

Partners Life Journey Plan

Just the facts

Private Medical Cover

partners life

To help fund private medical care outside of the public health system.

Premium Review Periods	Minimum Entry Age	Maximum Entry Age	Expiry Age	Base Excess Options		Base Excess Applies	Treatment in Australia	GST	Medical Inflation
Yearly Stepped	None	70	Life	- Nil \$250 \$500 \$1,000	\$2,000 \$5,000 \$10,000	Per life, per annum	Client can choose to have treatment in Australia but reimbursement will be usual, customary and reasonable NZ equivalent costs for same treatment. Standard maximums and excesses apply. Note: Client will not be covered for medical treatment outside of NZ or Australia*. However, if client returned to NZ or Australia to receive treatment within either country, those treatment costs would be covered.	Apply to premiums, claims and commissions.	Medical premiums change periodically in line with Medical Inflation. These changes take effect when a policy reaches anniversary.

Base Benefits	Description	Limit	Excess
Surgical Benefit	Surgery in an approved private hospital or in an approved facility. Includes specialist consultations and diagnostic tests related to the surgery 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 related physiotherapy and prescription drugs within 6 months following discharge. Prosthesis and sundries are covered, as well as outpatient surgery by a Specialist or approved Medical Doctor. If the surgery relates to treating cancer, the follow up tests 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 up to \$25,000.	\$600,000	Base
Reconstruction Benefit	Reconstruction surgery covers the cost of reconstruction that is not medically necessary but is required following covered surgery to remove cancer, for example mastectomy, or arrest any other life threatening illness.	\$600,000	Base
Prophylactic Surgery Following Cancer Benefit	Covers the prophylactic mastectomy or prophylactic oophorectomy 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.	\$600,000	Base
Private Hospital Benefit (Non-surgical)	Includes non-surgical private hospital admissions, as well as related specialist consultations and diagnostic procedures in the 12 months leading up to the admission, as well as related specialist consultations and follow up tests in the 12 months following discharge. Also includes Hyperbaric oxygen therapy expenses within 6 months before and after admission, as well as related physiotherapy and prescription drugs within 6 months following discharge. If the admission relates to treating cancer, the follow up specialist consultation 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 up to \$25,000.	\$500,000	Base
Serious Illness Benefit	Covers radiotherapy or drug treatment not already covered by the Surgical or Private Hospital benefits, where the treatment is required to arrest or cure a condition posing a serious threat to life, such as cancer. Includes related specialist consultations and diagnostic costs in the 12 months leading up to the diagnosis, approved outpatient costs including chemotherapy, radiotherapy and immunotherapy administered outside of private hospital, hyperbaric oxygen therapy in the 6 months following diagnosis, and related 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. Costs of prescribed Non-Pharmac Subsidised Drugs which are Medsafe approved or had extensive research and clinical proof of effectiveness are included up to \$25,000.	\$500,000	Base

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Base Benefits	Description	Limit	Excess
Psychiatrist and Psychologist consultations	Covers Psychiatrist or Psychologist consultations and/or counselling that occur within 12 months immediately before and/or after a Surgery, serious illness or non-surgical private hospital admission.	\$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 where the evaluation or treatment is related to the cancer treatment or surgery.	\$1,500 per annum	None
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 the 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
Major Diagnostic Benefit	• Angiogram • Arthroscopy • Cardiovascular Ultrasound • Colonoscopy • CT scans • Cystoscopy • Dilation and curettage • Echocardiography • Endoscopies • Gastroscopy • Hysteroscopy • Laparoscopy • MRI Scans • Myelogram • Myocardial Perfusion Scans • Nuclear stress test • PET scans • Scintigraphy • Sigmoidoscopy	\$200,000	Lesser of Base or \$250
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 is waived if diagnosed with a specified condition and admitted to private hospital or treated as a serious illness, including heart attack, stroke, coronary artery bypass surgery or critical cancer.	-	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
Sterilisation Loyalty Benefit	Included under Surgical Benefit after 2-year continuous cover. (Continuous cover does not include premium holidays or policy suspensions.)	\$600,000 under the Surgical Benefit	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, the excess under this policy will be reduced by the amount recovered from the other insurer.	-	Base less costs recovered
Guaranteed Upgrade of Future Benefits	Any future improvements will automatically be added to clients' policies.	-	-

Options	Description	Limit	Excess
Non-Subsidised Drugs Option	If this option is selected, the benefit limit for non-subsidised drugs is increased to the applicable benefit limit under the Surgical Benefit or the Non-Surgical Benefit.	\$600,000 per year including administration costs under the Surgical Benefit or \$500,000 per year including administration costs under the Non-Surgical Benefit	Base

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Options	Description	Limit	Excess
Health Journey Support	Recovery Support Benefit Pays for recovery treatments such as Osteopathic, Chiropractic, Speech and Occupational Therapy relating to the medical condition occurring within 6 months of discharge.	\$500 (Maximum per life per admission)	None
	Home Nursing Care Benefit Covers the costs of home nursing care provided by a registered nurse, following client's return home from hospital. Payable for up to 10 days per admission.	\$300 per day (Maximum of 10 days)	None
	Support Person Accommodation Benefit Payable for up to 10 days for required support person to accompany a client when treatment is only available outside of their residential region.	\$300 per day (Maximum of 10 days)	None
	Support Person Transport Benefit Reimburses actual public transport costs for required support person when treatment outside of residential region.	Actual costs	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
	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
	Medical Premium Support on Death 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) \$2,000 (Under 10 years which include unborn children with a gestational age of 24 weeks)	None
	Medical Misadventure Benefit Payable if the life assured dies as a direct result of medical misadventure, confirmed by the hospital or a relevant authority, 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
	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
	Public Hospital Cash Benefit Payable for 10 nights per admission, after the third consecutive night.	\$300 per night (Maximum of 10 nights)	None
Overseas Coverage	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
	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.	\$600,000 per year under the Surgical Benefit or \$500,000 per year under the Non-Surgical Benefit	Base

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Options	Description	Limit	Excess
Overseas Coverage	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
	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: - 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.	Actual cost of treatment to a maximum of 75% of the usual cost inside NZ	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
Specialist and Tests	Specialist and Tests Benefit Covers all specialist consultations and tests, including consultations with registered 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
	Specialist Treatment Benefit Covers medical treatment recommended by a Specialist (e.g., Intravitreal Eye Injections, excluding those for Age-Related Macular Degeneration). The treatment must not be surgical or related to a non-surgical admission covered elsewhere in the policy.		
Guaranteed Wording	Clients' wordings and benefits are guaranteed and can't be changed to the detriment of the client.	-	-

Exclusions

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

* Unless specifically covered under this policy