



A 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 fee for the procedure (includes both corrective and investigative procedures).
- Anaesthetist's fee for the procedure.
- Prosthesis – cost of any 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 this plan.

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

This benefit includes the following:

Breast reconstruction. Covers the costs of a breast reconstruction of the affected breast only following a mastectomy for the treatment of breast cancer. The reconstruction of the affected breast must occur within 24 months following a mastectomy that has been approved under this plan.

Breast symmetry. Covers the costs of unilateral breast reduction surgery on the unaffected breast in order to achieve breast symmetry following a mastectomy for the treatment of breast cancer. The reduction of the unaffected breast must occur within 24 months following a mastectomy that has been approved under this plan.

Prophylactic surgery. Covers the costs of prophylactic surgery when required because of an increased risk of developing cancer due to a deleterious (disease-causing) mutation in the member's BRCA1 gene or BRCA2 gene.

Confirmation is required from the registered medical specialist of this deleterious mutation in the BRCA1/BRCA2 gene.

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 these are not for preventative and/or screening purposes.

A registered medical specialist must be a member or fellow of the appropriate college of specialists and must have a current practising certificate for the code of medicine for which the member is being treated.

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 \$4,000 per event)	
Diagnostic imaging including X-ray, mammography, ultrasound, nuclear scanning	Urodynamic assessment
Audiology, audiometric tests	Electromyography (EMG)
Electroencephalography (EEG)	Electrocardiogram (ECG) and exercise ECG
Allergy testing	Endoscopic examinations such as gastroscopy, colonoscopy or cystoscopy

This benefit includes the following:

Mental health consultations. \$500 per person per policy year.

Covers the costs of reasonable and customary charges for consultations with a registered psychiatrist or psychologist when referred by a registered medical practitioner.

Any psychiatrist needs to be registered under the psychiatry scope with the Medical Council of New Zealand, and any psychologist needs to be registered as a psychologist with the New Zealand Psychologists Board.

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 or psychiatric and/or psychological treatment or counselling, geriatric, senile and recurrent or on-going health conditions.

Non-surgical cancer treatment is covered to a maximum of \$60,000 per person per policy year. Please note that any palliative care treatment is not covered as per Accuro Health Insurance's general terms and conditions. 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 medical specialist.

D Overseas treatment

We will reimburse costs for travel to and from the treatment centre and treatment up to a maximum of \$15,000 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 medical specialist. Proof of travel and treatment in the form of invoices is required and must be in English or accompanied by translations certified by the New Zealand consulate 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 plan 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 participant. This procedure must be recommended by a registered medical 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 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 an 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 registered medical practitioner, dental surgeon or dentist.

- Surgical removal of impacted or unerupted teeth carried out after a participant has been covered by the plan for at least 12 months. Written confirmation from the oral surgeon or dentist as to the status of the impacted or unerupted teeth is required.
- Surgical removal of cysts, soft tissue swellings and other medical (not dental) problems of the mouth that require major surgical intervention.
- Surgical drainage of abscesses.

Note that orthodontic, periodontal, orthognathic and endodontic treatment and crowns, dental plates, root canals, other extractions, tooth exposures and implants are not covered.

H Minor surgery

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

I Travel expenses

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 a private hospitalisation under this plan. 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 medical 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.

Transport costs. If the condition cannot be treated locally and the participant is required to travel by air, road or rail, we will pay either return public transport costs (economy airfares, bus fares or train fares) or return road travel to the place of hospitalisation within New Zealand. The refund for road travel is calculated from the mileage travelled at an amount determined by us. In addition, a taxi fare from the airport/station to the private hospital and return for the participant, if required, is also covered.

Support person travel and accommodation costs. In the above circumstances where it cannot be treated locally, 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.

General information

Acceptance into the Major Medical plan entitles a participant to full cover as described in this schedule of benefits, 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 the plan excess per participant per policy year.
- 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 charges for the services provided.

All receipts must be sent to us within 12 months of being issued. Receipts older than 12 months from the date of the event do not qualify for a refund.

On receipt of the confirmation of membership from Accuro Health Insurance, you have a free-look period of 14 days in which the policy/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 policy 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 that 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. 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 counselling; 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; and 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's general policy terms and conditions.

Procedure for pre-approval

Pre-approval is required for any expense over \$1,000 or where the procedure and/or medical treatment involves any hospitalisation, day-stay or in-patient care 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 and/or medical treatment takes place. However, to ensure that the procedure and/or medical treatment 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 account(s) directly to the provider. All claims and pre-approvals are based on reasonable and customary charges for the services provided.

Pre-existing health conditions

Only pre-existing health conditions that have been declared on the application form 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 dependants for up to 12 months from the date of death.