

## Personal Cover – REAL Health

### SECTION A – GENERAL INFORMATION AND DEFINED TERMS

Welcome to AIA New Zealand's REAL Health

This **Policy** document will explain exactly what **Your** REAL Health plan covers. Please take the time to read it through carefully, and should **You** have any questions, don't hesitate to contact either Your adviser or **AIA New Zealand**.

- POLICY PURPOSE**      1      **Your** REAL Health plan is a major medical policy designed to assist **You** with meeting the financial costs associated with the health services covered by this plan.
- POLICY**                      2      The terms of **Your** REAL Health plan with **Us** are set out in this **Policy** and the attached **Policy Schedule**, complete with any endorsements. The **Policy Schedule** includes personal details of the people insured and may include special terms of **Your** contract. This **Policy** is a contract of insurance between **You** and **Us**. It includes the following parts:
- **Your** application for insurance; and
  - this **Policy** wording; and
  - the **Policy Schedule** including any endorsements; and
  - any addendum to the **Policy Schedule**; and
  - any other written notice that **We** give **You**; and
  - any written notice that **You** give **Us**.
- FREE LOOK PERIOD**      3      To enable **You** to consider the **Policy** in detail **You** will have a free look period of fourteen (14) days after **You** receive **Your Policy** document. During this period, if **You** decide that the **Policy** does not suit **Your** needs then **You** may return it to **Us** and receive a full refund of all **Total Premiums** paid and the **Policy** will be cancelled. **You** will be deemed to have received **Your Policy** document seven (7) days after it was posted by **Us**.
- RESPONSIBILITY FOR TRUTHFULNESS**      4      When **You** apply for insurance with **AIA New Zealand**, **You** have a legal duty of disclosure to **AIA New Zealand**. This means that:
- A.** All the statements that **You** make to **AIA New Zealand** (both written and oral) including the answers in:
- i. the application;
  - ii. any claim made by **You**;
  - iii. any other communication by **You** with **AIA New Zealand**; must be true and correct; and
- B.** **You** must disclose everything that **You** know, or could reasonably be expected to know, that is relevant to **AIA New Zealand's** decision whether:
- i. to accept **Your** application for insurance; and
  - ii. medical evidence to support **Your** application needs to be provided and translated; and
  - iii. if **AIA New Zealand** accepts **Your** application then on what terms **AIA New Zealand** will accept it and how much it will cost; or

iv. to accept **Your** claim on the insurance **Policy**.

C. This duty of disclosure continues from the time **You** complete the application until either:

- i. the **Policy Commencement Date** or the date **AIA New Zealand** accepts **Your** application for insurance, whichever is later;
- ii. **AIA New Zealand** declines or defers **Your** application for insurance.

D. **You** also have the same duty of disclosure to **AIA New Zealand** at the time that **You** extend, vary or reinstate **Your** insurance, and at any time when **You** make a claim on the **Policy** of insurance or otherwise communicate with **AIA New Zealand**.

#### **IMPORTANT**

If **You** do not comply with **Your** duty of disclosure, and **AIA New Zealand** would not have accepted **Your** application for insurance on the same terms or at the same premium if **You** had made full disclosure, then **AIA New Zealand** may:

- decline any claim that **You** make; and/or
- alter at any time the terms of any **Benefits** under this **Policy**; and/or
- remove at any time any **Benefits** under this **Policy**; and/or
- void **Your** insurance from inception; and/or
- retain all **Premiums**, policy fees and recover any benefits paid.

**If You are not sure whether You should disclose a particular fact, please ask Us or Your Insurance Adviser.**

- |                           |          |   |
|---------------------------|----------|---|
| <b>PRIOR APPROVAL</b>     | <b>5</b> | <b>We</b> strongly recommend that <b>You</b> seek prior approval for any claim to ensure that the medical treatment or procedure is covered under the terms and conditions of <b>Your</b> REAL Health Plan. <b>We</b> recommend <b>You</b> contact <b>Us</b> as soon as possible to start this process. <b>We</b> can be contacted on 0800 800 242 or email nz.claims@aia.com. In order for a claim to be paid where <b>We</b> have provided <b>You</b> with pre-approval advice, <b>Your</b> policy must be in force on the date <b>You</b> have the medical treatment or procedure for which <b>We</b> have pre-approved. |
| <b>SECOND OPINION</b>     | <b>6</b> | <b>We</b> reserve the right to seek a second medical opinion in certain circumstances. All costs related to a second medical opinion will be paid for by <b>Us</b> . <b>We</b> require <b>You</b> to comply with any reasonable requests <b>We</b> or <b>Our</b> medical examiner may make including attending any examinations or tests.   |
| <b>DEPENDANT CHILDREN</b> | <b>7</b> | A <b>Child</b> will become subject to adult <b>Premium</b> rates on the next <b>Policy</b> anniversary date after they reach age twenty-one (21). <b>We</b> will automatically continue to cover that person on this <b>Policy</b> as an adult <b>Life Assured</b> and deduct the additional <b>Premium</b> based on their age, gender and <b>Annual Excess</b> for the cover, from the same payment source and at the same frequency as this <b>Policy</b> , unless <b>You</b> advise <b>Us</b> otherwise.   |

**ADDING AND REMOVING FAMILY MEMBERS**

**8** Requests for changes can be made at any time by writing to **Us** to extend cover under this **Policy** for:

- The spouse or partner of the **Policy Owner**
- A **Child** under the age of twenty one (21)

**AIA New Zealand** is not obliged to agree to cover any additional **Life Assured** unless **We** are satisfied that the **Life Assured** is in good health. This will be determined based on the information provided on the application at the time.

If additional **Lives Assured** are added to this **Policy**, the **Policy Premium** will be increased with the applicable **Premium**.

**You** can remove any **Life Assured** from this **Policy** at any time by giving **Us** thirty (30) days written notice.

**NEW BORN BABIES**

**9** **Your** new born **Child** will automatically be covered for the first four (4) months at no additional **Premium**. **You** must advise **Us** of the **Child's** name, gender and date of birth before this coverage period expires and the applicable **Premium** will be payable. Thereafter an application form will need to be completed and the **Child** will be medically underwritten. The **Policy Premium** will increase with each **Child** added to this **Policy**. **Congenital** conditions are not covered.

**TRANSFERRING TO ANOTHER POLICY**

**10** A person who is:

- over the age of twenty-one (21); or
- no longer financially dependent on, or under the legal guardianship of **You** or **Your** spouse or partner, may transfer to their own **Policy** if they make a written application to **Us** after their twenty-first (21st) birthday or the date (as determined by **Us**) that they ceased to be dependent. No health evidence will be required for a person transferring from an existing **Policy** to his or her own **Policy**. Medical underwriting will be required where the new **Policy** contains additional **Benefits** to that of the original **Policy**.
- **Your** spouse or partner (following a separation) may also transfer to their own **Policy** if they make a written application to **Us**. No medical underwriting will be required for a person transferring from an existing **Policy** to his or her own **Policy**. Medical underwriting will be required where the new **Policy** contains additional **Benefits** to that of the original **Policy**.

**WHEN CAN THIS POLICY END**

**11** This **Policy** will end when any of the following happens:

- **You** ask **Us** in writing to cancel it by giving **Us** thirty (30) days' notice; or
- **You** fail to pay the **Total Premium** within thirty (30) days after the **Premium** due date; or

- If **We** void **Your Policy** from inception as outlined in Clause 3 “Responsibility for Truthfulness” above.

<b>ADDING OPTIONAL BENEFITS</b>	<b>12</b>	<p>The Optional Specialist and Tests <b>Benefit</b> and Optional Waiver of Premium on Total Disablement <b>Benefit</b> can be added to <b>Your Policy</b> subject to the following:</p> <ul style="list-style-type: none"> <li>• A new application form</li> <li>• Any increase in <b>Premium</b> for the additional <b>Benefit</b> will start from the <b>Policy Commencement Date</b> of the new <b>Benefit</b>.</li> <li>• <b>We</b> do not have to agree to any additional optional <b>Benefit</b> unless <b>We</b> are satisfied that the <b>Life Assured</b> is in good health.</li> </ul> <p><b>You</b> may remove any optional <b>Benefit</b> by giving <b>Us</b> thirty (30) days written notice.</p>
<b>GST</b>	<b>13</b>	<p>The <b>Benefit</b> maximums stated in the policy include Goods and Services Tax (GST) charged by the supplier of the good or provider of the services.</p>
<b>JURISDICTION AND CURRENCY</b>	<b>14</b>	<p>The laws of New Zealand apply to this <b>Policy</b>. The New Zealand courts have exclusive jurisdiction. All monetary amounts referred to in this <b>Policy</b> are expressed and payable in New Zealand dollars and include GST.</p>
<b>CODE OF PRACTICE</b>	<b>15</b>	<p>The REAL Health Plan complies with the Health Funds Association of New Zealand (Inc) Code of Practice for Health Insurance Underwriters.</p>
<b>PRIVACY</b>	<b>16</b>	<p><b>We</b> will comply with the Privacy Act 1993 and the Health Information Privacy Code 1994 at all times. If you believe <b>We</b> have breached <b>Your</b> or any <b>Life Assured's</b> right to privacy, please contact <b>Us</b>.</p>
<b>PREMIUM RATES</b>	<b>17</b>	<p><b>We</b> may change the <b>Premium</b> rates of this <b>Policy</b> at any time by giving <b>You</b> thirty (30) days written notice to <b>Your</b> last known postal address.</p>
<b>GUARANTEED TERMS AND CONDITIONS AND FUTURE UPGRADES</b>	<b>18</b>	<p>The terms and conditions of this <b>Policy</b> are guaranteed, subject to the permitted changes set out below. <b>We</b> will only change the terms and conditions of this <b>Policy</b> to:</p> <ul style="list-style-type: none"> <li>• Add new <b>Benefits</b> or increase existing <b>Benefits</b>; or</li> <li>• Where legislation and/or government policy that impacts this <b>Policy</b> changes; or</li> <li>• Where <b>You</b> fail to meet <b>Your</b> responsibility for truthfulness as set out in Clause 4 above: or</li> <li>• For <b>Premium</b> rate changes as set out in Clause 17.</li> </ul>
<b>POLICY FEE</b>	<b>19</b>	<p><b>We</b> will charge <b>You</b> a policy fee, which forms part of <b>Your Total Premium</b>. The policy fee is used to pay the ongoing administration costs of this <b>Policy</b>. The policy fee is specified in <b>Your Policy Schedule</b>. <b>We</b> may change this policy fee from time to time and <b>You</b> will be notified in writing of this change.</p>

<b>ELIGIBILITY</b>	<b>20</b>	<p>All <b>Lives Assured's</b> must be eligible for publicly funded health and disability services as per the New Zealand Public Health and Disability Act 2000. <b>We</b> may request to see original or certified copies of the lives insured documents, including visas or work permits in passports, birth certificates or driver's license.</p> <p><b>We</b> reserve the right to cancel the relevant <b>Lives Assured</b> cover if the relevant person no longer meets the criteria.</p>
<b>NO SURRENDER VALUE</b>	<b>21</b>	<p>This <b>Policy</b> has no surrender or cash value if it is cancelled.</p>
<b>COMPLAINTS</b>	<b>22</b>	<p><b>You</b> may at any time write to <b>Us</b> or to <b>Your</b> Insurance Adviser for further information about <b>Your Policy</b>. <b>We</b> have a complaints procedure that is intended to resolve any problem quickly and fairly. If <b>You</b> have any questions or complaints about this <b>Policy</b> please phone <b>Us</b> on 0800 800 242 or write to <b>Us</b>.</p> <p>If <b>You</b> have been through <b>Our</b> internal complaints procedure and the situation has reached a 'deadlock' then <b>We</b> will advise <b>You</b> of how to contact the Insurance and Financial Services Ombudsman Scheme for further assistance.</p>
<b>ACCIDENT COMPENSATION ACT 2001 (ACC)</b>	<b>23</b>	<ul style="list-style-type: none"> <li>• Where the <b>ACC</b> provides cover for an injury, illness or condition, <b>You</b> must obtain approval of the <b>ACC</b> for the provision of treatment in a <b>Private Hospital</b>; or</li> <li>• Where the <b>ACC</b> approves the claim but declines to pay the costs of surgical treatment, <b>We</b> may meet the cost of that treatment when <b>You</b> provide <b>Us</b>, prior to <b>Your</b> treatment, with a copy of the <b>ACC's</b> decision; or</li> <li>• Where the <b>ACC</b> accepts <b>your</b> claim, <b>We</b> will provide Top-Up payments for the difference between <b>ACC</b> reimbursements and <b>our Usual, Customary and Reasonable</b> charges applicable for eligible surgical and medical costs.</li> <li>• Where <b>ACC</b> declines <b>Your</b> claim outright, <b>We</b> may require <b>You</b> to appeal the <b>ACC</b> decision through the documented ACC Review Process. All appeals must be made within the ACC timeframes of three (3) months post original decision.</li> </ul>
<b>DEFINED TERMS</b>	<b>24</b>	<p>In this REAL Health <b>Policy</b> certain words have particular meanings. These words are in <b>Bold</b> and the meanings are explained below.</p> <p><b>Interpretation</b> Throughout this <b>Policy</b> '<b>We</b>', '<b>Our</b>' '<b>Us</b>' or '<b>AIA New Zealand</b>' means AIA International Limited - New Zealand Branch, and/or any related and/or authorised companies and agents (including company officers acting in the scope of their authority). '<b>You</b>' or '<b>Your</b>' means the <b>Life Assured</b>.</p> <p><b>ACC</b> Means the Accident Compensation Corporation as defined by the Accident Compensation Act 2001, or its successor under any subsequent legislation.</p>

**Allowance**

Contribution toward the cost of the treatment specified.

**Annual Excess**

This is the amount shown in the **Policy Schedule** that the **Life Assured** will be responsible for paying before a claim can be paid or reimbursed. The **Annual Excess** resets after every **Policy** anniversary date.

**Annual Renewal Date**

The 12 month anniversary of the **Policy Commencement Date**.

**Approved Facility**

**Private Hospital** or medical facility approved by **AIA New Zealand**.

**Audiologists**

A **Recognised Health Professional** who holds a current annual practising certificate, and is a member of the New Zealand Audiological Society.

**Benefit or Benefits**

Means an amount of money payable to or on behalf of a **Life Assured**, in respect of approved expenses incurred for treatment, in accordance with the **Policy Schedule**.

**Breast Reconstruction**

Following a mastectomy for the treatment of diagnosed cancer, of the affected breast. Including nipple tattooing, internal prosthesis and expanders, surgery on the unaffected breast for symmetry. Prior approval must be obtained from us. Prophylactic mastectomy is not covered.

**Cancer Immunotherapy Medicines**

**Pharmac Medicines** or **Non Pharmac Chemotherapy Medicines** for the proven treatment of cancer which stimulate or restore the ability of the immune (defence) system to fight this disease.

**Congenital**

Health anomalies or conditions present at birth whether known or unknown.

**Child or Children**

Any person under the age of twenty-one (21) who, in **Our** opinion, is financially dependent on, and may be under the legal guardianship of **You** or **Your** spouse or partner.

**Chiropractor**

A **Recognised Health Professional** who holds a current annual practising certificate, and is a member of The Chiropractic Board of New Zealand.

### **Day Clinic or Facility**

A registered healthcare facility (usually involving an operating theatre) where a patient has been admitted for a planned clinical intervention and/or **Diagnostic Procedure** by a **Registered Medical Specialist**, or at our discretion a **Registered Medical Practitioner**, and the patient leaves the facility within twenty-four (24) hours.

### **Dentist**

A **Recognised Health Professional** who is registered with the Dental Council of New Zealand and who holds a current annual practising certificate.

### **Diagnostic Procedures/Investigations**

Investigative medical procedures to determine the presence or cause of a sign, symptom or condition performed by a **Registered Medical Practitioner** or **Registered Medical Specialist** who holds a current annual practising certificate.

### **Hospice**

A registered healthcare facility providing palliative care services for terminally ill patients that holds regular or associate service membership with Hospice New Zealand.

### **Insured Person or Insured Persons**

Means the person or persons covered in the **Policy Schedule**.

### **Life Assured**

Each person who is eligible for cover under this **Policy** and is listed on the **Policy Schedule** as a **Life Assured**.

### **Medsafe**

**Medsafe** is the New Zealand Medicines and Medical Devices Safety Authority. **Medsafe** is responsible for the regulation of medicines and medical devices in New Zealand.

### **Minor Surgery**

Specific surgery deemed as minor by **Us**.

### **Non PHARMAC Chemotherapy Medicines**

These are chemotherapy medicines that have been registered by **Medsafe**, and are used according to **Medsafe** indications, but are not funded by **PHARMAC** for use in a private facility.

### **Occupational Therapy**

Treatment that is provided by a **Recognised Health Professional** who holds a current annual practising certificate and is a member of the Occupational Therapy Board of New Zealand.

### **Oral and Maxillofacial Surgeon**

An **Oral Surgeon**, **Maxillofacial Surgeon** or Oral Medicine Specialist registered with the Dental Council of New Zealand or a **Registered Medical Specialist** and registered in Oral Maxillofacial Surgery.

## **PHARMAC**

The Pharmaceutical Management Agency is the New Zealand government agency that decides which pharmaceuticals to publicly fund.

## **PHARMAC Medicines**

These medicines are funded by **PHARMAC** for use in a private facility, and meets **PHARMAC's** required special authority or conditions in order to be subsidised for community use.

## **Physiotherapist**

A **Recognised Health Professional** who is registered with the Physiotherapy Board of New Zealand and who holds a current Annual Practising Certificate.

## **Policy Commencement Date**

The **Commencement Date** of the **Policy** as specified in **Your Policy Schedule**.

## **Policy Owner/s**

A person who administers the **Policy** and whose name is listed on the renewal certificate. This could be more than one person.

## **Policy Schedule**

The defined group of **Benefits** which are payable to a **Life Assured**, including any endorsements or special conditions.

## **Policy Year**

The twelve (12) month period which starts from the **Policy Commencement Date** and continues through to the end of the twelve (12) month period.

## **Premium**

Means the **Premium** specified in **Your Policy Schedule** or in any subsequent notice issued to **You** by **Us**.

## **Preventative and Routine Screening**

A diagnostic investigation or procedure undertaken when the **Life Assured** has no symptoms and is undertaken as a preventative measure to screen for early detection of diseases.

## **Private Hospital**

A privately owned hospital approved by **Us** which is licensed as a **Private Hospital** in accordance with the Health and Disability Services (Safety) Act 2001.

## **Public Hospital**

A hospital service or institution licensed in accordance with the Health and Disability Services (Safety) Act 2001 directly or indirectly owned or funded by the New Zealand Government or any of its agencies.

**Recognised Health Professional**

Registered with the Health Practitioners Competence Assurance Act 2003 and holds a current annual practising certificate in compliance and is a member of the appropriate body eg, Medical Council of New Zealand, Dental Council of New Zealand or Chiropractic Board of New Zealand and approved by **Us**.

**Registered Medical Practitioner**

A medical practitioner who holds a current annual practising certificate and is registered with the Medical Council of New Zealand.

**Registered Medical Specialist**

A medical specialist who is a member of an appropriately recognised specialist college and vocationally registered with the Medical Council of New Zealand in that speciality. This excludes General Practitioners (who are considered to be **Registered Medical Practitioners**).

**Registered Nurse**

A person who holds a current practicing certificate with the Health Practitioners Competence Assurance Act 2003, and is a member of the Nursing Council of New Zealand.

**Top-up**

Additional coverage to supplement New Zealand Government, **ACC** or other Insurers contributions to Overseas Treatment.

**Total Premium**

Means the sum of the **Premium** and the policy fee together with any applicable GST as specified in the **Policy Schedule**.

**Usual, Customary and Reasonable**

Charges and fees that are based on **Our** estimate of what are **Usual, Customary and Reasonable** charges and fees for services provided under similar circumstances by persons or providers with equivalent experience or qualification.

SECTION B – REAL HEALTH BENEFITS

**HOSPITAL  
SURGICAL BENEFIT  
(NON CANCER)**

- 1 **We will reimburse You for the Usual, Customary and Reasonable** expenses incurred for surgery in an **Approved Facility** in New Zealand, where **You** have been admitted upon referral by a **Registered Medical Specialist** or **Oral Surgeon** for non-cancer treatment, subject to a maximum for all related costs of \$500,000 per **Life Assured**, per **Policy Year**. An **Annual Excess** applies.

Costs for the following is provided under this **Benefit**:

- Surgeon's fees
- Anaesthetist's fees
- Perfusionist's fees
- Hospital fees including:
  - Accommodation
  - Operating theatre fees
  - Intensive/coronary care unit fees
  - Prostheses
  - Ancillary hospital charges
- Cardiologist's fees
- Prescription medicines on **PHARMAC's** New Zealand Pharmaceutical Schedule that are subsidised by **PHARMAC** for the **Life Assured's** approved hospital stay and are administered during the admission, as well as 30 days take home approved medicine after discharge from an approved hospital.
- **Diagnostic Procedures** and **Specialist** consultations, performed six (6) months prior and post-surgery, are covered, provided they relate directly to the approved surgery, and been recommended by a **Registered Medical Specialist**.
- **We will cover the costs of the surgical removal of wisdom teeth** (totally impacted and totally un-erupted, or totally impacted and partially un-erupted), performed by a Dentist or **Oral or Maxillofacial Surgeon** (must be referred by a Dentist). Surgery must be performed in an **Approved Facility**.

Please note that surgery costs in relation to cancer treatment are covered under the Cancer Treatment **Benefit** and not this **Benefit**.

**CANCER  
TREATMENT  
BENEFIT –  
SURGICAL AND  
MEDICAL  
TREATMENTS**

- 2 **We** will reimburse up to \$500,000 per **Life Assured** per **Policy Year** the amount for **Usual, Customary** and **Reasonable** expenses incurred in an **Approved Facility** where the **Life Assured** has been diagnosed with cancer by a **Registered Medical Specialist**. An **Annual Excess** applies.

Cancer treatment includes but is not limited to:

- Surgery
- Oncologist consultations
- Diagnostic imaging and tests
- Chemotherapy
- Radiotherapy
- Prostate brachytherapy
- **Breast Reconstruction** following a mastectomy performed by a **Registered Medical Specialist** in an **Approved Facility**, approved by **AIA New Zealand**.

**We** may approve additional treatments at **Our** sole discretion.

**PHARMAC Medicines** and **Non PHARMAC Chemotherapy Medicines** (including **Cancer Immunotherapy medicines**) are covered in New Zealand, subject to prior approval by **AIA New Zealand**, meeting **AIA New Zealand's** criteria and **Benefit** maximums.

**Post Cancer Treatment**

**We** will cover post cancer treatments for a maximum of five (5) years for a claim that has been paid under this **Benefit**, per **Life Assured** per **Policy Year**, of up to \$5000. This must be medically necessary treatment and referred by a **Registered Medical Specialist**. **Usual, Customary and Reasonable** costs apply.

This **Benefit** does not cover **Routine Screening**.

**HOME NURSING  
BENEFIT  
FOLLOWING  
CANCER  
TREATMENT OR  
SURGERY**

- 3 Upon authorisation by **Us**, **We** will cover the costs of home nursing care provided by a **Registered Nurse** up to six (6) months after an authorised medical or surgical procedure. The **Life Assured** must have stayed for a minimum of one (1) night in an **Approved Facility**, **You** will receive \$150 per day with a maximum **Benefit** payable of \$6000 per **Policy Year**. A referral for this service must be made by the treating **Registered Medical Specialist** or **Registered Medical Practitioner**. No **Annual Excess** applies.

**HOME HELP  
ALLOWANCE  
FOLLOWING  
CANCER  
TREATMENT OR  
SURGERY  
BENEFIT**

- 4 If a claim for cancer treatment or surgery has been accepted by **Us**, which requires at least one (1) night stay in an **Approved Facility** **We**, will cover the reasonable costs of home help services including meal preparation, cleaning, showering and child care provided by a suitably qualified person (employed in the provision of home help services) for up to seven (7) days following discharge from an **Approved Facility** up to \$500 per **Life Assured** per **Policy Year**. Receipts specifying the services provided, dates and fees charged by a suitably qualified provider must be submitted with your claim. This **Benefit** does not

apply to any accident related surgery or maternity. No **Annual Excess** applies.

- |  |          |   |
|--|----------|---|
| <b>PUBLIC HOSPITAL<br/>CANCER<br/>TREATMENT CASH<br/>BENEFIT</b> | <b>5</b> | Should the <b>Life Assured</b> have treatment for cancer in a <b>Public Hospital</b> that would otherwise have been covered by the Cancer Treatment <b>Benefit</b> in this <b>Policy</b> , <b>We</b> will pay <b>You</b> a one off lump sum amount of \$5000 per <b>Policy</b> lifetime per <b>Life Assured</b> . Treatment includes cancer surgery (which requires a minimum of one night's hospital stay), chemotherapy or radiotherapy. No <b>Annual Excess</b> applies. |
| <b>HOSPICE BENEFIT</b>   | <b>6</b> | If <b>You</b> are admitted to a <b>Hospice</b> facility, <b>You</b> will receive \$100 per night up to a maximum \$2000. This <b>Benefit</b> is payable once per <b>Policy</b> per <b>Life Assured</b> . No <b>Annual Excess</b> applies.   |
| <b>CRITICAL CANCER<br/>EXCESS WAIVER<br/>BENEFIT</b>             | <b>7</b> | If a <b>Life Assured</b> suffers a critical cancer condition as defined below and is admitted to a <b>Private Hospital</b> , or as a fee paying patient to a <b>Public Hospital</b> , <b>We</b> will waive the <b>Annual Excess</b> that <b>You</b> have selected, for a maximum of three (3) years per <b>Life Assured</b> . Diagnosis must be made in writing by a <b>Registered Medical Specialist</b> and be based upon medical evidence acceptable to <b>Us</b> .      |

Critical Cancer means the presence of one (1) or more malignant tumours, characterised by the uncontrolled growth and spread of malignant cells and the invasion of tissue, provided the diagnosis is unequivocal as confirmed by histopathology.

This includes leukaemia, lymphomas, Hodgkin's disease, malignant bone marrow disorders but excludes the following:

- Malignant Melanoma with less than 1.5 mm maximum thickness as determined by histological examination based on Breslow thickness, and Malignant Melanoma with a Clark Level less than 3.
- A growth histologically described as Carcinoma-in-Situ.
- All hyperkeratosis or basal cell carcinomas of the skin.
- All squamous cell carcinomas of the skin unless there has been spread to other organs.
- Kaposi Sarcoma and other cancers which are directly attributed to AIDS and HIV infections.
- All tumours of the prostate unless histologically classified as having a Gleason score greater than six (6) or having progressed to at least a clinical TNM classification T2N0M0 as defined by AJCC 6th Edition 2002.
- Tumours treated by endoscopic procedures alone.

**We** will allow cover for carcinoma-in-situ of the breast where it results in the entire removal of the breast specifically to arrest the spread of malignancy. This procedure must be the appropriate and necessary treatment.

**HOSPITAL MEDICAL BENEFIT (NON-SURGICAL/NON-CANCER)**      **8**      **We will reimburse You the Usual, Customary and Reasonable** expenses incurred should you be admitted to an approved **Private Hospital**, upon referral by a **Registered Medical Specialist** for non-surgical and/or non-cancer treatment, subject to a maximum for all related costs of \$500,000 per **Life Assured**, per **Policy Year**. Cover is provided (subject to prior approval by **Us**) for:

- Hospital accommodation fees
- **Registered Medical Specialist's** fees
- **Diagnostic** fees
- Ancillary charges

An **Annual Excess** applies.

**MAJOR DIAGNOSTIC TESTS BENEFIT**      **9**      Covers the **Usual, Customary and Reasonable** expenses incurred for up to \$200,000 per **Life Assured** per **Policy Year** for specified **Diagnostic Procedures** in an **Approved Facility** following recommendation by a **Registered Medical Specialist**, irrespective of whether surgery or hospitalisation occurs (subject to prior approval by **Us**). An **Annual Excess** applies.

**Diagnostic Procedures** covered include:

- Angiogram
- Arthroscopy
- Capsule endoscopy
- Colonoscopy
- CT scan
- Cystoscopy
- Gastroscopy
- Hysteroscopy
- Laparoscopy
- MRI scan
- Myelogram
- Myocardial perfusion imaging
- PET
- Scintigraphy

Changes in technology in the future may see other major **Diagnostic Procedures** being introduced. **We** may at **Our** sole discretion, consider reimbursing the cost of such procedures.

**Routine Health Screening** is excluded.

**POST-OPERATIVE PHYSIOTHERAPY AND OCCUPATIONAL THERAPY TREATMENT BENEFIT**      **10**      **We will cover the costs of post-operative physiotherapy and occupational therapy treatment by a Registered Physiotherapist or Registered Occupational Therapist for up to \$1000 per Life Assured per Policy Year**, where the treatment is required within a six (6) month period of discharge from a **Private Hospital Approved Facility**, and on referral from a **Registered Medical Specialist** or **Registered Medical Practitioner**. Treatment must relate to the authorised procedure or treatment. No **Annual Excess** applies.

**TRAVEL AND  
ACCOMODATION IN  
NEW ZEALAND  
BENEFIT**

- 11 Should treatment for an approved **Benefit** not be available within **Your** immediate residential region (which is further than 100km away from **Your** home or usual place of residence). **We** will cover the costs of accommodation, transport costs and one (1) support person for up to \$300 per day with a maximum of \$3000 per claim per **Policy Year** per **Life Assured**. Treatment must be recommended by a **Registered Medical Specialist** or **Registered Medical Practitioner**.  
The Travel and Accommodation in New Zealand **Benefit** does not apply to the cost of air travel to or from the Chatham Islands or any other New Zealand Territorial Islands. No **Annual Excess** applies.

**GLOBAL SURGICAL  
BENEFIT**

- 12 **You** can elect to have a medically necessary surgery at **Your** choice of overseas **Approved Facility**, provided that;
- The surgery has been recommended by a New Zealand **Registered Medical Specialist**; and
  - The surgical treatment is available in New Zealand; and
  - **You** seek prior-approval for **Your** claim from **Us** (subject to **AIA New Zealand's criteria**); and
  - The surgery would have otherwise been covered by **Us** in New Zealand under the Hospital Surgical **Benefit** (Non Cancer).

**We** will reimburse up to a maximum of 75% of the **Usual, Customary and Reasonable** costs which would have been incurred for the surgical treatment (as outlined in the Hospital Surgical **Benefit**) if it had been undertaken in New Zealand per **Life Assured** per **Policy Year**. An **Annual Excess** applies.

Should the costs of the surgical treatment be less than the 75% maximum detailed above then **AIA New Zealand** will also reimburse the following costs up until the 75% maximum is reached:

- accommodation costs for the **Life Assured** as it is deemed medically necessary and one (1) support person of up to NZ \$500 per day for a maximum of ten (10) days; and
- ordinary public transport costs to and from the destination for the **Life Assured** and one (1) support person (including economy airfare, taxi, bus, ferry and train).

**We** will not accept responsibility for the costs associated with any complications that might arise as a direct or indirect result of the treatment undertaken at **Your** choice of overseas **Approved Facility**, unless the treatment costs for these complications (including medical emergency evacuation costs) and the other costs listed above remain below the 75% limit detailed above and occurs within six (6) months of the treatment.

After six (6) months of the treatment referred above occurring, **We** will not accept responsibility for on-going treatment costs directly or indirectly associated with the surgical treatment undertaken at **Your** choice of overseas **Approved Facility**.

The Global Surgical **Benefit** is not available under the Cancer Treatment **Benefit** or the Hospital Medical **Benefit**.

No Medical Misadventure **Benefit** is payable should **You** claim under the Global Surgical **Benefit**.

**OVERSEAS  
TREATMENT  
BENEFIT**

- 13 Covers treatment at an overseas **Approved Facility** where the treatment cannot be provided in New Zealand. This **Benefit** provides **Top-Up** cover for the treatment and reasonable return economy travel costs of the person requiring treatment and one (1) support person, less any amount payable by the New Zealand Government up to a maximum of \$30,000 per **Life Assured** per **Policy Year**. The treatment must be recommended by a **Registered Medical Specialist** and be recognised by **Us** as being a conventional form of treatment. No experimental or trailed procedures will be covered. No **Annual Excess** applies.

**COVER WHILST  
LIVING IN  
AUSTRALIA**

- 14 **Your** cover will continue while **You** or any **Life Assured** resides in Australia for up to a maximum of twenty-four (24) months. The maximum amount payable for any claim will be up to 100% of New Zealand **Usual, Customary and Reasonable** charges for the medically necessary treatment that would have been covered by this **Policy** in New Zealand, at an **Approved Facility** up to the stated maximums in this **Policy**, paid in New Zealand currency. Prior approval must be obtained from **Us** prior to any treatment taking place. For the purpose of this clause the definition of Resident/Residing in Australia means:  
"Continuously living in a fixed abode in Australia for a period of greater than twenty eight (28) days as distinguished from a visitor or transient."  
**We** may request that **You** provide evidence satisfactory to **Us** to establish that **You** are residing in Australia. **Premiums** must be up to date. An **Annual Excess** applies.

**MINOR SURGERY  
BENEFIT**

- 15 **We** will cover the **Usual, Customary and Reasonable** expenses for approved minor surgery incurred as an outpatient of up to \$3000 per **Life Assured** per **Policy Year**, where performed by a **Registered Medical Practitioner** at an **Approved Facility**. No **Annual Excess** applies.

**PARENT  
ACCOMODATION  
BENEFIT**

- 16 **We** will cover the cost of up to \$200 per night with a maximum of \$3000 per **Policy Year**, for accommodation expenses incurred by a parent accompanying a **Child** who is listed on the **Policy Schedule**. The **Child** must be undergoing medical treatment in an **Approved Facility** in New Zealand. No **Annual Excess** applies.

**WAIVER OF  
PREMIUM BENEFIT**

- 17 If the **Policy Owner** dies before age seventy (70), (where the death is not caused by something excluded under this **Policy**), **We** will waive **Premiums** and continue to provide cover for all surviving **Lives Assured** covered by this **Policy** for a period of up to two (2) years. No **Annual Excess** applies.

**PUBLIC HOSPITAL  
CASH BENEFIT**

- 18 If the **Life Assured** is admitted to a **Public Hospital** for three (3) or more consecutive nights, \$300 will be paid from the fourth and each subsequent night, up to a maximum of ten (10) nights. The maximum

amount payable per **Life Assured**, per **Policy Year** is \$3,000. The public hospital cash **Benefit** does not apply to any admission as a fee paying patient in a **Public Hospital**, maternity care or admission due to an accident. This **Benefit** will not be paid in addition to the Public Hospital Cancer Treatment Cash **Benefit**. No **Annual Excess** applies.

- FUNERAL BENEFIT**      19    **We** will pay a Funeral **Benefit** of \$3,500 if an adult **Life Assured** dies before turning age seventy (70), provided the death is not caused by something excluded under this Policy. The **Benefit** will be paid to the **Policy Owner/s** or to the **Policy Owner/s** estate. This **Benefit** is payable once per adult **Life Assured**. No **Annual Excess** applies.
- AMBULANCE TRANSFER BENEFIT**      20    **We** will cover the costs of ambulance transfers to or from hospital within New Zealand as authorised by a **Registered Medical Specialist** up to \$200 per **Life Assured** per **Policy Year**. This **Benefit** is available for necessary treatments and not for personal or social reasons. No **Annual Excess** applies.
- COMPLICATIONS OF PREGNANCY OR CHILD BIRTH BENEFIT**      21    **We** will cover the cost of obstetric care after a referral by a **Registered Medical Practitioner** or registered lead maternity carer (Midwife) for assessment and monitoring of a recognised risk factor(s) for up to \$2000 per **Life Assured** per **Policy Year**. **Benefits** are not paid if the **Life Assured** is admitted to a **Public Hospital**, or if related to a pregnancy that is conceived prior to the joining date. Conditions arising post birth are not covered. Caesarean Sections and IVF are specifically excluded. No **Annual Excess** applies.
- FEE PAYING PATIENTS IN A PUBLIC HOSPITAL BENEFIT**      22    **We** will cover the fees charged for treatment carried out in a **Public Hospital** up to the limits specified on this **Policy** once prior approval has been obtained by **Us**, and the Private Involvement Protocols (or any replacement protocols) set by the Ministry of Health for the treatment of private patients in **Public Hospitals** have been followed. This **Benefit** does not apply to any person who does not qualify for publicly funded health services in New Zealand. No **Annual Excess** applies.
- MEDICAL MISADVENTURE BENEFIT**      23    If, during the course of any medical procedure or treatment in an **Approved Facility**, a **Life Assured** should die 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 said **Approved Facility**, a death **Benefit** shall become payable, provided:
- the death occurs within thirty (30) days of such recorded and proven incident; and
  - the incident is verified and confirmed by the relevant government authority, a court of law, coroner's inquest or the Medical Council of New Zealand; and
  - the death is independent of any other cause other than the termination of life support system after brain death has been established.

No Medical Misadventure **Benefit** is payable if the death is as a direct or indirect result of the **Life Assured** claiming under the Global Surgical **Benefit**.

The maximum **Benefit** is \$30,000 per **Life Assured**. No **Annual Excess** applies.

**INTRAVITREAL EYE INJECTIONS BENEFIT**

**24** **We** will cover the cost of intravitreal eye injections administered by a **Registered Medical Specialist** in an **Approved Facility**, on referral by a **Registered Medical Practitioner** or **Registered Medical Specialist** up to a maximum of \$3,000 per **Life Assured** per **Policy Year**. No **Annual Excess** applies.

**SUSPENSION OF COVER BENEFIT**

**25** **You** can suspend the cover and **Total Premium** payments under this **Policy** for a period of between three (3) and twenty-four (24) consecutive months, after a twelve (12) months of continuous cover. **You** must apply for the Suspension of Cover **Benefit** in writing and **You** will receive confirmation from **Us** in writing confirming the request has been approved. **You** may request the Suspension of Cover **Benefit** for the following circumstances:

- If **You** reside outside of New Zealand for longer than three (3) months; or
- If **You** have been unemployed for a period longer than three (3) months (the maximum suspension for unemployment is six (6) months).

**We** will resume cover without requiring evidence of health for any **Lives Assured** at the end of the requested period of suspension. Once cover is reinstated, **Total Premiums** must recommence.

**We** will not pay any **Benefits** under this **Policy** in respect of any event, symptom or condition that **You** became aware of, or sought treatment or advice for (whether diagnosed or not) that occurred while cover is suspended.

If cover for all adult **Lives Assured** has been suspended, cover for any **Children** on this **Policy** will also be suspended. No **Annual Excess** applies.

**FERTILITY TREATMENT LOYALTY BENEFIT**

**26** **We** will cover up to \$25,000 per **Policy** after two (2) years of continuous cover for fertility treatment at an **Approved Facility**.

To be eligible for the Fertility Treatment Loyalty **Benefit** the criteria for publicly funded fertility treatment in New Zealand must have been met and all publicly funded fertility treatment must have been exhausted before this **Benefit** is payable.

**You** must seek prior approval before this **Benefit** is payable. As a part of the pre-approval process **We** will require proof of the publicly funded treatment being exhausted. The Fertility Treatment Loyalty **Benefit** is available for fertility treatment and associated treatment costs. The maximum amount payable per **Policy** is \$25,000 over the lifetime of

the **Policy**, once this amount has been exhausted no further **Benefit** is payable. No **Annual Excess** applies.

## REAL Health

### SECTION C – OPTIONAL BENEFITS

#### OPTIONAL SPECIALISTS AND TESTS BENEFIT

- 1 If the **Policy Schedule** shows **You** have selected the Specialists and Tests **Benefit**, **We** will cover the **Usual, Customary and Reasonable** fees charged for **Registered Medical Specialist** consultations and **Diagnostic Procedures** which have been referred by a **Registered Medical Practitioner or Registered Medical Specialist**, if they do not relate to a claim for treatment in a **Private Hospital** or medical facility.

**Diagnostic Procedures** including but not limited to:

- Allergy Testing
- Audiology Tests (Performed by Audiologists)
- Colposcopy
- ECG
- EEG
- EMG
- Holter monitoring
- Laboratory tests
- Mammogram
- Urodynamic testing
- Ultrasound
- X-rays

**Preventative and Routine Screening** tests and hearing aids are excluded.

Psychiatrist consultations for an initial assessment of mental health are covered for the first consultation only. All forms of psychiatric treatment are excluded as set out in Section E “Exclusions”

**We** will reimburse **You** for the **Usual, Customary and Reasonable** fees of up to \$5,000 per **Policy Year** on each **Life Assured** on the **Policy Schedule**. An **Annual Excess** of nil or \$250 will apply as stated on the **Policy Schedule** per **Life Assured** per **Policy Year**.

#### OPTIONAL WAIVER OF PREMIUM ON TOTAL DISABLEMENT

- 2 If the **Policy Schedule** shows **You** have selected the Optional Waiver of Premium on Total Disablement, the **Total Premium** will be waived if an adult **Life Assured** meets the definition of **Total Disablement** as set out below:

The adult **Life Assured**, having supportive medical evidence acceptable to **Us**, is **Totally Disabled** as a result of bodily injury or illness which commenced during the period of insurance and directly and independently of any other cause, wholly prevents the **Life Assured** from engaging in his or her normal or usual business,

**OPTIONAL  
SPECIALIST AND  
TESTS LOYALTY  
BENEFITS**

occupation or work from which he or she derives remuneration or income, or in any business, occupation or work for which he or she is suited by way of education, training or experience.

The Waiver of Premium **Benefit** will cease at age sixty-five (65) or when the adult **Life Assured** returns to work, whichever is sooner. No **Annual Excess** applies

**Specialists and Tests Loyalty Health Screening Benefit**

If the **Policy Schedule** shows **You** have selected the Specialists and Tests **Benefit, We** will cover up to \$500 per **Life Assured** after every three (3) years of continuous cover, for tests or procedures for the following:

- Prostate screening
- Cervical screening
- Mammogram
- Blood glucose screening
- Bowel screening

Health screening tests do not have to be medically necessary, but must be performed by a **Registered Medical Practitioner** or **Registered Medical Specialist** in an **Approved Facility**. No **Annual Excess** applies.

**Specialists and Tests Loyalty Family Allowance**

If the **Policy Schedule** shows **You** have selected the Specialists and Tests **Benefit, We** will cover up to \$750 per **Life Assured** after two (2) years of continuous cover and every year thereafter for pregnancy scans, fertility treatment, birth care accommodation post-delivery at an **Approved Facility**.

This **Benefit** does not apply to any person who does not qualify for publicly funded health services in New Zealand. No **Annual Excess** applies

**Specialists and Tests Loyalty Sterilisation Benefit**

If the **Policy Schedule** shows **You** have selected the Specialists and Tests **Benefit We** will cover the **Usual, Customary** and **Reasonable** charges of a vasectomy or tubal ligation procedure performed by a **Registered Medical Specialist** after two (2) years of continuous cover.

Reversals of previous sterilisation procedures are excluded. Vasectomies carried out by a **Registered Medical Practitioner** will be covered. No **Annual Excess** applies.

### **Specialists and Tests Loyalty Excess Waiver Benefit**

If the **Policy Schedule** shows **You** have selected the Specialists and Tests **Benefit**, and after two (2) years of continuous cover, any applicable **Annual Excess** on the Specialists and Tests **Benefit** will be waived per **Life Assured**.

SAMPLE

## REAL Health

### SECTION D – PRIOR APPROVAL AND MAKING A CLAIM

- PRIOR APPROVAL**      1      To have **Your** claim pre-approved:
- Call **Us** on 0800 800 242 for a claim application form or log on to **Our** website [www.aia.co.nz](http://www.aia.co.nz) or email **Us** [nz.claims@aia.com](mailto:nz.claims@aia.com)
  - On acceptance of **Your** claim, **We** will send **You** a pre-approval advice. **You** can then forward the Hospital's, Surgeon's or Anaesthetist's account to **Us** and **We** will settle the claim with the service provider directly. Any shortfall in payment, such as any stated excess, is **Your** responsibility. In order for a claim to be paid where **We** have provided **You** with pre-approval advice, **Your Policy** must be in force on the date **You** have the medical treatment or procedure.
  - Pre-approval requires five (5) working days to be processed provided all requested information is submitted. Please be aware it may be necessary to request further information before completing assessment of **Your** claim.

- CLAIMING AFTER SURGERY OR HOSPITALISATION OR AFTER A DIAGNOSTIC PROCEDURE**      2      To claim:
- Call **Us** on 0800 800 242 for a claim form or log on to **Our** website [www.aia.co.nz](http://www.aia.co.nz) or email **Us** [nz.claims@aia.com](mailto:nz.claims@aia.com)
  - Once **You** have completed the claim form, return it to **Us** along with the original receipts and invoices (photocopies or duplicates are not acceptable).
  - The claim form must be received by **Us** within twelve (12) months of the date of the insured event(s).

Any costs involved in completing the claim form and where appropriate providing an attached medical report (or any additional information **We** may request) will be at **Your** expense. Additional information may be requested by **Us** in order to assess and pay **Your** claim. Please refer to the checklist contained within the claim form to ensure **You** have supplied all of the requirements to **Us**.

- UNEXPECTED EVENTS ARISING FROM TREATMENT RECEIVED UNDER THIS POLICY ("MEDICAL MISADVENTURE")**      3      If **You** become aware, in respect of any health or medical procedure for which **You** have cover under this **Policy** that there has been a "medical misadventure" (as defined in the Accident Compensation Act 2001 or any replacement legislation) then:

**You** must notify **Us** of that event together with all material details which are known to **You**. Those details must include:

1. the cause of the medical misadventure
2. the names and addresses of the health service providers(s) at fault
3. the level of increased fees caused by the medical misadventure
4. whether **You** have notified **ACC** and, if so, whether **ACC** has accepted cover.

If a medical misadventure occurs as a result of a claim under this **Policy** then **We** are entitled to withhold claims, seek recovery of any

claims paid or pursue **Your** entitlement to future treatment expenses from ACC.

**Please note for claims while residing in Australia, call collect on +64 9 488 8800.  
Please refer to the Claims Form checklist to ensure all relevant information is supplied to Us.**

SAMPLE

## REAL Health

### SECTION E – EXCLUSIONS

**We** will not pay any claims under this **Policy** if a medical condition is either directly or indirectly caused by or results from any of the following:

- Any illness, injury or condition caused by or traceable to any medical condition of which **You** were aware or the **Life Assured** was aware, or displayed symptoms of, or for which treatment or medical advice had been sought prior to the **Policy Commencement Date**, which should have been disclosed to **Us** in the application form or by additional correspondence up to the date the **Policy** was issued (as per **Your** Duty of Disclosure outlined in **Our** application form and in this **Policy** document). Any ailment declared on **Your** application form which was not excluded by **Us** on **Your Policy Schedule** will be covered on this plan. Unless specifically excluded elsewhere in the document.
- Any illness, injury, condition or disability arising from, caused or contributed by, drug taking, intoxication or misuse of alcohol. The misuse of prescribed or non-prescription drugs, including where they have not been taken in accordance with the manufacturer's or **Recognised Health Professional** directions.
- Appliances and or devices, including but not limited to, surgical, medical or dental appliances.
- **Congenital** conditions
- Any form of psychiatric treatment and or psychological treatment including, but not limited to: medical psychotherapy; any form of therapy or counselling; in-patient care in a **Private Hospital** or clinic; prescription or non-prescription drugs.
- Any mental disease or disorder, behavioural and developmental conditions including but not limited to Attention Deficit Disorder, dementia and Alzheimer's disease.
- Any continuous care (geriatric hospitalisation, palliative, respite, long-term care, convalescence and disability support services).
- Any injury or disability as a consequence of war, warlike hostilities, civil war or civil commotion.
- Cosmetic treatment including complications thereof.
- Immunotherapy or desensitization for the treatment of allergy testing.
- Any treatment not medically necessary as defined by **Us** except where specifically included in the **Policy**.
- All other dental treatments are excluded, including but not limited to periodontal surgery, orthodontal, endodontal or prosthodontal surgery, implant prosthesis, check-ups, fillings, caps, repair of broken teeth, gold, titanium or other exotic materials except where cover is expressly provided by this **Policy**.
- Infertility, or treatment for it, impotency or treatment for it, sterilisation and contraceptive procedures (except where coverage is expressly stated in this **Policy**).
- Breast reduction.
- Laser surgery that is not medically necessary (for cosmetic purposes).

- Pregnancy, childbirth, abortion or caesarean sections (except where coverage is expressly stated in this **Policy**).
- Reversals of sterilisation procedures.
- Intentional self-injury or attempted suicide or suicide.
- **Preventative or Routine Screening**, (including as a result of family history), where there is no current medical condition (except where cover is stated in this **Policy**).
- Expenses recovered or recoverable from a third party or under any other contract of indemnity or insurance including **ACC**.
- Radial Keratotomy or Photo-refractive Keratectomy or any related complications.
- Where the Ministry of Health has declined the insured free access of the full Public Health Services, **We** will not cover the insured under this **Policy**, as **Our Policy** is designed to complement Ministry of Health and Disability services provided in the Public Sector.
- Any investigation and/or treatment for sleep disturbances, snoring or obstructive sleep apnoea.
- New or experimental medical technologies, treatments or procedures that have not been approved of in writing by **Us**.
- No amount will be paid for charges relating to naturopaths, homeopaths, acupuncturists, podiatrists, herbalists, nutritionists, dieticians or alternative treatment therapists.
- Any treatment for obesity or weight reduction.
- Ancillary **Public** or **Private Hospital** charges of personal convenience nature.
- Treatment for renal failure.
- Treatment for sclerotherapy (for cosmetic purposes).
- Any other exclusion or endorsement placed upon this **Policy** at time of underwriting or **Policy** issue including any complication related to that exclusion or endorsement.

**We reserve the right to claim expenses from any other source, including other insurers, wherever you may have additional coverage in respect to any claim made under this plan.**

*(INSIGHT 28.0.0 – 13 March 2017)*