Just the facts Private Medical Cover To help fund private hospital treatments, and access to specialists, diagnostic tests, and non-PHARMAC medications outside of the public health system.

Prem Revie	nium ew Periods	Minimum Entry Age	Maximum Entry Age		Base Excess Options	Base Excess Applies	Minimum Risk Premium for Bundled Medical Rates	Australasian Cover	GST	Worldwide Cover	Medical Inflation
Yearl	ly Stepped	None	70	Life	 Nii \$250 \$500 \$1,000 \$2,000 \$5,000 \$10,000 	Per life, per annum	\$7.05 of risk benefits per month , or \$17.00 including policy fee, per month	Full cover in Australia but reimbursement will be usual, customary and reasonable NZ equivalent costs for same treatment. Standard maximums and excesses apply	Apply to premiums, claims and commissions	No cover for medical expenses incurred outside of NZ or Australia*, however if client returned to NZ or Australia to receive treatment, those costs incurred within either country would be covered	Medical rates change periodically in line with Medical Inflation. These changes take effect when a policy reaches anniversary

Base Benefits	Description					Limit	Excess
Surgical Benefit	Includes specialist consultations and diagnostic tests in the 12 months leading up to surgery, as well as specialist consultations and follow up tests in the 12 months following discharge. Also includes Hyperbaric oxygen therapy expenses within 6 months before and after surgery, as well as physiotherapy and prescription drugs within 6 months following discharge. Prosthesis and sundries are covered, as well as minor surgeries performed at day-stay clinics by a specialist or an approved GP. If the surgery relates to treating cancer, the follow up costs are covered until the cancer is cured or in remission. Costs of prescribed Non-Pharmac Subsidised Drugs which are Medsafe approved or had extensive research and clinical proof of effectiveness are included.						Base
Reconstruction Benefit		Reconstruction surgery covers the cost where reconstruction is required following surgery to remove cancer for example mastectomy, or arrest any other life threatening illness even though it is not medically necessary				\$600,000	Base
Private Hospital Benefit (Non-surgical)	Includes non-surgical private hos consultations and follow up tests			res in the 12 months leading up to the admi	ssion, as well as specialist	\$500,000	Base
		es to treating cancer, the follow up	costs are covered until the canc	well as physiotherapy and prescription dru er is cured or in remission. Costs of prescril e included			
Serious Illness Benefit	Covers radiotherapy or drug treatment including immunotherapy outside of private hospital and not already covered by the Surgical or Private Hospital benefits, intended to arrest or cure a condition posing a serious threat to life, such as cancer. Includes specialist consultations and diagnostic costs in the 12 months leading up to the diagnosis, hyperbaric oxygen therapy in the 6 months following diagnosis, and follow-up specialist consultations and tests after diagnosis and until cured or in remission. Also includes approved private outpatient clinic or other health service provider costs associated with administering treatment, prescription costs, and follow-up diagnostic tests related to the serious illness					\$500,000	Base
Psychiatrist and Psychologist consultations	Covers Psychiatrist or Psycholog	ist consultations and/or counsellir	ng that occur within 12 months in	mediately before and/or after a Surgery		\$2,500 per life assured per policy year	Base
Serious Illness Dental Benefit	Pays for dental evaluation or treatment, within 6 months of chemotherapy, radiotherapy or heart valve replacement surgery				\$1,500 per annum	None	
Major Diagnostic Benefit	 Angiogram Arthroscopy Cardiovascular Ultrasound Colonoscopy 	CT scansCystoscopyDilation and curettageEchocardiography	EndoscopiesGastroscopyHysteroscopyLaparoscopy	 MRI Scans Myelogram Myocardial Perfusion Scans Nuclear stress test 	PET scansScintigraphySigmoidoscopy	\$200,000	Lesser of Base or \$250

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Base Benefits	Description	Limit	Excess
Medical Tourism Benefit	Where required treatment is pre-approved, client can choose to go overseas and combine treatment with travel. However payment will be limited to a maximum of 75% of the costs that would have been incurred if the treatment had been undertaken in NZ. Will not pay for the following costs, except where the total of all costs including these costs is below 75% limit detailed:	Actual cost of treatment to a maximum of 75% of the usual cost inside NZ	Base
	 Any subsequent medical treatment undertaken outside of NZ as a direct or indirect result of the medical treatment performed overseas; and Any resulting medical emergency evacuation costs; and Any subsequent medical treatment undertaken inside of NZ as a direct or indirect result of the medical treatment performed overseas, for 6 months following the client's return 		
Overseas Waiting List Benefit	Where treatment is available in NZ but cannot be provided here within 6 months due to insufficient medical resources. Reimburses usual, customary and reasonable NZ equivalent costs for same treatment and procedure obtained overseas	Surgical or Non-Surgical Limits apply	Base
Overseas Treatment Benefit	Where recommended treatment cannot be provided in NZ at all. Offset by any other entitlements for reimbursement from NZ government	\$60,000	Base
Prophylactic Surgery Following Cancer Benefit	Covers the Prophylactic mastectomy of the unaffected breast for a life assured who has been diagnosed with breast cancer and tested positive for the BRCA1 or BRCA2 gene mutation, Partners Life will also cover a prophylactic surgery for a life assured who has been diagnosed with cancer as well as Lynch Syndrome	Surgical Limit applies	Base
Cancer Testing Benefit	Covers the cost of genetic testing where the life assured has been diagnosed with cancer, and genetic testing is recommended by an appropriate specialist to assist in identifying the most appropriate treatment plan	\$10,000	Base
Cancer Care Benefit	Covers the cost of counselling and/or support services such as lymphatic massage therapy after being discharged from a private hospital and where counselling and/or support services directly relate to cancer	\$500 per life assured per cancer diagnosis	None
Cancer Support Benefit	Covers the cost of personal items such as wigs, hats, mastectomy and bras after being discharged from a private hospital or an approved private day stay facility where the personal items directly relate to the cancer diagnosis	\$1,000 per life assured per cancer diagnosis	None
Public Hospital Cash Benefit	Payable for 10 nights per admission, after the third consecutive night	\$300 per night (Maximum of 10 nights)	None
Public Hospital Credit Benefit	Reimburses 12 months of life assured's Private Medical Cover premiums	Only one in any 12 month period (Maximum 2 per life assured)	None
Public Treatment Support Benefit	Covers certain treatments and follow up costs not available in the Public Health System for clients who have chosen to have treatment in a Public Hospital	Applicable limits apply	Base
Return to Home Benefit	Has been working outside of NZ or Australia for 3 or more consecutive months and suffers a condition requiring treatment for which they wish to return to NZ or Australia	Reimburses actual costs (Maximum of \$10,000 over life of policy)	None
Home Nursing Care Benefit	Payable for 10 days per admission, following client's return home from hospital	\$300 per day (Maximum of 10 days)	None
Children's Coverage Benefit	Automatic free coverage for children in the first 6 months after birth. Must be added to policy within initial 6 months for coverage to continue without medical underwriting. Children's rates to age 21 but can stay on policy indefinitely as adults. Can convert to their own adult policy later. Terms and conditions of new policy are guaranteed to be the same or better than the policy they are transferring from	-	Base
Transfer Costs Benefit	Reimburses actual air or road ambulance costs if required treatment is not available in residential region within New Zealand or Australia	Actual costs	None
Support Person Transport Benefit	Reimburses actual public transport costs for required support person when treatment outside of residential region	Actual costs	None
Support Person Accommodation Benefit	Payable for 10 days for required support person when treatment outside of residential region	\$300 per day (Maximum of 10 days)	None

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Base Benefits	Description	Limit	Excess
Waiver of Premium Benefit	If any life assured over the age of 21 dies or is diagnosed with a Terminal Illness before age 70 then Private Medical Cover premiums are waived for survivors every year for 3 years or until oldest survivor reaches age 70	-	None
Funeral Support Benefit	Paid immediately upon notification of death, except where death is the result of self-harm within the first 13 months	\$10,000 (For 10 years and older)	None
		\$2,000 (Under 10 years which include unborn children with a gestational age of 24 weeks)	
Medical Misadventure Benefit	Payable if the assured dies as a direct result of medical misadventure, for which the hospital has publically admitted liability, provided death occurs within 30 days of incident	\$30,000	None
Hospice Benefit	Payable for 10 nights per admission, starting from third consecutive night	\$300 per night (Maximum of 10 nights)	None
Second Opinion Benefit	Where client wishes to consult an alternate specialist with regard to a diagnosis or treatment plan	No limit applies	None
Excess Waiver Benefit	Selected excess waived if admission to private hospital is as a result of heart attack, stroke, coronary artery bypass surgery or critical cancer	-	None
Multiple Policy Excess Benefit	Where a portion of medical costs are recovered from another medical insurance policy, and the remainder claimed against the client's Partners Life Private Medical Cover, their excess will be reduced by the amount recovered from the other insurer	-	Base less costs recovered
Sterilisation Loyalty Benefit	Included under Surgical Benefit after 2-year stand-down period	Surgical Limit applies	None
Accommodation Benefit	Payable for 10 days for the life assured when treatment is required outside of residential region	\$300 per day (Maximum of 10 days)	None
Transport Benefit	Reimburses actual public transport costs for the life assured when treatment is required outside of residential region	Actual costs	None
Recovery Benefit	Pays for recovery treatments such as Osteopathic, Chiropractic, Speech and Occupational Therapy etc occurring within 6 months of discharge	\$500 per admission per life assured	None

Options	Description	Limit	Excess
Specialist and Tests Option	Covers all specialist consultations and tests, including osteopaths, naturopaths, homeopaths, chiropractors, podiatrists and acupuncturists if referred by a GP, and obstetrician costs relating to complications of pregnancy up until 90 days after the end of the pregnancy	Combined annual maximum of \$10,000 for specialists and tests	\$250

Mental disease or disorders, or psychiatric conditions • Health conditions as a consequence of a criminal offense · Alternative health practitioners, and non-recognised Preventative treatment or investigative tests by the client treatments, e.g. experimental treatments Cosmetic surgery or procedures Sterilisation costs in the first 2 years Pregnancy or pregnancy complications lasting less than Geriatric Conditions or senility Anything which is not medically necessary Overseas costs* 90 days after the end of the pregnancy Congenital Disorders identified within 4 months of birth Self-inflicted harm Contraception • Health conditions related to the misuse of alcohol, or · Health conditions as a consequence of War • Anything not directly relating to the health condition*, e.g. Public hospital costs* prescription or non-prescription drugs Acute admissions taxi fares · Laser eye surgery HIV, AIDS and related conditions Childbirth, termination, and Infertility treatment Expenses recoverable from other sources Investigation or treatment other than Surgery for sleep Prescription costs* • GP, dentist, nurse, or any other non-hospital or specialist Short or long sightedness, or presbyopia disturbances, snoring and obstructive sleep apnoea Organ donation treatment provider's costs* Dental health conditions* · Non-disclosure, misstatement, fraudulent claims, or non-· Refusal to provide claims information or undergo compliance with medical treatment After-hours, administration, or cancelation costs requested examinations or tests

* Unless specifically covered under this policy

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