

A SURGICAL OPERATION IN AN ACCREDITED PRIVATE HOSPITAL OR APPROVED CLINIC

Up to a maximum of \$150,000 is available per claim, where a claim is the aggregation of all costs associated with the initial procedure and all subsequent eligible treatment, or expenses associated with the original diagnosis and includes complications of the original surgery.

- Private hospital costs – bed, room, theatre, essential supplies and materials, special nursing, recovery room and other reasonable treatment required in the course of the stay in hospital
- Physiotherapy while in hospital
- Surgeon's fees for the procedure (includes both corrective and investigative procedures)
- Anaesthetist's fee for the procedure
- Prosthesis – cost of essential prosthesis within the Accuro Health Insurance schedule.
- Any pre-operation diagnostic consultations or tests as described in Section B below provided they occur within six months of the operation
- Oncology consultations and treatment following surgery is covered under section C of the policy

Endoscopies: Other investigative procedures:

Arthroscopy	Computerised Axial Tomography (CAT) Scan
Hysteroscopy	Magnetic Resonance Imaging (MRI) Scan
Culdoscopy	Coronary Angiogram
Laparoscopy	Dilatation and Curettage
	Myelogram if general anaesthetic is required

B SPECIALIST – CONSULTATIONS, TESTS AND RELATED COSTS

An aggregated total of \$5,000 is available per person per policy year for specialist consultations, diagnostic tests and investigative procedures provided it is not for preventative and/or screening purposes.

A Registered Specialist must be a member, or fellow, of the appropriate college of specialists and must have a current practicing certificate for the code of medicine for which the patient is being treated. For specialist consultations, diagnostic tests and investigative procedures you must be referred by a GP.

Where any of these costs relate to, or result in a surgical event eligible for cover under section A, they will be included in the aggregated costs of the operation.

Diagnostic Tests and Investigations. To a maximum of \$1,500 per event.

Diagnostic imaging including X-ray, mammography, ultrasound, nuclear scanning	Urodynamic assessment
Audiology, audiometric tests	Electromyography (EMG)
Electroencephalograph (EEG)	ECG and exercise ECG
Allergy testing	Endoscopic examinations such as gastroscopy, colonoscopy or cystoscopy

C PRIVATE HOSPITAL – MEDICAL ADMISSION

Admission to a private hospital for reasons other than surgery, is covered to a maximum of \$100,000 per person per policy year. Admissions do not cover convalescence, recovery, obstetrics, mental health, geriatric, senile and recurrent, or ongoing health conditions.

Non surgical cancer treatment is covered to a maximum of \$40,000 per person per policy year. To qualify for this benefit the treatment would have to be classified as A (Urgent) or B (Curative) using Ministry of Health guidelines. On our request, the Member or Participant would need to produce a letter from the approached local public hospital confirming the waiting list for the non surgical cancer treatment is more than four weeks from the decision to treat made by the Registered Specialist.

D OVERSEAS TREATMENT

We will reimburse costs for travel and treatment, to and from the treatment centre, up to a maximum of \$20,000 per person per policy year in the first instance of a participant suffering from a condition for which the only suitable treatment is not available at all in New Zealand. Prior written approval is essential and applications for this type of assistance must be supported by a strong recommendation by a Registered Specialist. Proof of travel and treatment in the form of original invoices is required and must be in English, or accompanied by translations certified by the New Zealand Consular office in the country concerned.

E STERILISATION

We will reimburse up to a maximum of \$3,000 per person per policy year towards the cost of sterilisation procedures carried out on a participant after this policy has been in force for at least three years, but only if the procedure is necessary in the interest of the physical health of that person, or another participant. This procedure must be recommended by a Registered Specialist.

F PUBLIC HOSPITAL BENEFIT

We will pay \$100 per night, up to a maximum of \$500 for any public hospital stay of a participant for three (3) or more consecutive nights. The benefit does not apply to a private fee-paying patient in a public hospital, or private wing of a public hospital. The maximum public hospital benefit is \$500 per person per policy year and is not subject to the excess.

G ORAL SURGERY

We will cover up to \$150,000 per person per policy year for oral surgery costs as described below where the surgery is performed by a Registered Oral, or Maxillofacial Specialist in an accredited private hospital, or clinic provided the participant has been referred by a Medical Practitioner, Dental Surgeon, or Dentist.

- Surgical removal of impacted, or unerupted teeth carried out after a participant has been covered by the policy for at least twelve months
- Surgical removal of cysts, soft tissue swellings, and other medical (not dental) problems of the mouth which require major surgical intervention
- Surgical drainage of abscesses

Note that orthodontic, periodontal and endodontal treatment and crowns, dental plates, root canal, other extractions or implants are not covered.

H MINOR SURGERY

We will pay up to a maximum of \$200 per event (consultations and materials are not covered). Invoice must clearly indicate procedure.

I TRAVEL EXPENSE

Travel expenses cover is also available if required and is included in the aggregation for the maximum claim limit. These costs must directly relate to the hospitalisation. Pre operative and post operative consultations/treatments do not qualify.

Ambulance transfer Where an air, or road ambulance transfer to, or from a private, or public hospital within New Zealand has been authorised by a Registered Specialist, we will reimburse the cost provided the original admission to hospital as a private fee-paying patient was pre-approved by Accuro Health Insurance.

Air Transport Costs If the condition cannot be treated locally and the participant is required to travel by air, we will pay the return economy air fare for the participant to the place of hospitalisation within New Zealand. We will also pay the taxi fare from the airport to the hospital on arrival and return to the airport after the treatment. In these circumstances, similar travel costs will be available for a support person, if this is recommended by a Registered Specialist, plus accommodation costs not exceeding \$100 per night for up to five nights, or the period the participant is in hospital, whichever is shorter. Payment will be by reimbursement only and evidence of all expenses is required.

J SPECIAL BENEFITS AND GRANTS 100% REFUND

Sick leave without pay benefit

\$100 per week to a maximum of \$600 per annum

- Member or Partner (who must be covered by the policy) may claim.
- Before you are eligible to claim under this benefit you would need to be sick for five consecutive working days. A medical certificate and written confirmation from employer are required to support every claim.

Bereavement grant

\$2500 payment

- Grant payable on the death of any participant covered under the plan. A copy of the full death certificate is required to support the claim.

Birth grant

\$400 payment

- Benefit payable after Member has contributed continuously for 12 months prior to the birth. One grant is claimable on the birth, adoption, or still birth of a child to a Member or Partner. A copy of the full birth certificate to clearly identify partner's must be provided. Adoption of a partner's child from a previous relationship is not eligible.

Home support benefit

Up to \$100 per week to a maximum of \$600 per annum

- Member or Partner may claim \$20 per day up to \$100 per week. A medical certificate and written confirmation from the domestic supplier is required. Payable where daily domestic assistance is essential after illness or accident.

GENERAL INFORMATION

Acceptance into the Real Value Plan entitles a participant to full cover as described in this schedule, less the specified excess, and in accordance with any special conditions stated in the membership certificate issued at the time of acceptance. Membership commences from the date on which the first subscription is received by Accuro Health Insurance.

- All claims are subject to an excess of 20% of costs to a maximum of \$500 per participant per annum.
- Every claim of \$2,000 or more, is subject to a \$100 processing charge.
- All claims and pre-approvals are based on reasonable and customary costs for the services provided.

On receipt of the confirmation of membership from Accuro Health Insurance the Member has a free-look period of 14 days in which the Plan may be declined. Any subscriptions paid will be refunded if the Plan is declined within the free-look period, provided that during this period no claim has been made in respect of any person covered by this application.

All benefits described in this schedule of benefits are subject to the provisions described in the General Terms and Conditions of Accuro Health Insurance as amended from time to time and should be read in conjunction with your membership certificate.

Accuro Health insurance

Accuro Health Insurance is the trading name for the Health Service Welfare Society Limited, which is incorporated under the Industrial and Provident Societies Act 1908. Like all societies, it has Rules which will bind you. The Rules govern the way the Society is run and the health benefit plans it administers. The Rules are subject to change. If you want a copy of the current Rules before making your application, please feel free to ask us for a copy.

Accident, Treatment Injuries or Employment Related Conditions

Accidental injury can happen at any time. In New Zealand the Accident Compensation Corporation (ACC) covers accidents, treatment injuries and employment-related injuries, amongst other situations. Prior to any treatment costs being incurred ACC must have first been approached and a copy of their letter of acceptance in full or part, or declination provided to Accuro Health Insurance. In instances where ACC has declined a claim or only accepted part payment for injury, Accuro Health Insurance will at its sole discretion either assist with full or part payment, or require the participant to apply for a review and if necessary an appeal of the decision.

Four months free cover for first child

Cover is operative from date of birth for four months provided the child is added to the Plan, and continues to be covered for a minimum of 24 months from the date of birth. Pre-existing conditions are not automatically covered.

General exclusions

Some situations are not covered (unless specifically provided for in the Accuro Health Insurance Schedule of Benefits). For example (without limitation): general practitioners fees; drugs and medication; cosmetic procedures and/or other enhancement/appearance medicine; medical mishap; palliative care; contraception of any kind; dental care; orthodontic; endodontic; orthognathic and periodontal treatment; psychiatric and/or psychological treatment or counseling; disability or illness arising from the misuse of alcohol or drugs; preventative healthcare treatments and services; AIDS or HIV infection; any expense recoverable from a third party under any contract of indemnity or insurance; any acute care; breast reduction; chelation therapy; long term care; surgery or laser treatment for the correction of visual errors and astigmatism; personal health related appliances; chronic conditions, any medical cost incurred outside New Zealand; any cost not specifically provided for under a benefit section contained in the plan selected. Exclusions are subject to change. For a full list of exclusions please see Accuro Health Insurance General Terms and Conditions.

Prior – approval procedure

Prior-approval is required for any expense over \$1000, or where the treatment involves any hospitalisation, day stay or in patient stay regardless of the cost. Failure to do so will prejudice the ability to claim for the treatment costs at a later date. A minimum of five working days' notice is required to give Accuro Health Insurance time to do any necessary checks and send out confirmation before the procedure takes place. However, to ensure that the medical treatment or procedure is covered under the Schedule of Benefits of the Member's Plan it is recommended you contact us as soon as possible to check eligibility. Accuro Health Insurance will pay your accounts directly to the provider. All claims and pre-approvals are based on reasonable and customary costs for the services provided.

Pre-existing health condition

Only pre-existing health conditions that have been declared on the application to join and accepted by Accuro Health Insurance will be covered.

Prescription Drugs

Prescription drugs must be listed on the PHARMAC schedule and the member must be eligible to meet PHARMAC's funding criteria.

Waiver of Premium

If an adult participant named on this Plan dies from any cause, cover will be free to any insured surviving partner and/or insured children for up to 12 months from the date of death

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