing Care

All invoices and receipts presented to **Partners Life** for payment must show the qualifications of the home nurse, dates of each visit and the fees charged. A letter from an appropriate **Specialist** or **Medical Doctor**, confirming the need for and the required duration of home nursing care must also be submitted with the claim.

8.2 Public Hospital Cash Grant

The admission and discharge certificate from the hospital stating the reason for the admission, the date of the admission, and the date of the discharge is required to support the claim.

8.3 Waiver of Premium and Funeral Support Benefits

The original (or a certified copy of the) death certificate, or any similar documentation which is acceptable to **Partners Life**.

8.4 Referral by a Medical Doctor or Specialist

Where a benefit requires that a service or treatment must only be performed after referral, the name of the referring practitioner must be shown on the invoice or receipt provided to **Partners Life** for payment.

8.5 Excess Waiver Benefit

A written report from an appropriate **Specialist** which, in **Partners Life** sole opinion, confirms the diagnosis of one of the listed conditions.

9. Exclusions

Partners Life will not pay anything under this Private Medical Cover for:

- Treatments which are considered experimental or which, in **Partners Life** sole opinion, are not recognised as appropriate for the underlying medical condition; and
- General Practitioner, Dentist, Nurse, Occupational Therapist, Physiotherapist, Alternative Treatment Provider or any other non-**Hospital** or **Specialist** treatment provider costs (except where the contrary is expressly specified in this policy); and
- Prescription costs (except where the contrary is expressly specified in this policy); and
- Any health condition directly or indirectly related to the misuse of alcohol and/or prescription drugs; and
- Any health condition directly or indirectly related to the use of non-prescription drugs; and
- Any psychiatric health condition or any mental health disorder; and
- Any dental health condition (except where the contrary is expressly specified in this policy); and
- Senile illness or dementia; and
- Acquired immune deficiency syndrome (AIDS) or associated health conditions including human immunodeficiency virus (HIV) and related health conditions unless this was occupationally acquired or through a blood transfusion; and
- Any known **Congenital** health condition, whether it is inherited or due to external factors such as drugs or alcohol; and
- Any health condition arising as a consequence of war, invasion, act of foreign enemy, hostilities or warlike operations (whether war is declared or not), civil war, civil commotion, mutiny, rebellion, revolution, insurrection, act of terrorism, act of bio-terrorism, peace keeping duties, or military or usurped power; and
- Any acute health condition requiring emergency life saving intervention or treatment; and
- Any health condition arising as a consequence of a criminal offence committed by a life assured that results in a conviction under the Crimes Act; and
- Infertility, normal pregnancy and childbirth, caesarean sections, termination of pregnancy, erectile dysfunction, sterilisation, contraception or contraceptive procedures (except where the contrary is expressly specified in this policy); and
- Complications of pregnancy unless those complications have lasted for longer than 90 days after the end of the pregnancy (except where expressly specified otherwise in this policy); and
- Geriatric care, including geriatric hospitalisation or long term care; and
- Cosmetic procedures, prophylactic treatment or elective treatment which does not improve a life assured's physical health; and
- All forms of preventative treatment, for example (without limitation) vaccines, mole mapping, screening and surveillance procedures; and
- Any investigation and/or treatment for sleep disturbances, snoring or obstructive sleep apnoea; and
- Self-inflicted injuries or attempted suicide; and
- Costs related to an organ donation; and
- Any treatment for the correction of myopia (short sightedness), hypermetropia (long sightedness), or presbyopia (blurred vision) or any related complications; and
- Radial keratotomy or photorefractive keratectomy (such as laser or Lasik treatment) or any related complications; and
- Any costs incurred as a result of cancellation of treatment except where that cancellation is recommended as necessary, on medical advice; and
- Costs incurred outside of New Zealand (except where expressly specified otherwise in this policy); and
- Costs of after hours and other administration costs (e.g. faxing charges incurred between the prescribing doctor, specialist or pharmacy) associated with prescriptions; and
- Anything which is not medically necessary; and
- Anything that does not directly relate to the health condition including, for example (without limitation), hiring a TV, takeout meals or taxi fares unless otherwise stated in this policy; and
- Anything that can be recovered or is recoverable from a third party or government organisation or under any other contract of indemnity or insurance except where otherwise provided.

Partners Life will also not pay anything under this Private Medical Cover if the life assured is non-compliant with the **Medical Treatment** recommended as appropriate by a **Medical Doctor** or **Specialist** or if **Partners Life** has declined a claim under Clause 5.2 Non-Disclosure, Misstatement and Fraudulent/False Claims of this policy document.

Partners Life will also not pay any Funeral Support Benefit 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 13 months following the commencement date. If the policy is cancelled and subsequently restarted by you then this 13-month suicide exclusion will also reapply from the effective date of the policy reinstatement.

10. How to Contact Partners Life about Claiming a Benefit

You can call **Partners Life** on 0800 145 433 or your adviser to find out what to do in the event of a claim.

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