

STANDARD BENEFITS	MAXIMUM AGGREGATED REFUND PER YEAR FOR STANDARD BENEFITS	
50% refund for Basic Plan 80% refund for Advanced Plan	Basic Plan \$1700	Advanced Plan \$2000
General Medical Practitioner (GP) or Registered Nurse including laboratory fees for tests	\$25 per visit	\$32 per visit
Registered Medical Specialist	\$100 first visit \$40 follow up	\$125 first visit \$50 follow up
Prescriptions – medicines listed on the Pharmac schedule that are prescribed by a Registered Medical Practitioner or Designated Prescriber Nurse	\$20 per item	\$25 per item
Physiotherapy Treatment (material not covered) By a Registered Physiotherapist	\$80 first visit \$40 follow up	\$100 first visit \$50 follow up
Imaging: X-ray and Image Intensifiers (by a Registered Radiologist), Ultrasound, Scintigraphy, CAT or MRI scan	Up to \$500 maximum per event	Up to \$625 maximum per event
Private Hospital fees, including surgical, medical, ambulance and minor surgery at a surgical clinic	\$720 per event	\$900 per event

SPECIAL BENEFITS AND GRANTS 100% refund for Basic Plan – 100% refund for Advanced Plan	
<p><b>SICK LEAVE WITHOUT PAY</b> 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.</p>	\$100 per week to a maximum of \$400 per year
<p><b>BEREAVEMENT</b> Grant payable on the death of any participant. A copy of the full death certificate is required to support the claim.</p>	\$1,500
<p><b>BIRTH</b> Benefit is 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 parents must be provided. Adoption of a partner's child from a previous relationship is not eligible.</p>	\$400
<p><b>HOME SUPPORT</b> 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.</p>	Up to \$100 per week to a maximum of four weeks per year
<p><b>HOSPITAL COVER EXCESS - REFUND</b> Excess refundable only if a Member or Participant has Tower Hospital Cover Plan, NZNO Real Value Plan (RVP) or Major Medical Plan (MMP).</p>	\$500 maximum per participant per year

OTHER BENEFITS	Basic Plan	Advanced Plan
50% refund for Basic Plan 80% for Advanced Plan	<b>Maximum refund per year</b>	
<b>PODIATRY TREATMENT</b> (materials not covered) By a Registered Podiatrist	\$100	\$125
<b>CHIROPRACTIC TREATMENT</b> (materials not covered) By a Registered Chiropractor	\$100	\$125
<b>ACUPUNCTURE TREATMENT</b> (materials not covered) By a Registered Acupuncturist	\$100	\$125
<b>OSTEOPATH TREATMENT</b> (materials not covered) By a Registered Osteopath	\$100	\$125
<b>NATURAL THERAPIES TREATMENT</b> (materials not covered) Provided by Naturopaths, Homoeopaths, Herbalists and Remedial Body Therapists. Covers the cost of consultations performed by New Zealand Health Practitioners or New Zealand Registered Practitioners with a current annual practising certificate who is a registered member of their professional body	\$100	\$125
<b>HEALTH SURVEILLANCE TEST</b> Mammogram, smear tests, mole mapping and prostate check only	\$100	\$125
<b>HEARING AIDS</b> Purchased through a Registered Audiologist	\$250	\$312
<b>ORTHODONTIC</b> Limited to \$900 (Basic) or \$1125 (Advanced) per event over three years. Corrective orthodontic appliances when an orthodontic plate or brace has been fitted by a Registered Orthodontic Specialist to a participant under 25 years of age.	\$300	\$375
<b>ORAL SURGERY</b> Surgery/Consultation performed by a Registered Oral Surgeon including the removal of impacted wisdom teeth. (Other extractions, conservation dentistry, periodontic treatment, root canal and normal repair to teeth are excluded).	\$500	\$650
<b>DENTURE</b> Repairs or purchased dental plates by a Registered Dental Technician, or a Registered Dental Surgeon	\$100	\$125
<b>OCCUPATIONAL THERAPY</b> By a person holding a current annual practising certificate.	\$100	\$125
<b>OPTICAL</b> The benefit is only payable when spectacles, contact lenses, or disposable contact lens(es) are purchased for the first time, or are necessary because of a change of vision. A certified account which details charges for examination, net cost of lenses, frames, case etc is required. There is no refund for an examination, cases, or sundry charges. Claims for disposable contact lens(es) or spectacles, lost, broken, or spare, or for lens(es) or spectacles purchased outside New Zealand are not covered.	\$200	\$250

## GENERAL INFORMATION

Acceptance into the Basic Plan or Advanced Plan entitles a participant to full cover as described in this schedule 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.

- Claims are subject to following processing charges (not applicable to special benefits and grants)
  - o First claim \$20 processing charge
  - o Second claim \$40 processing charge
  - o Third and subsequent claim \$50 processing charge

The minimum claim is an aggregation of receipts totalling \$100. All receipts must be sent to us within the twelve months of being issued. Receipts older than twelve months do not qualify for refund.

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 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.

### Cover start date

Claims can be made three months after Accuro Health Insurance receives the first subscription. This three month rule applies to participants added to this plan after the Member joins. These details are included in the Certificate of Membership.

### 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.**

### 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

## CONTACT DETAILS

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