

## Private Medical Cover Overview



**Private medical cover provides the funding to enable you to have private hospital treatment whenever you require more immediate access or a broader range of treatment options than are available to you through the public health system.**

### Surgical treatment

If you require a surgical procedure (including lithotripsy), whether in hospital or day stay, and you choose to have the procedure completed privately, your private medical cover will pay the costs (including prosthetics) up to a maximum of \$300,000 per year for each life assured (certain exclusions apply).

If your required surgery is as a result of a heart attack, stroke, coronary artery disease or critical cancer then the excess will not be deducted from this benefit.

### Non-surgical hospital treatment

If you require non-surgical treatment in a hospital and you choose to be admitted to a private hospital your private medical cover will pay the costs up to a maximum of \$300,000 per year for each life assured (certain exclusions apply).

If your admission to hospital is as a result of a heart attack, stroke or critical cancer then the excess will not be deducted from this benefit.

### Life threatening illness treatment

If you suffer a potentially life threatening illness such as cancer, which requires drug treatment to arrest or cure but doesn't necessarily require hospitalisation, you are still covered. The additional costs of these drugs over and above any government (or quasi-government) subsidies are included in the non-surgical cover detailed above. We want to help ensure you have access to the most effective drug treatments available, irrespective of whether those drugs attract a government subsidy or not (certain exclusions apply).

### Before and after hospitalisation costs

If you have private surgery or treatment in a private hospital all of the related specialist consultations and tests in the six months before and after the hospitalisation are covered. Post-hospitalisation costs including prescriptions and sundries, physiotherapy, hyperbaric oxygen therapy or rehabilitation costs, which occur in the six months following your discharge, are also covered. These costs are included in the surgical and non-surgical covers detailed above (certain limits and exclusions apply).

### Major diagnostic costs

If you require any of the expensive diagnostic tests listed, whether they lead to the need for further treatment or not, your private medical cover will pay the costs of these diagnostic tests up to a maximum of \$200,000 per year for each life assured (certain exclusions apply).

**MRI Scans**

**CT Scans**

**Arthroscopy**

**Laparoscopy**

**Dilation and Curettage**

**Cytoscopy**

**Myelogram**

**Hysteroscopy**

**Angiogram**

**Colonoscopy**

**Gastroscopy**

### **When you are admitted to a public hospital**

If you are admitted to a public hospital for longer than three nights your private medical cover will reimburse you \$300 per night for each additional night you stay up to a maximum of 10 nights per admission for each life assured (certain exclusions apply). No excess will be deducted from this public hospital cash grant.

### **Emergency transport costs**

Your private medical cover will reimburse you for the costs of any emergency transport you require (certain exclusions apply). No excess will be deducted from this transfer costs benefit.

### **Hospice respite**

Your private medical cover includes reimbursement for hospice costs of \$300 per day for up to a maximum of 10 days for each admission (certain exclusions and limits apply). No excess will be deducted from this hospice benefit.

### **Death benefits**

A lump sum payment of \$3,500 per life assured (or \$2,000 for children under the age of ten), is payable to assist with funeral expenses should a life assured die (certain exclusions apply). No excess will be deducted from this funeral benefit.

In addition, if an adult life assured dies before the age of 70, then the private medical cover premiums you pay for all remaining lives assured will be refunded for the following three years (certain exclusions apply).

If a life assured dies whilst in hospital as a result of medical misadventure a death benefit of \$30,000 is payable (certain exclusions and limits apply). No excess will be deducted from this medical misadventure benefit.

### **Special assistance at home**

If you require full time care at home following a period of hospitalisation then your private medical cover will reimburse you \$300 per day up to a maximum of 10 days following each admission. No excess will be deducted from this home nursing care benefit (certain exclusions apply).

### **Bringing you home**

If you have been working overseas for more than three months when you suffer a health condition which requires treatment and you wish to return home, your private medical cover includes a return to home benefit. This benefit will reimburse you for the costs of bringing yourself and a companion home to New Zealand (certain exclusions and limits apply). No excess will be deducted from this transfer costs benefit.

### **Treatment away from home outside of New Zealand**

If you require treatment that is unavailable in New Zealand then your private medical cover will pay you a grant of up to a maximum of \$30,000 to assist with the transport, accommodation and treatment costs that you incur (certain exclusions and limits apply).

If your required treatment is normally available in New Zealand but is unable to be accessed within the six months immediately following recommendation, then your private medical cover will reimburse you the equivalent New Zealand costs for the same treatment, if you decide to have that treatment overseas. Payment is made as if the treatment had been undertaken here, up to the maximums outlined in the surgical and non-surgical benefits detailed above (certain exclusions apply).

### **Medical tourism option**

If you require treatment that is available in New Zealand within six months of recommendation, but you would prefer to have the treatment overseas, you are able to do so. Partners Life will reimburse you for associated costs including treatment, transport and accommodation for yourself and one support person. The total amount payable is limited to a maximum of 75% of the usual customary and reasonable costs of the treatment, had it been undertaken in New Zealand (certain exclusions apply).

### **Treatment away from home inside New Zealand**

If your recommended treatment has to happen outside of your home town, then your private medical cover includes a support person accommodation and transport costs benefit which will reimburse you for up to ten days accommodation costs and all transport costs for your support person (certain exclusions and limits apply).

### **Automatic cover for babies**

All children born during the term of your private medical cover are automatically covered free of charge for the three months immediately following their birth to give you time to officially add them as lives assured if you choose.

### **Children added to your policy**

Once children are added as lives assured, they attract the children's premium rate until they turn 21. You can keep them covered under your policy for as long as you wish, their premiums will simply change to the applicable adult rate once they reach age 21.

If they wish to convert from your policy to their own policy at any stage, Partners Life guarantees to apply terms and conditions to their new policy that are no less favourable than the terms and conditions that apply to your policy at the date they convert.

### **Your choice of excess**

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.

### **Optional non-hospital related specialists and tests cover**

You have the option to purchase the specialists and tests benefit which will provide reimbursement for the costs of specialist consultations or diagnostic tests that are not otherwise covered by the base plan. Partners Life includes registered alternative health practitioners as specialists under the specialists and tests benefit, provided you have been referred by a doctor for treatment of a diagnosed medical condition. An annual maximum of \$4,000 each for specialist consultations and diagnostic tests applies to each life assured. There is also a standard \$250 excess that applies each year for each life assured (certain exclusions apply).

### **Turning claims promises into reality**

Partners Life goes so much further than paying lip service to the way in which we will manage claims. Our intention to manage claims fairly and ethically, irrespective of what the law might allow us to do as a life insurer, is a legally binding promise. We have included our commitment to our claims philosophy into our policy wordings – so we are contractually obliged to behave this way – and we wouldn't have it any other way.

### **Rewarding partnership for life**

Partners Life is passionate about sharing the value we create over time with you. Rather than solely focusing on incentivising new customers to join, we also want to reward clients who are loyal to us. Your Partners Protection Plan includes an increasing loyalty discount over time to your private medical cover premium. So you can take comfort that you will pay increasingly less for your private medical cover than new clients to the company will.

The discounts that apply start from the 3rd anniversary and increase each year until reaching 10% after twelve years.

### **Help when it's really needed**

A premium holiday is available to you to provide financial relief during difficult times without losing your valuable cover.

In the tragic event that you lose a spouse or child, are made redundant or bankrupt or are forced to leave work to care for a relative who has become dependent on you due to ill health, your Partners Protection Plan provides up to six months of free private medical cover, while you rearrange your financial affairs.

Alternatively your premiums and cover may be suspended for up to twelve months if you need temporary financial relief due to overseas travel, parental leave, extended periods of leave without pay or even if you decide to embark on some additional full time study. At the end of the suspension period you can restart your private medical cover without being reassessed.

## Keeping your Partners Protection Plan up to date

Partners Life guarantees to automatically apply any future enhancements we make to private medical cover to your policy, provided there is no additional premium required for those enhancements.

## World-wide cover – Australasian treatment

Your private medical cover is valid for medical conditions which might arise wherever you may be in the world, as long as the treatment for those conditions takes place in Australia or New Zealand. If the treatment takes place in Australia, you are covered for the equivalent New Zealand costs as if the same treatment had it been undertaken here.

This overview is a marketing document which highlights a number of the key features of private medical cover. The full terms and conditions that apply to those features and to the overall Partners Protection Plan are detailed in the Private Medical Cover Protection Benefit Sheet, and the Partners Protection Plan Policy Document which are all available from your adviser.

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