

partners life

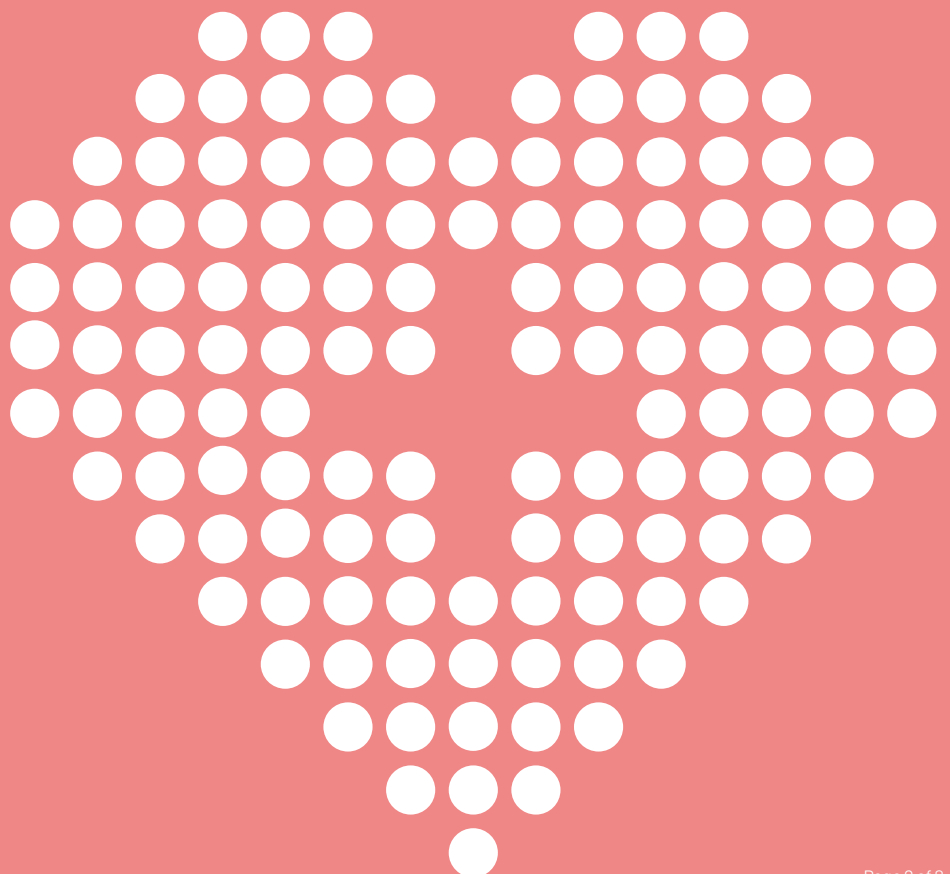
Protection that fits your life stage.

Partners
Life Journey Plan



Private Medical Cover

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Life Journey Plan



Private Medical Cover

Overview

Skip the queue and get access to private medical care that fits your needs.

- Enjoy flexible cover with a wide range of benefits
- Add or remove options* when life changes
- Protection for yourself and your loved ones
- Can support you through your life journey

Protection that fits your life.

Your Private Medical Cover is designed to provide the protection you need today, and in the future – whatever life may bring.

You can choose from full cover that includes all the premium benefits Partners Life is known for. Or, if there are options you know you won't need, simply remove them to build your own customised cover.

Best of all, your cover is flexible so you can add* or remove options to fit your needs when life changes – helping to keep you and your loved ones protected through your life journey.

Save up to 15% on eligible premiums

You can receive up to 15% discount on eligible premiums when you take out multiple covers (subject to meeting qualifying criteria).

[Terms and conditions apply](#). Talk to your adviser to find out more.

What your cover provides

The following tables show the benefits available under Base Cover and Options..

- **Benefits:** These are the names of the benefits.

What it covers: This provides a summary of each benefit. Conditions, exclusions and limits apply. You can find the full details in our Partners Life Journey Plan policy wordings. Special conditions, exclusions and premium loadings may also be applied to your policy.

How it works: This shows the maximum amount (limit) we'll pay in one policy year for each person who is part of your policy ("life assured") if your claim is accepted by Partners Life. For some benefits an excess may apply.

*Changes to your plan may require underwriting.

Base Cover

Private Medical Cover provides the following standard benefits for every person insured ("life assured") as part of your policy.

● Surgical Benefit

Benefits	What it covers	How it works
Surgical Benefit	Surgery in an approved private hospital or in an approved facility and the costs associated with the surgery. Pre- and post-surgery care including related physiotherapy, prescriptions, specialist consultations and diagnostic procedures.	Pays up to \$600,000 (includes prescribed non-Pharmac subsidised drugs for eligible claims up to \$25k). Excess may apply.
Prophylactic Surgery Following Cancer Benefit	Preventative surgery for cancer-related gene mutations relating to breast cancer or Lynch Syndrome.	
Reconstruction Benefit	Breast or other reconstruction surgery following initial surgery to remove cancer or prevent a life-threatening condition.	

● Non-Surgical Benefit

Benefits	What it covers	How it works
Private Hospital Benefit	Admission to a private hospital for medical treatments that don't require surgery. Pre- and post-admission costs including physiotherapy, specialist consultations, prescriptions and diagnostic procedures relating to the hospital admission.	Pays up to \$500,000 (includes prescribed non-Pharmac subsidised drugs for eligible claims up to \$25k). Excess may apply.
Serious Illness Benefit	Drug or radiotherapy treatment not covered under the Surgical Benefit or Private Hospital Benefit for treatment of a serious condition like cancer.	
Psychiatrist or psychologist consultation and/or counselling	Consultations and counselling within 12 months immediately before or after surgery, serious illness and non-surgical private hospital admissions.	Pays up to \$2,500. No excess applies.
Serious Illness Dental Benefit	Dental checkup or treatment that is recommended within six months of chemotherapy, radiotherapy or heart valve replacement surgery.	Pays up to \$1,500. No excess applies.
Cancer Testing Benefit	Genetic testing when recommended by an appropriate specialist to help identify the most appropriate treatment plan following a cancer diagnosis.	Pays up to \$10,000. No excess applies.
Cancer Care Benefit	Counselling and support services relating to cancer (such as lymphatic massage therapy) after being discharged from a private hospital.	Pays up to \$500. No excess applies.
Cancer Support Benefit	Personal items such as wigs, hats, mastectomy bras relating to a cancer diagnosis or treatment provided.	Pays up to \$1,000. No excess applies.
Major Diagnostic Benefit	Covers costs of diagnostic procedures for the purposes of reaching a diagnosis of a medical condition: • Angiogram • Arthroscopy • Cardiovascular ultrasound • Colonoscopy • CT Scans • Cystoscopy • Dilation & Curettage • Echocardiograph • Endoscopy • Gastroscopy • Hysteroscopy • Laparoscopy • MRI Scans • Myelogram • Myocardial perfusion scans • Nuclear Stress Test • PET Scans • Scintigraphy • Sigmoidoscopy	Pays up to \$200,000. Your excess or \$250 whichever is less.

Benefits	What it covers	How it works
Second Opinion Benefit	Consultation with an alternate specialist about a diagnosis or treatment plan.	No excess applies.
Excess Waiver Benefit	No excess to pay if admission to a private hospital is a result of heart attack, stroke, coronary artery bypass surgery and some cancers.	No excess applies.
Multiple Policy Excess Benefit	If you have a medical insurance policy with another insurer and they pay less than 100% of your claim, the amount they pay you will count towards your excess when you claim the difference on your Partners Life Private Medical Cover policy. This is particularly beneficial if your employer offers limited medical cover as part of your employment package.	Your choice of excess will be reduced by the amount recovered from the other insurer.
Treatment in Australia	Medical treatment in Australia. Note: We'll only pay the usual and reasonable costs that would've been payable for same treatment in New Zealand. If you return to New Zealand or Australia from another country to receive treatment, the costs incurred within New Zealand or Australia can be covered.	Applicable limit and excess applies for type of treatment.
Children's Coverage Benefit	Children born during the term of your Private Medical Cover are automatically covered free of charge for six months immediately following their birth. If you choose to add your children after six months, they will be put on the children's premium rate for as long as you choose until they turn 21, when premiums change to the applicable adult rate. Note: Children can convert to their own policy at any stage, with terms and conditions that are no less favourable than those that apply to your policy at the date they convert.	Applicable limit and excess applies for type of treatment.
Sterilisation Loyalty Benefit	Sterilisation procedure as a means of contraception. Included under Surgical Benefit after two years of continuous cover.	No excess applies.
Guaranteed Upgrade of Future Benefits	Any future improvements to your existing cover will automatically be added to your policies.	

Options

The following Options can be added* to your Base Cover to provide comprehensive protection.

*Changes to your plan may require underwriting.

● Specialists and Tests Option

Benefits	What it covers	How it works
Specialist and Tests Benefit	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 until 90 days after the end of the pregnancy.	Pays up to \$10,000. \$250 excess applies.
Specialist Treatment Benefit	Non-surgical medical treatments recommended by a Specialist (for example Intravitreal Eye Injections, excluding those for Age-Related Macular Degeneration) not related to a covered non-surgical admission.	

● Health Journey Support Option

Benefits	What it covers	How it works
Recovery Support Benefit	Recovery-related consultations and treatments such as Osteopathic, Chiropractic, Speech and Occupational Therapy for up to six months after discharge from a private hospital or approved day-stay facility, if recommended by the treating Specialist.	Pays up to \$500 per admission. No excess applies.
Public Hospital Cash Benefit	Admission to public hospital as a non-private fee-paying patient, after you've been in hospital for three consecutive nights.	Pays up to \$300 a night, for up to 10 nights. No excess applies.
Public Hospital Credit Benefit	If you receive treatment or undergo a procedure in a public hospital that could have been undertaken privately and funded by your Private Medical Cover, a reimbursement equivalent to 12 months of Private Medical Cover Premiums will be paid to you.	
Public Treatment Support Benefit	Covers costs for treatments and follow-up consultations that are not available in the public health system, following treatment in a public hospital that would have been covered under your Private Medical Cover.	Applicable limits for type of treatment. No excess applies.
Home Nursing Care Benefit	Home nursing care by a registered nurse, following your return home from hospital.	Pays up to \$300 per day (maximum of 10 days) per admission. No excess applies.
Support Person Accommodation Benefit	Accommodation for a required support person when treatment is only available outside of your residential region.	Pays up to \$300 per day (maximum of 10 days). No excess applies.
Support Person Transport Benefit	Actual public transport costs for required support person when treatment is only available outside of your residential region.	Pays actual costs. No excess applies.
Accommodation Benefit	Accommodation for you when your required treatment is only available outside your residential region.	Pays up to \$300 per day (maximum of 10 days). No excess applies.
Transport Benefit	Actual transport costs when treatment is required but only available outside your residential region.	Pays actual costs. No excess applies.
Transfer Costs Benefit	Actual air or road ambulance costs to the nearest private hospital if required treatment is not available in your residential region within New Zealand or Australia.	Pays actual costs. No excess applies.
Medical Premium Support on Death	If a life assured dies or is diagnosed with a terminal illness between ages 21 and 70, we'll waive the premiums you pay for all remaining lives assured for three years or until the oldest surviving life assured turns 70, whichever is earlier.	Premiums will be waived annually starting from the next premium date following the death of the life assured.
Funeral Support Benefit	Provides a lump sum payment on notification of death, except where death is the result of self-harm within the first 13 months.	Pays up to \$10,000 if the life assured is aged 10 or older, or \$2,000 if the life assured is aged under 10 years. No excess applies.
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 the death occurs within 30 days of the procedure or treatment.	Pays up to \$30,000 No excess applies.
Hospice Benefit	Admission to hospice, after you've been in hospice for three nights.	Pays up to \$300 a night, for up to 10 nights No excess applies.

● Overseas Coverage Option

Benefits	What it covers	How it works
Overseas Waiting List Benefit	If your required treatment is normally available and able to be provided privately in New Zealand but is unable to be accessed within the six months immediately following recommendation, then we'll reimburse you the equivalent New Zealand costs for the same treatment, if you decide to have that treatment overseas.	Surgical Benefit or Non-Surgical Benefit Limits apply. Excess may apply.
Overseas Treatment Benefit	Pays for treatment overseas, if recommended conventional treatment cannot be provided in New Zealand at all. Cover will be offset by any other entitlements for reimbursement available from New Zealand government.	Pays up to \$60,000. Excess may apply.
Medical Tourism Benefit	Where required treatment is pre-approved, you can choose to go overseas and combine treatment with travel. What's not covered - Any subsequent medical treatment outside of New Zealand as a direct or indirect result of complications arising from the medical treatment performed overseas - Any medical emergency evacuation costs - Any follow-up medical treatment inside of New Zealand as a direct or indirect result of complications of the original medical treatment performed overseas, for six months following your return unless the total of all the costs is no more than the 75% limit of your initial treatment.	Pays actual cost, up to a maximum of 75% of the usual cost for the same treatment inside New Zealand. Surgical Benefit or Non-Surgical Benefit Limits apply.
Return to Home Benefit	Reimburses actual transport costs for you and a support person to return to New Zealand or Australia for required treatment if you have been living or working outside New Zealand or Australia for more than three consecutive months.	Pays actual costs up to maximum of \$10,000 per life assured over life of policy. No excess applies.

● Non-subsidised Drugs Option

Benefits	What it covers	How it works
Medsafe-approved drug costs associated with covered treatments, regardless of whether they're PHARMAC-subsidised or not.	Increases the limit for non-subsidised drugs to applicable limit under Surgical Benefit or Non-Surgical Benefit	Included as part of the applicable \$600,000 Surgical Benefit limit or \$500,000 Non-Surgical Benefit limit. Excess may apply.

● Guaranteed Wordings Option

No matter what changes we make to our policies in the future, we guarantee you'll hold onto your original benefits for as long as you have your policy.

Partners Life Private Medical Cover provides you with the flexibility to structure your plan to suit your needs. You have a choice of excess on the base plan (\$0, \$250, \$500, \$1,000, \$2,000, \$5,000 or \$10,000) which can vary for each life assured. Your adviser will assist you to understand the implications of these options to enable you to make the best choice for your personal circumstances.

Talk to your adviser today for help with the cover that's right for you.

This overview is a marketing document that highlights a number of the key features of Private Medical Cover. The full terms and conditions, benefits and exclusions that apply to those features and to the overall Partners Life Journey Plan are detailed in the Private Medical Cover Protection Benefit Sheet and Partners Life Journey Plan Policy Document available from your adviser. The availability of insurance cover is subject to your application being approved. Special conditions, exclusions and premium loadings may apply.

For more details on the eligibility criteria for the 15% discount see partnerslife.co.nz/partners-life-multi-benefit-discount

