

Premium Review Periods	Minimum Entry Age	Maximum Entry Age	Expiry Age	Base Excess Options	Base Excess Applies	Australasian Cover	GST	Worldwide Cover	Medical Inflation
Yearly Stepped	None	70	Life	<ul style="list-style-type: none"> <li>Nil</li> <li>\$250</li> <li>\$500</li> <li>\$1,000</li> <li>\$2,000</li> <li>\$5,000</li> <li>\$10,000</li> </ul>	Per life, per annum	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
<b>Surgical Benefit</b>	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.	<b>\$600,000</b>	Base
<b>Reconstruction Benefit</b>	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	<b>\$600,000</b>	Base
<b>Private Hospital Benefit (Non-surgical)</b>	Includes non-surgical private hospital admissions, specialist consultations and diagnostic procedures in the 12 months leading up to the admission, 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 admission, as well as physiotherapy and prescription drugs within 6 months following discharge. If the admission 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	<b>\$500,000</b>	Base
<b>Serious Illness Benefit</b>	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	<b>\$500,000</b>	Base
<b>Psychiatrist and Psychologist consultations</b>	Covers Psychiatrist or Psychologist consultations and/or counselling that occur within 12 months immediately before and/or after a Surgery	<b>\$2,500 per life assured per policy year</b>	Base
<b>Serious Illness Dental Benefit</b>	Pays for dental evaluation or treatment, within 6 months of chemotherapy, radiotherapy or heart valve replacement surgery	<b>\$1,500 per annum</b>	None
<b>Major Diagnostic Benefit</b>	<ul style="list-style-type: none"> <li>Angiogram</li> <li>Arthroscopy</li> <li>Cardiovascular Ultrasound</li> <li>Colonoscopy</li> <li>CT scans</li> <li>Cystoscopy</li> <li>Dilation and curettage</li> <li>Echocardiography</li> <li>Endoscopies</li> <li>Gastroscopy</li> <li>Hysteroscopy</li> <li>Laparoscopy</li> <li>MRI Scans</li> <li>Myelogram</li> <li>Myocardial Perfusion Scans</li> <li>Nuclear stress test</li> <li>PET scans</li> <li>Scintigraphy</li> <li>Sigmoidoscopy</li> </ul>	<b>\$200,000</b>	Lesser of Base or \$250

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Base Benefits	Description	Limit	Excess
<b>Medical Tourism Benefit</b>	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: <ul style="list-style-type: none"> <li>Any subsequent medical treatment undertaken outside of NZ as a direct or indirect result of the medical treatment performed overseas; and</li> <li>Any resulting medical emergency evacuation costs; and</li> <li>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</li> </ul>	Actual cost of treatment to a maximum of <b>75% of the usual cost inside NZ</b>	Base
<b>Overseas Waiting List Benefit</b>	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
<b>Overseas Treatment Benefit</b>	Where recommended treatment cannot be provided in NZ at all. Offset by any other entitlements for reimbursement from NZ government	<b>\$60,000</b>	Base
<b>Prophylactic Surgery Following Cancer Benefit</b>	Covers the prophylactic mastectomy of the unaffected breast 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	Surgical Limit applies	Base
<b>Cancer Testing Benefit</b>	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	<b>\$10,000</b>	Base
<b>Cancer Care Benefit</b>	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	<b>\$500 per life assured per cancer diagnosis</b>	None
<b>Cancer Support Benefit</b>	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	<b>\$1,000 per life assured per cancer diagnosis</b>	None
<b>Public Hospital Cash Benefit</b>	Payable for 10 nights per admission, after the third consecutive night	<b>\$300 per night</b> (Maximum of 10 nights)	None
<b>Public Hospital Credit Benefit</b>	Reimburses 12 months of life assured's Private Medical Cover premiums	<b>Only one in any 12 month period</b> (Maximum 2 per life assured)	None
<b>Public Treatment Support Benefit</b>	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
<b>Return to Home Benefit</b>	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	<b>Reimburses actual costs</b> (Maximum of \$10,000 over life of policy)	None
<b>Home Nursing Care Benefit</b>	Payable for 10 days per admission, following client's return home from hospital	<b>\$300 per day</b> (Maximum of 10 days)	None
<b>Children's Coverage Benefit</b>	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
<b>Transfer Costs Benefit</b>	Reimburses actual air or road ambulance costs if required treatment is not available in residential region within New Zealand or Australia	Actual costs	None
<b>Support Person Transport Benefit</b>	Reimburses actual public transport costs for required support person when treatment outside of residential region	Actual costs	None
<b>Support Person Accommodation Benefit</b>	Payable for 10 days for required support person when treatment outside of residential region	<b>\$300 per day</b> (Maximum of 10 days)	None

Base Benefits	Description	Limit	Excess
<b>Waiver of Premium Benefit</b>	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
<b>Funeral Support Benefit</b>	Paid immediately upon notification of death, except where death is the result of self-harm within the first 13 months	<b>\$10,000</b> (For 10 years and older) <b>\$2,000</b> (Under 10 years which include unborn children with a gestational age of 24 weeks)	None
<b>Medical Misadventure Benefit</b>	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	<b>\$30,000</b>	None
<b>Hospice Benefit</b>	Payable for 10 nights per admission, starting from third consecutive night	<b>\$300 per night</b> (Maximum of 10 nights)	None
<b>Second Opinion Benefit</b>	Where client wishes to consult an alternate specialist with regard to a diagnosis or treatment plan	No limit applies	None
<b>Excess Waiver Benefit</b>	Selected excess waived if admission to private hospital is as a result of heart attack, stroke, coronary artery bypass surgery or critical cancer	-	None
<b>Multiple Policy Excess Benefit</b>	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
<b>Sterilisation Loyalty Benefit</b>	Included under Surgical Benefit after 2-year stand-down period	Surgical Limit applies	None
<b>Accommodation Benefit</b>	Payable for 10 days for the life assured when treatment is required outside of residential region	<b>\$300 per day</b> (Maximum of 10 days)	None
<b>Transport Benefit</b>	Reimburses actual public transport costs for the life assured when treatment is required outside of residential region	<b>Actual costs</b>	None
<b>Recovery Benefit</b>	Pays per admission for recovery treatments such as Osteopathic, Chiropractic, Speech and Occupational Therapy etc occurring within 6 months of discharge	<b>\$500</b> (Maximum per life)	None

Options	Description	Limit	Excess
<b>Specialist and Tests Option</b>	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	<b>\$250</b>

Exclusions			
<ul style="list-style-type: none"> <li>Mental disease or disorders, or psychiatric conditions</li> <li>Cosmetic surgery or procedures</li> <li>Anything which is not medically necessary</li> <li>Self-inflicted harm</li> <li>Anything not directly relating to the health condition*, e.g. taxi fares</li> <li>Expenses recoverable from other sources</li> <li>GP, dentist, nurse, or any other non-hospital or specialist treatment provider's costs*</li> <li>After-hours, administration, or cancellation costs</li> </ul>	<ul style="list-style-type: none"> <li>Health conditions as a consequence of a criminal offense by the client</li> <li>Pregnancy or pregnancy complications lasting less than 90 days after the end of the pregnancy</li> <li>Health conditions related to the misuse of alcohol, or prescription or non-prescription drugs</li> <li>HIV, AIDS and related conditions</li> <li>Prescription costs*</li> <li>Organ donation</li> <li>Refusal to provide claims information or undergo requested examinations or tests</li> </ul>	<ul style="list-style-type: none"> <li>Alternative health practitioners, and non-recognised treatments, e.g. experimental treatments</li> <li>Geriatric Conditions or senility</li> <li>Congenital Disorders identified within 4 months of birth</li> <li>Health conditions as a consequence of War</li> <li>Acute admissions</li> <li>Childbirth, termination, and Infertility treatment</li> <li>Short or long sightedness, or presbyopia</li> <li>Dental health conditions*</li> </ul>	<ul style="list-style-type: none"> <li>Preventative treatment or investigative tests</li> <li>Sterilisation costs in the first 2 years</li> <li>Overseas costs*</li> <li>Contraception</li> <li>Public hospital costs*</li> <li>Laser eye surgery</li> <li>Investigation or treatment other than <b>Surgery</b> for sleep disturbances, snoring and obstructive sleep apnoea</li> <li>Non-disclosure, misstatement, fraudulent claims, or non-compliance with medical treatment</li> </ul>

\* Unless specifically covered under this policy

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