

Overview



Private Medical Cover



Private Medical Cover provides the funding to enable you to have private medical 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) less any applicable excess, up to a maximum Surgical Benefit of \$600,000 per year for each life assured (certain exclusions apply).

Costs of reconstruction surgery are covered where reconstruction is required as a result of surgery to remove cancer, or to arrest any other life threatening illness even though it is not medically necessary.

If your required surgery is as a result of a heart attack, stroke, coronary artery disease or critical cancer you will not be required to pay an excess.

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 less any applicable excess, 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, coronary artery disease or critical cancer you will not be required to pay an excess.

Serious 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 under the Serious Illness Benefit.

We also offer a Serious Illness Dental Benefit which cover costs of dental evaluation and treatment within 6 months of chemo or radiotherapy treatment or heart valve replacement surgery to a maximum of \$1,500 per year.

Non Subsidised Drug Treatment

Partners Life does not limit coverage of drug treatments to those funded by any government subsidies, from organisations such as PHARMAC, this allows you access to the most effective options available. We also do not limit such treatment to in hospital only. The additional costs of drugs over and above any government subsidies, are included within the benefit maximums that apply to the Surgical, or Non-Surgical Benefits, whichever is applicable for the required treatment. 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.(Subject to the terms and conditions of the policy.)

Before and after hospitalisation costs

If you have surgery or treatment in a private hospital all of the related specialist consultations and tests in the 12 months before and after the hospitalisation are covered. If the hospitalisation was to treat cancer, follow-up specialist consultation and tests costs are covered up until the cancer is considered to be cured or in remission. Post-hospitalisation costs including prescriptions and sundries, physiotherapy, hyperbaric oxygen therapy or rehabilitation costs, which occur in the 6 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 below, 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 Major Diagnostic Benefit of \$200,000 per year for each life assured (certain exclusions apply).

- Angiogram
- Arthroscopy
- Cardiovascular Ultrasound
- Colonoscopy
- CT scans
- Cystoscopy
- Dilation and Curettage
- Echocardiography
- Endoscopies (including but not limited to Capsule Endoscopy)
- Gastroscopy
- Hysteroscopy
- Laparoscopy
- MRI Scans
- Myelogram
- Myocardial Perfusion Scans
- Nuclear Stress Test
- PET Scans
- Scintigraphy
- Sigmoidoscopy

The Excess payable will be the lesser of the Private Medical Cover excess and \$250.

When you are admitted to a public hospital

If you are admitted to a public hospital for longer than 3 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 Benefit.

Emergency transfer 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

The Funeral Support Benefit is a lump sum payment of \$10,000 per life assured. For children under the age of 10 including a child not yet born (24 weeks), and those automatically covered for up to 6 months after birth, the amount payable is \$2,000. It 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 under the Waiver of Premium Benefit, 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 waived for the following 3 years (certain exclusions apply).

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

Recovery Benefit

Pays up to \$500 per life per admission for recovery treatments such as Osteopathic, Chiropractic treatment, Speech and Occupational therapy and Dietician consultations, occurring within 6 months of discharge.

Cancer diagnosis benefits

Under the Cancer Care Benefit your Private Medical Cover provides for up to \$500 per cancer diagnosis to assist with costs such as psychologist consultations, therapy and counselling and lymphatic massages. In addition, the Cancer Support Benefit also provides up to \$1,000 per cancer diagnosis for items such as wigs, hats, scarves and mastectomy bras.

Special assistance at home

If you require full time care at home following a period of hospitalisation then the Home Nursing Care Benefit will reimburse you \$300 per day up to a maximum of 10 days following each discharge.

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 3 consecutive 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 Return to Home 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 Return to Home Benefit.

World-wide cover – Australasian treatment

Your Private Medical Cover is valid for medical conditions which 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 been undertaken here.

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 an Overseas Treatment Benefit 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 6 months immediately following recommendation, then your Overseas Waiting List Benefit 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 Benefit and Non-Surgical Benefits detailed above (certain exclusions apply).

Medical tourism option

If you require treatment that is available in New Zealand within 6 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 under the Medical Tourism Benefit 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 and restrictions apply).

Treatment away from home inside New Zealand

If your recommended treatment has to happen outside of your residential region, then your Private Medical Cover includes an Accommodation Benefit and a Transport Benefit which will reimburse you for up to 10 days accommodation costs and all transport costs (certain exclusions and limits apply).

Your Private Medical Cover also includes a Support Person Accommodation Benefit and Support Person Transport Benefit which will reimburse you for up to 10 days accommodation costs and all transport costs for your Support Person (certain exclusions and restrictions apply).

Second opinion benefit

If you receive a diagnosis or are recommended a treatment plan by a Specialist which is covered under your Private Medical Cover policy, and you wish to consult an alternative Specialist to obtain a second opinion, the costs of doing so will also be covered up to a maximum of \$5,000 per year under the Second Opinion Benefit. No excess will be deducted from this Second Opinion Benefit.

Automatic cover for babies

All children born during the term of your Private Medical Cover are automatically covered free of charge for the 6 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.

Additionally, if you have a medical insurance policy with another provider and they pay less than 100% of your claim, under the Multiple Policy Excess Benefit 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.

Loyalty sterilisation benefit

Once you have had cover under the Private Medical Cover for 2 continuous years, Partners Life will cover the costs of sterilisation procedures such as vasectomies and female sterilisation, as a means of contraception. Prior approval must be obtained from Partners Life prior to incurring any costs under this benefit (certain exclusions and restrictions apply).

Optional non-hospital related specialists and tests cover

You have the option to purchase the Specialist and Tests Option 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 Specialist and Tests Option, provided you have been referred by a doctor for treatment of a diagnosed medical condition. A combined yearly maximum of \$10,000 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).

Public Health Credit Benefit

If you receive treatment or undergo a procedure in a public hospital that could have been undertaken privately and funded by your Partners Life Private Medical Cover, a reimbursement equivalent to 12 months of Private Medical Cover Premiums will be paid to you.

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 Premium 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 2nd anniversary and increase each year by 1% until reaching 10%.

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 6 months of free Private Medical Cover, while you rearrange your financial affairs. Alternatively your premiums and cover may be suspended for up to 12 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 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.

This overview is a marketing document that 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 Partners Protection Plan Policy Document available from your adviser.

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