

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 and options provided under this Protection Benefit Sheet apply only during the **Cover Term**, whilst this Private Medical Cover remains current, has not ceased and has not been cancelled for any reason.

The words shown in bold in this Protection Benefit Sheet have the meaning described in Clause 11 (Definitions) of the **Partners Life** Policy Document.

2. Life Assured

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

3. Private Medical Cover Benefits

3.1 Payment of Private Medical Cover Benefits

Private Medical Cover pays a benefit 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 the life assured receives **Medical Treatment** within New Zealand, and 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 negotiate with the provider. Regardless of the outcome of the negotiations **Partners Life** will cover your costs ensuring you and the life assured remain un-impacted by our process.

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**.

For the purposes of The Benefit Maximums one (1) policy year means the twelve (12) month period from the commencement date or subsequent anniversary.

3.3 The Excess

The Excess selected for a life assured is detailed in the **Policy Schedule**. The excess will be deducted from the total costs (excluding costs covered under the Specialist and Tests Option, as a separate excess may apply to the Specialist and Tests Option) 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 a life assured is covered for the Specialist and Tests Option, the excess applicable to claims under the Specialist and Tests Option as detailed in the **Policy Schedule** is applicable and that will apply to the Specialist and Tests Option separately to any excess detailed above. The Specialist and Tests Option excess will be deducted from the total specialist and tests costs relating to any one (1) life assured during any one (1) policy year.

Where a life assured first undergoes a Major Diagnostic procedure and then incurs an excess under the Specialist and Tests Option the Specialist and Tests Option Excess payable, in regard to that life assured, will be reduced by any excess paid or payable for that life assured under Clause 4.4. (Major Diagnostic Benefit) during any one (1) policy year.

Where a life assured first incurs an excess under the Specialist and Tests Option and then undergoes a Major Diagnostic procedure the excess payable, in regard to that life assured, under Clause 4.4. (Major Diagnostic Benefit) will be reduced by any excess paid or payable under Specialist and Tests Option 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 Specialist and Tests Option excess was deducted by **Partners Life** for any specialist and tests claim relating to the life assured.

3.3.1 Multiple Policy Excess Benefit

Where a portion of the life assured's 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 4.9 (Overseas Benefits). However, if the life assured requires **Medical Treatment** whilst outside of New Zealand or Australia and returns 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 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
- 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 a long-standing evidenced history of comorbid factors by a **Specialist** which in **Partners Life's** sole opinion is deemed appropriate for the applicable 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 twelve (12) months immediately prior to the **Surgery** provided the **Diagnostic Procedure(s)** relate to the **Surgery** and have been recommended by a **Specialist**; and
- **Specialist** consultations that occur within twelve (12) months immediately before and/or after the **Surgery** and which were directly related to the **Surgery**. Where the **Surgery** concerned was to treat cancer, follow-up **Specialist** consultations are covered up until the cancer is considered to be cured or in remission, whichever is applicable; 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 twelve (12) months immediately following the **Surgery** provided the follow-up tests are directly related to the **Surgery**. Where the **Surgery** concerned was to treat cancer, follow-up tests costs are covered up until the cancer is considered to be cured or in remission, whichever is applicable; 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 Prophylactic Surgery Following Cancer Benefit

Private Medical Cover reimburses the cost of the below prophylactic surgical procedures, requiring an anaesthetic in an approved **Private Hospital** or in an approved private day-stay facility provided the relevant criteria below have been met.

A life assured has been diagnosed with

- Breast Cancer as well as tested positive for the BRCA 1 and/or BRCA 2 gene mutation and required a prophylactic mastectomy of the unaffected breast; or
- Cancer as well as Lynch Syndrome and required a prophylactic surgery;

And the prophylactic surgical procedures is recommended as necessary by an appropriate **Specialist**.

The Prophylactic Surgery Following Cancer Benefit is only payable in respect of a life assured if the positive gene test or associated disorder diagnosis occurred after the commencement of the Private Medical Cover for that life assured and is otherwise not excluded.

4.1.2 Reconstruction Benefit

Private Medical Cover reimburses the cost of reconstruction **Surgery** requiring an anaesthetic in an approved **Private Hospital** or in an approved private day-stay facility, where non-medically necessary Breast or other reconstruction is required as a result of:

- **Surgery** to remove cancer; or
- **Surgery** to arrest a life-threatening condition;

irrespective of the length of time between the initial **Surgery** and the resulting reconstruction.

The Reconstruction Benefit may include the cost of a unilateral breast reduction **Surgery** to achieve breast symmetry following **Surgery** to remove cancer, provided the symmetry is not achievable through the reconstruction of the affected breast, The Reconstruction Benefit may also include the cost of **Surgery** required in **Partners Life's** sole opinion to achieve symmetry or to retain function, provided the symmetry is not achievable through the reconstruction of the affected area.

No Reconstruction Benefit is payable as a direct or indirect result of intentional self-inflicted harm. The Reconstruction Benefit is only payable in respect of a life assured if the **Surgery** occurred after the commencement of the Private Medical Cover for that life assured and such **Surgery** is otherwise not excluded.

4.1.3 Benefit Maximum

Partners Life will pay up to \$600,000 per life assured per policy year for the Surgical Benefit (which includes the Reconstruction Benefit and the Prophylactic Surgery Following Cancer 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 twelve (12) months immediately prior to the admission provided the **Diagnostic Procedure(s)** relate to the admission and have been recommended by a **Specialist**; and
- **Specialist** consultations that occur within twelve (12) months immediately before and/or after the admission and which were directly related to the admission. Where the admission concerned was to treat cancer, follow-up **Specialist** consultations are covered up until the cancer is considered to be cured or in remission, whichever is applicable; 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 twelve (12) months immediately following the admission provided the follow-up tests are directly related to the admission. Where the admission concerned was to treat cancer, follow-up tests costs are covered up until the cancer is considered to be cured or in remission, whichever is applicable; 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 Benefit and Private Hospital Benefit 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 twelve (12) months immediately prior to the diagnosis of the serious illness provided the **Diagnostic Procedure(s)** relate to the serious illness and have been recommended by a **Specialist**; and
- **Specialist** consultations that occur within twelve (12) 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 and immunotherapy 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 the follow-up **Specialist** consultations 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 the follow-up tests 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 Non-Subsidised Drugs Benefit

Partners Life recognises that purchasing private medical insurance 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's cost is covered under the Surgical Benefit, Non-Surgical Benefit or Serious Illness Benefit; and
- The drug is being prescribed within the guidelines set by **Medsafe**; or
- The drug is being prescribed outside the guidelines set by **Medsafe**, the drug has significant research and clinical proof of effectiveness for the treatment of the condition in **Partners Life's** sole opinion.

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

4.4 Major Diagnostic Benefit

Private Medical Cover will reimburse the costs of the following **Diagnostic Procedures**, which have been recommended by an appropriate **Specialist** or **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 approved private day stay facility, or treatment of a serious illness as detailed under Clause 4.2.2 (Serious Illness Benefit) within the twelve (12) 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:

- Angiogram; and
- Arthroscopy; and
- Cardiovascular ultrasound; and
- Colonoscopy; and
- CT Scans; and
- Cystoscopy; and
- Dilation & Curettage; and
- Echocardiography; and
- Endoscopies including but not limited to Capsule Endoscopy; and
- Gastroscopy; and
- Hysteroscopy; and
- Laparoscopy; and
- MRI Scans; and
- Myelogram; and
- Myocardial perfusion scans; and
- Nuclear Stress Test; and
- PET Scans; and
- Scintigraphy; and
- Sigmoidoscopy.

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

4.4.1 Benefit Maximum

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

4.5 Serious Illness Dental Benefit

The Serious Illness Dental Benefit covers the cost of dental evaluation and/or treatment performed by an **Oral Surgeon** or a registered dentist, within six (6) months of chemotherapy treatment, radiotherapy treatment, or heart valve replacement surgery, being undertaken and where the dental evaluation and/or treatment;

- Is deemed necessary to prevent complications of the chemotherapy treatment, radiotherapy treatment, or heart valve replacement surgery; or
- Directly arises as a result of receiving the chemotherapy treatment, radiotherapy treatment, or heart valve replacement surgery; and
- The evaluation or treatment has been recommended by an appropriate **Specialist**; and
- **Partners Life** deems the dental evaluation and/or treatment to be appropriate.

4.5.1 Benefit Maximum

Partners Life will pay up to \$1,500 per life assured per policy year for the Serious Illness Dental Benefit.

4.6 Recovery Support Benefit

The Recovery Support Benefit covers the cost of recovery support treatments and/or consultations up to six (6) months after being discharged from a **Private Hospital** or an approved private day stay facility where the recovery support treatments and/or consultations directly relate to that medical condition, after referral by the treating appropriate **Specialist** and **Partners Life** deem the recovery support services appropriate.

4.6.1 Benefit Maximum

Partners Life will pay up to \$500 per life assured per admission for the Recovery Support Benefit.

4.7 Cancer Testing Benefit

The Cancer Testing Benefit covers the cost of genetic testing where:

- the life assured has been diagnosed with Cancer, and
- the testing is recommended by an appropriate **Specialist** to assist in identifying an appropriate treatment plan.

4.7.1 Benefit Maximum

Partners Life will pay up to \$10,000 per life assured per cancer diagnosis for the Cancer Testing Benefit.

4.8 Cancer Care Benefit

The Cancer Care Benefit covers the cost of counselling and/or support services such as lymphatic massage therapy after being discharged from a **Private Hospital** or an approved private day stay facility where the counselling or support services directly relate to Cancer, after referral by the treating appropriate **Specialist** and **Partners Life** deem the counselling or support services appropriate.

4.8.1 Benefit Maximum

Partners Life will pay up to \$500 per life assured per cancer diagnosis for the Cancer Care Benefit.

4.9 Cancer Support Benefit

The Cancer Support Benefit covers the cost of personal items such as wigs, hats, mastectomy bras after being discharged from a **Private Hospital** or an approved private day stay facility where the personal item(s) directly relate to the cancer diagnosis or treatment provided and **Partners Life** deem the personal item(s) as appropriate.

4.9.1 Benefit Maximum

Partners Life will pay up to \$1,000 per life assured per cancer diagnosis for the Cancer Support Benefit.

4.10 Overseas Benefits

4.10.1 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 (1) 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**.

4.10.2 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 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 (1) 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 \$60,000 per life assured per policy year under the Overseas Treatment Benefit.

4.10.3 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 seventy-five percent (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 (1) 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 seventy-five percent (75%) limit detailed above. As a result the following three (3) 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 seventy-five percent (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.

4.10.4 Return to Home Benefit

Partners Life will pay a Return to Home Benefit if a 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 the life assured 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.

5. Additional Benefits

5.1 Children's Cover Benefit

Any children of a life assured are automatically covered under this Private Medical Cover and any Options that apply to the life assured, for the first six (6) months after they are born, at no charge. If you require coverage for children after this six (6) month period and you advise **Partners Life** of the child's name, gender and date of birth before this six (6) month period ends, cover will continue without any health assessment.

If you do not advise **Partners Life** of these details within the six (6) month period, coverage will automatically end as soon as the child reaches six (6) months of age. The Private Medical Cover can then be added again at a later date by submitting an application to **Partners Life**. Any such application for cover will then be subject to **Partners Life** normal health assessment.

A **Protection 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 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 wishes to convert their Private Medical 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 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 Benefit**

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

The maximum Public Hospital Cash Benefit payable per admission per life assured is \$300 per night for up to a maximum of ten (10) nights.

No excess applies to this Public Hospital Cash Benefit.

5.3 **Public Hospital Credit Benefit**

Under the Public Hospital Credit Benefit **Partners Life** will reimburse twelve (12) months of a life assured's Private Medical Cover **Protection Premium** where a life assured receives treatment or undergoes a procedure in a **Public Hospital** that could otherwise be undertaken privately and would have been covered and paid for under this Private Medical Cover as detailed in Clause 4.1 (Surgical Benefit), Clause 4.2 (Non-Surgical Benefit) and Clause 4.4 (Major Diagnostics Benefit).

The life assured will only be eligible for the Public Hospital Credit Benefit if:

- As a result of **Medical Treatment** the life assured is required to stay in the **Public Hospital** for twenty-four (24) consecutive hours or more; and
- This Private Medical Cover for the life assured is not on a period of Premium Suspension.

No excess applies to this Public Hospital Credit Benefit.

Only one (1) Public Hospital Credit Benefit claim per life assured is permitted per twelve (12) months period and the Public Hospital Credit Benefit is limited to two (2) claims per life assured over the life of the policy.

5.4 **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 Clause 4.1 (Surgical Benefit) or Clause 4.2 (Non-Surgical Benefit).

The maximum Home Nursing Care Benefit payable per event per life assured is \$300 per day for up to a maximum of ten (10) days.

No excess applies to this Home Nursing Care Benefit.

5.5 **Support Person Accommodation Benefit**

The Support Person Accommodation Benefit is payable where, on the recommendation of an appropriate **Specialist** or **Medical Doctor**, a life assured requires **Medical Treatment**, as detailed in Clause 4.1 (Surgical Benefit), Clause 4.2 (Non-Surgical Benefit) and Clause 4.4 (Major Diagnostics Benefit) which is deemed necessary, but is only available outside of their **Residential Region** and a support person is required to accompany the life assured within New Zealand or within Australia.

The maximum Support Person Accommodation Benefit payable per event per life assured is \$300 per day for up to a maximum of ten (10) days.

No excess applies to this Support Person Accommodation Benefit.

5.6 Support Person Transport Benefit

The Support Person Transport Benefit is payable, where on the recommendation of an appropriate **Specialist or Medical Doctor**, a life assured requires **Medical Treatment**, as detailed in Clause 4.1 (Surgical Benefit), Clause 4.2 (Non-Surgical Benefit) and Clause 4.4 (Major Diagnostics Benefit) which is deemed necessary, but is only available outside of their **Residential Region** and a support person is required to accompany the life assured within New Zealand or within Australia.

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 Transport Benefit.

5.7 Accommodation Benefit

The Accommodation Benefit is payable at **Partners Life's** sole discretion where, on the recommendation of an appropriate **Specialist or Medical Doctor**, a life assured requires **Medical Treatment** as detailed in Clause 4.1 (Surgical Benefit), Clause 4.2 (Non-Surgical Benefit) and Clause 4.4 (Major Diagnostics Benefit) which is deemed necessary, but is only available outside of their **Residential Region** and the life assured is not admitted to a **Hospital**. The Accommodation Benefit is only payable for accommodation within New Zealand or within Australia.

The maximum Accommodation Benefit payable per event per life assured is \$300 per day for up to a maximum of ten (10) days.

No excess applies to this Accommodation Benefit.

5.8 Transport Benefit

The Transport Benefit is payable at **Partners Life's** sole discretion, where on the recommendation of an appropriate **Specialist or Medical Doctor**, a life assured requires **Medical Treatment** as detailed in Clause 4.1 (Surgical Benefit), Clause 4.2 (Non-Surgical Benefit) and Clause 4.4 (Major Diagnostics Benefit), which is deemed necessary, but is only available outside of their **Residential Region**. The Transport Benefit is only payable for transport within New Zealand or within Australia.

Partners Life will reimburse the actual transport costs of the life assured 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 Transport Benefit.

5.9 Transfer Costs Benefit

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

No excess applies to this Transfer Costs Benefit.

5.10 Waiver of Premium Benefit

If a life assured **Dies** or is diagnosed with a **Terminal Illness**, between the ages of twenty-one (21) and seventy (70) then **Partners Life** will waive 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 seventy (70), whichever is the earlier.

Other terms

- The Waiver of Premium Benefit starts from the next premium payment date following the date of death or diagnosis of a **Terminal Illness**; and
- **Protection Premiums** paid by you will be refunded on each anniversary date of the Waiver of Premium Benefit start date up until and including the Waiver of Premium 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.

5.11 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 \$10,000 immediately upon receiving written notification of the death of a life assured who is ten (10) years old or older. Where the life assured is under the age of ten (10) years old, **Partners Life** will pay a Funeral Support Benefit of \$2,000 in accordance with legislative limitations.

For the purpose of this Funeral Support Benefit a life assured includes a child (including an unborn child with a gestational age of at least twenty-four (24) weeks) up to and including six (6) months following their birth, who is the son or daughter of the life assured by way of birth or **Adoption** or is under the legal guardianship of the life assured at the time of death.

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.

5.12 Medical Misadventure Benefit

Partners Life will pay a Medical Misadventure Benefit if, during the course of any medical procedure or treatment in a **Public Hospital** 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 **Public Hospital** or **Private Hospital**, provided:

- The death occurs within thirty (30) days of such a recorded and proven incident; and
- A public admission of such an incident and liability is accepted by the **Public Hospital** 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.

5.13 **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) consecutive nights. The Hospice Benefit will be payable for each extra night of admission after the third (3rd) night.

The Hospice Benefit payable is \$300 per night for up to a maximum of ten (10) nights per admission. The maximum payable per policy year under the Hospice Benefit is \$3,000.

No excess applies to the Hospice Benefit.

5.14 **Second Opinion Benefit**

If a life assured has received a diagnosis or been recommended a treatment plan by an appropriate **Specialist** which is covered under this Private Medical Cover 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 \$5,000 per policy year.

No excess applies to the Second Opinion Benefit.

5.15 **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 approved private day stay facility, or treatment of a serious illness as detailed under Clause 4.2.2 (Serious Illness Benefit) **Partners Life** will waive any related excess for that life assured.

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

The conditions are:

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-I (1), CIN-II (2) and CIN-III (3)) or which are histologically described as premalignant or non-invasive unless they result in **Radical Surgery**, or adjuvant therapy such as immunotherapy, chemotherapy or radiotherapy, provided that treatment is considered appropriate and necessary by an appropriate **Specialist**; or
- All non-melanoma skin cancers, unless there is evidence of metastases; or
- Malignant melanoma which are less than 1.0 mm depth of invasion using the Breslow method, less than Clarks Level 3 and have no evidence of ulceration as determined by histological

- examination; 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**; or
- Chronic Lymphocytic Leukaemia less than Rai Stage I; or
- Papillary and follicular carcinoma of the thyroid, histologically diagnosed as TNM Classification T1a (tumour 1 cm or less in greatest dimension), unless existence of lymph node and/or distant metastasis.

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 an appropriate **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.

6. Loyalty Benefits

6.1 Sterilisation Benefit

After two (2) years of continuous cover under this Private Medical Cover in respect of a life assured **Partners Life** will cover the costs of sterilisation procedures for that life assured (including those performed by a **Medical Doctor**), as a means of contraception.

For the purposes of this Sterilisation Benefit continuous cover excludes any period of Premium Holiday and Policy Suspension. Prior approval must be obtained from **Partners Life** prior to incurring any costs under this Sterilisation Benefit.

No excess applies to the Sterilisation Benefit.

Reversals of previous sterilisation procedures are specifically excluded.

7. Options

All options listed below only apply if shown as selected in the **Policy Schedule** for the applicable life assured, and the appropriate premium associated with the option is being paid.

7.1 Specialist and Tests Option

If the Specialist and Tests Option is shown as selected in the **Policy Schedule** for a life assured, **Partners Life** will cover the costs of **Specialist** consultations and **Diagnostic Procedures**, for that life assured, 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 Specialist and Tests Option benefit where they are required due to complications of pregnancy. This coverage is provided until ninety (90) days after the end of the pregnancy.

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

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

7.1.1 Specialist Treatment Benefit

If the Specialist and Tests Option is shown as selected in the **Policy Schedule** for a life assured, **Partners Life** will reimburse the cost of **Medical Treatment** that has been recommended by an appropriate **Specialist**, but which is not surgical or related to a non-surgical admission, covered in this Protection Benefit Sheet. This **Medical Treatment** includes but is not limited to Intravitreal Eye Injections.

Intravitreal Eye Injections for the treatment of Age Related Macular Degeneration (AMD) are specifically excluded.

7.1.2 Benefit Maximum

The maximum payable per life assured under the Specialist and Tests Option is \$10,000 per policy year

An excess of \$250 per life assured per policy year applies to the Specialist and Tests Option, 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 Referral by an appropriate Specialist or Medical Doctor

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.

8.2 Home Nursing Care Benefit

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.

8.3 Public Hospital Cash Benefit and Public Hospital Credit Benefit

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

8.4 **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**.

8.5 **Excess Waiver Benefit**

A written report from an appropriate **Specialist** which, in **Partners Life** sole opinion, confirms the diagnosis of one (1) 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; or
- 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 Protection Benefit Sheet); or
- Prescription costs (except where the contrary is expressly specified in this Protection Benefit Sheet); or
- Any health condition directly or indirectly related to the misuse of alcohol and/or prescription drugs; or
- Any health condition directly or indirectly related to the use of non-prescription drugs; or
- Any psychiatric health condition or any mental health disorder; or
- Any dental health condition (except where the contrary is expressly specified in this Protection Benefit Sheet); or
- Senile illness or dementia; or
- 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; or
- Any known **Congenital** health condition, whether it is inherited or due to external factors such as drugs or alcohol; or
- 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; or
- Any acute health condition requiring emergency life saving intervention or treatment; or
- 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; or
- 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 Protection Benefit Sheet); or
- Complications of pregnancy unless those complications have lasted for longer than ninety (90) days after the end of the pregnancy (except where expressly specified otherwise in this Protection Benefit Sheet); or
- Geriatric care, including geriatric hospitalisation or long term care; or
- Cosmetic procedures, prophylactic treatment or elective treatment which does not improve a life assured's physical health; or

- All forms of preventative treatment, for example (without limitation) vaccines, mole mapping, screening and surveillance procedures; or
- Any investigation and/or treatment other than **Surgery** for sleep disturbances, snoring or obstructive sleep apnoea. However, for Private Medical Cover where the commencement date is prior to 9 May 2016 the first diagnosis of sleep disturbances, snoring or obstructive sleep apnoea must have occurred on or after 9 May 2016; or
- Self-inflicted injuries or attempted suicide; or
- Costs related to an organ donation; or
- Any treatment for the correction of myopia (short sightedness), hypermetropia (long sightedness), or presbyopia (blurred vision) or any related complications; or
- Radial keratotomy or photorefractive keratectomy (such as laser or Lasik treatment) or any related complications; or
- Any costs incurred as a result of cancellation of treatment except where that cancellation is recommended as necessary, on medical advice; or
- Costs incurred outside of New Zealand (except where expressly specified otherwise in this Protection Benefit Sheet); or
- Costs of after hours and other administration costs (e.g. faxing charges incurred between the prescribing doctor, **Specialist** or pharmacy) associated with prescriptions; or
- Anything which is not medically necessary; or
- 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 Protection Benefit Sheet; or
- 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 an appropriate **Specialist** or **Medical Doctor** or if **Partners Life** has declined a claim under Clause 5.2 (Non-Disclosure, Misstatement and Fraudulent/False Claims) of this **Partners Life** 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 thirteen (13) months following the commencement date. If the Private Medical Cover is cancelled and subsequently restarted then this thirteen (13) month suicide exclusion will also reapply from the effective date of the Private Medical Cover reinstatement.

10. How to Contact Partners Life about Claiming

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