

AB Assurance Extra

Major Medical Cover

What is Major Medical Cover?

Major Medical Cover is an insurance that reimburses you for major medical expenses such as private hospital care or surgery.

Why do you need Major Medical Cover?

- it provides access to a private hospital and the treatment of your choice
- there is less financial pressure because bills are taken care of
- it eliminates waiting list delays that you may experience in the public health system
- you are covered for unknown health issues that may arise in the future

How does it work?

Major Medical Cover starts with a Base Plan. You can then choose from a range of options over and above the Base Plan and tailor your Major Medical Cover to your needs and budget.



- Optional Specialists and Tests Benefit
- · Optional Major Medical Deluxe Benefit
- · Major Medical Cover (Base Plan)

You must have the Base Plan to access the Optional Major Medical Deluxe Benefit or Optional Specialists and Tests Benefit.

Major Medical Cover overview

Entry criteria:



Minimum entry **age 0**Maximum entry **age 70**

Cover term:



There is no expiry age

Excess options:

Base Plan and Optional Major Medical Deluxe Benefit Excess Options:	Nil	\$250	\$500	\$1,000	\$2,000	\$5,000
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Specialist and Tests
Benefit Excess Option:

\$250

Base Plan and Optional Major Medical Deluxe Benefit

The excess applies to each treatment cost incurred by each insured person in relation to the same medical condition for a period of 6 months from the date of surgery. A treatment cost means all costs for a particular condition that are incurred 6 months before or 6 months after the surgery. We may reimburse the balance of the treatment cost over and above the excess, subject to the maximums and exclusions.

Optional Specialists and Tests Benefit

The \$250 excess applies once, per person, per policy year, regardless of the condition. We may reimburse the balance of the treatment cost over and above the excess subject to the maximums and exclusions.

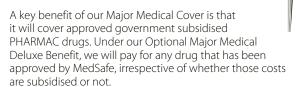
What conditions are covered?

Major Medical Cover covers non-acute medical conditions. This includes the medical costs of any surgical or non-surgical treatment in a private hospital, for a non-acute medical condition – up to \$200,000.

Examples of non-acute treatment include:

- Hip replacement
- · Cataract removal
- Hysterectomy
- · Knee replacement
- Some heart surgery
- Cancerous tumour removal

Key benefit



Benefit details

OnePath Major Medical Cover provides several benefits that are built-in to the base cover as well as some options you can choose to add at an additional cost so it's easy to tailor your cover to suit your needs and budget.

Open out for more details on the benefits

Premium details

Minimum premium:



\$20 per month (incl. policy fee)

Payment frequency:



Weekly, fortnightly, monthly, half-yearly, annually

Payment method:



Direct debit, credit/debit card, annual cheque

Premium review structure

Under Major Medical Cover or Major Medical Guaranteed Insurability Cover, you will have a 1 year premium review period. This means your premiums will adjust each year on your policy anniversary in line with your increasing age and any underlying premium rate changes that have occurred since your last policy anniversary date. Your premiums may also increase as a result of any general increase in medical claims costs.

What's not covered?



Acute admission to a public or private hospital

Any treatment not approved by the Ministry of Health (or its delegate) or any treatment which is not recognised as an appropriate treatment for the relevant condition as determined by OnePath

Congenital conditions

Contraception

Cosmetic surgery or procedures

Costs incurred outside Australia and New Zealand except those covered under the Overseas Treatment Benefit

Dentist's costs including endodontists, periodontists and orthodontists

General Practitioner's costs, except if specifically included in the Minor Surgery Benefit

Geriatric conditions or senility

HIV, AIDS and related conditions

Infertility investigations and treatment of any kind

Laser eye surgery

Medical costs covered by ACC

Mental disease or disorder, developmental delays or psychiatric conditions

Participation in a criminal act

Pregnancy or complications of pregnancy unless complications last more than 90 days after the end of pregnancy

Prescription costs except where they are covered under the surgical and non-surgical hospitalisation benefits

Public hospital treatment, unless as a fee paying private patient

Self-inflicted harm including attempted suicide, alcohol or drug abuse

Sterilisation costs incurred within 2 years of the start of the policy

Surveillance or routine screening: An investigation or procedure undertaken when the insured person has no signs or symptoms and is undertaken to screen for early detection of diseases, except for follow-up investigations and/or diagnostics procedures that are undertaken to enable early detection of the re-occurrence of a Non-acute Medical Condition for which OnePath has previously accepted a claim.

Prophylactic and Preventative procedures: A procedure undertaken to reduce the risk of or prevent disease from occurring

The Funeral Support Benefit will not be paid if the insured person dies as a result of self-inflicted harm within 13 months of the commencement date of their cover

War, whether declared or not

Weight reduction surgery unless you have chosen Optional Major Medical Deluxe Benefit.

Wisdom teeth extraction within 2 years of the start of the policy.

Some facts to think about



Many private hospital treatments can cost **upwards of \$20,000** (e.g. Hip Replacement \$15,000 - \$25,000 or a Cardiac Bypass \$35,000 - \$57,000 or Radiation Therapy \$15,000-\$27,000) (Health Funds Association of NZ-Facts as at Jan 2013)



New Zealand health insurance claims paid in the 12 months to March 2014 totalled **\$962 million**.

(Health Funds Association of New Zealand, Annual Review 2014)

If you're still not sure, ask yourself.

Could you cope financially if you developed a serious health condition and couldn't work while you went on the public health system waiting list to get treatment?

If 'no', then now is a good time to talk to you financial advisor

Built-in benefits - Base Plan

Major Medical Cover provides the following benefits that are built-in:

Benefit	What is it?	How it works	Why it's important
Surgical Hospitalisation Benefit	Reimbursement of costs for surgical treatment of a non-acute medical condition that has been carried out in a private hospital.	Costs covered include specialist consultations and diagnostic procedures that occurred within 6 months of the admission date and which were directly related to the surgery. Maximum benefit is \$200,000 per operation.	It provides you with access to a private hospital without having to wait on a public waiting list.
Non-Surgical Hospitalisation Benefit	Reimbursement of costs arising from admission to a private hospital for non-surgical treatment of a non-acute medical condition.	Costs covered include: Oral chemotherapy and hyperbaric oxygen treatment not requiring hospitalisation. Diagnostic procedures and specialist consultations directly relating to the hospital admission, which occurred within 6 months of the date of admission. Maximum benefit is \$200,000 per person, per annum.	It provides you with access to a private hospital without having to wait on a public waiting list.
Major Diagnostic Benefit	Reimbursement of costs relating to specific diagnostic procedures.	Reimbursement of costs for specific diagnostic procedures that may not be covered by surgical or non-surgical hospitalisation benefits. Procedures covered include: MRI scans, Laparoscopy, Myelogram, Colonoscopy, CT Scans, Dilation and Curettage, Hysteroscopy, Gastroscopy, Arthroscopy, Cytoscopy, Angiogram, PET scans. This benefit applies regardless of any admission to hospital or whether you have the Optional Specialists and Tests Benefit. Maximum benefit is \$200,000, per annum.	Certain major diagnostics will be paid for regardless of whether or not you are hospitalised.
Cover In Australia	Provides cover up to the full limits (in \$NZ) for medical costs and treatment incurred in Australia.	The amount of reimbursement payable will be up to the usual, reasonable and customary cost which would be payable in New Zealand for the same treatment.	You are covered if you are living in Australia.
Overseas Waiting List Benefit	Cover for treatment overseas where treatment cannot be accessed in New Zealand within 6 months as a result of insufficient medical resource.	The amount of reimbursement payable will be the usual, reasonable and customary cost which would be payable in New Zealand for the same treatment or procedure, as well as travel costs for the insured person and a support person. Maximum benefit payable up to \$200,000.	You don't have to worry about having to wait if there is insufficient medical resource in New Zealand.
Post-Admission Home Nursing Care Benefit	Home nursing care by a registered nurse, which has been medically required following admission to a private hospital.	Reimbursement of costs arising from home nursing care by a registered nurse, which has been medically recommended following admission to a private hospital. Maximum benefit payable is \$300 per day up to a maximum of 10 days.	If your doctor thinks you need it, you can get professional help at home to help with your recovery.
Support Person Transfer Costs Benefit & Support Person Accommodation Benefit	Cover for a support person to accompany you if you need to travel for treatment.	Reimbursement of the support person transfer costs and accommodation costs where you must travel outside your residential area for treatment that cannot be provided locally and an appropriate medical practitioner has confirmed a support person is required.	You don't have to worry about the additional costs of having a family member or friend to support you if treatment is unavailable locally.
Overseas Treatment Benefit	Medical, travel and a support person costs are covered if you need to travel overseas for treatment.	Reimbursement of medical, travel and a support person costs when recommended treatment cannot be provided in New Zealand. Maximum benefit payable is \$30,000 per annum.	You don't have to worry about the extra costs to get treatment overseas.
Funeral Support Benefit	Payment of a funeral benefit to help cover funeral expenses.	Payment of \$3,000 on your death. \$2000 paid upon the death of an insured person under the age of 10 years. No excess applies on this benefit.	Extra Financial assistance to help with funeral expenses if someone insured on the policy dies.
Minor Surgery Benefit	Covers the cost of treatment for medically necessary minor surgery.	This benefit covers the cost of treatment for medically necessary minor surgery performed under local anaesthesia in specialised surgery rooms. The maximum Minor Surgery Benefit payable is \$3,000 per annum less any excess.	Covers minor surgery where hospitalisation is not required.
Children's Benefit	Children receive free coverage for the first 3 months after birth.	Children receive cover for the first 3 months after birth at no additional cost. To continue the cover, after 3 months, a premium will apply. We must be advised of the child's details prior to the expiry of the free cover period.	Peace of mind that your newborn has cover for the first 3 months.

Built-in benefits - Base Plan cont...

Major Medical Cover provides the following benefits that are built-in:

Benefit	What is it?	How it works	Why it's important
Public Hospital Cash Grant Benefit	A cash grant if the insured person is admitted to a public hospital for more than 3 nights.	If you are admitted to a public hospital as a non-private fee paying patient and your admission lasts for more than 3 nights, OnePath may pay a public hospital cash grant of \$300 per night for up to a maximum of 10 nights. The benefit will be payable for each extra night after the third night subject to the exclusions. No excess applies to this benefit.	Provides financial assistance if you are admitted to a public hospital for emergency treatment.
Medical Tourism Benefit	Provides up to 75% of the cost of surgery (in \$NZ) if you elect to have treatment overseas.	Provides up to 75% of the usual reasonable and customary cost of surgery in New Zealand if you elect to have treatment overseas, up to a maximum of \$200,000. Costs include accommodation, public transport as well as the cost of surgery.	Gives you options to receive medical treatment overseas.

Optional benefits

Optional benefits that you can choose to add for an additional premium:

Optional benefit	What is it?	How it works	Why it's important
Optional Major Medical Deluxe Benefit	Allows you to add on these extra benefits: • non-cancellable coverage • cover for non-Pharmac approved drugs approved by MedSafe • cover for a range of additional treatments.	Non-changeable coverage: OnePath will not retrospectively alter cover for existing policies. Cover for approved drugs: All drugs approved for use in New Zealand irrespective of whether or not they are subsidised by Pharmac, up to \$200,000 per annum. Cover for additional treatments e.g. bariatric (weight loss) surgery and breast reduction surgery.	Provides you with certainty of benefit. Wider choice of drug treatment. Access to treatments not usually covered.
Optional Specialists and Tests Benefit	Cover for specialist consultation costs, diagnostic procedures and test costs.	Reimbursement of costs: Cover for specialist consultation costs not usually covered by the surgical and non-surgical hospitalisation benefits. Maximum benefit payable is \$3,000 per annum - up to 10 sessions. With a GP referral, this can include consultations (other than for ongoing maintenance treatment) with naturopaths, osteopaths, chiropractors and acupuncturists. Annual limits may apply. Diagnostic: not usually covered by the surgical and non-surgical hospitalisation benefits and major diagnostic benefits. Maximum benefit payable is \$3,000 per annum - up to 10 sessions.	Ensures you are covered for extra specialist visits or tests not covered by your base benefits.

Major Medical Guaranteed Insurability Cover

Benefit	What is it?	How it works	Why it's important
Major Medical Guaranteed Insurability Cover	It's an insurance cover if you don't need to have Medical Cover right now, but can see that Medical Cover will be valuable to you as your life progresses.	Major Medical Cover can be applied for now based on your current status of health, and kept on hold (by paying a minimum premium) until you decide you need it. You must exercise the option to obtain full Major Medical Cover before age 40. A 6 month stand down period will apply.	Allows you to apply for medical insurance now based on your current health (but not implement it until you want to), for a minimum premium.



Why OnePath?

We'll be here when you need us.

We know that you need to feel safe and secure about your financial decision and with our strong financial strength and you can trust us to be here when

We take our responsibility to customers seriously. If you have any questions, at any stage, please don't hesitate to contact your financial adviser or us.



Talk to your financial adviser



Call us on 0508 464 999



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