






**SUMMARY OF BENEFITS**

| BASE COVER  | What is Covered  | SmartCare+                                | Private Health                                | Ultimate Health Max                    | Private Medical Cover   | Wellbeing                              |
|---|--|---|---|--|---|--|
| <b>Hospital Surgical Benefit</b>                  | Private Hospital Surgical Costs  | Up to \$500,000                           | Unlimited                                     | Up to \$600,000                        | Up to \$600,000   | Unlimited                              |
| <b>Hospital Medical Benefit</b>                   | Private Hospital Medical Costs   | Up to \$300,000                           | Up to \$500,000                               | Up to \$300,000                        | Up to \$500,000   | Up to \$60,000                         |
| <b>Non-PHARMAC Funded Drugs</b>                   | Non-PHARMAC funded drugs for surgical and medical treatment  | Up to \$500,000*                          | Up to \$500,000 (Chemotherapy Only)           | Up to \$600,000*                       | Up to \$600,000*  | Up to \$10,000 (Chemotherapy Only)     |
| <b>Oral Surgery</b>                               | Dental/Oral Surgical Cost  | Up to \$300,000                           | Unlimited                                     | Up to \$600,000**                      | Up to \$600,000**   | Unlimited                              |
| <b>Cancer Care</b>                                | Cancer-Related Cost  | Up to \$500,000*                          | Up to \$500,000                               | Up to \$600,000*                       | Up to \$600,000*  | Up to Unlimited                        |
| <b>Diagnostics and Tests</b>                      | Diagnostic Investigations  | Up to \$500,000*                          | Up to 200,000                                 | Up to \$600,000*                       | Up to 200,000   | Up to \$60,000*                        |
| <b>Hospital Specialist Consultations Benefit</b>  | Specialist or Vocational GP Consultations  | Up to \$500,000*                          | Up to Unlimited                               | Up to \$600,000*                       | Up to \$300,000***  | Up to \$5,000                          |
| <b>Guaranteed Wordings</b>                        | Inclusions in the Policy are guaranteed for as long as you have it                                 | X   | ✓   | ✓                                      | ✓   | X                                      |
| <b>Upgrade Policy Wording</b>                     | Cover will automatically be improved if favourable new benefits or enhancements are made           | X   | ✓   | ✓                                      | ✓   | X                                      |
| <b>Support and Allowances</b>                     | Allowance for You and Your Support Person  | ✓   | ✓   | ✓                                      | ✓   | ✓                                      |
| <b>Minor Surgery Benefit</b>                      | GP Minor Surgery   | Up to \$3,000 per claim                   | Up to \$3,000 per person                      | Up to \$5,000 per person               | Included in the Surgical Benefit  | Up to \$1,000 per claim                |
| <b>Obstetrics Benefit</b>                         | Treatment by an Obstetrician   | (Under Specialists and Tests Add-On Only) | Up to \$2,000                                 | Up to \$4,000                          | (Under Specialists and Tests Add-On Only)                               | Up to \$750 (Wellbeing Two Only)       |
| <b>Hospital specialist second opinion benefit</b> | Specialist Consultations for a second opinion  | Unlimited                                 | Unlimited                                     | Up to \$600,000*                       | Up to \$5,000   | X                                      |
| <b>Cover in Australia Benefit</b>                 | Diagnostic Investigations and Treatment costs incurred in Australia                                | Up to \$500,000*                          | Up to Unlimited                               | Up to \$600,000*                       | ✓   | X                                      |
| <b>Overseas Treatment Benefit</b>                 | Top-up for treatment that is not available in New Zealand  | Up to \$30,000                            | Maximum cover for the applicable benefit      | Up to \$30,000                         | ✓   | ✓                                      |
| <b>Hospital Cash Grant</b>                        | Cash Payment when admitted to a public hospital  | Up to \$3,000                             | Up to \$3,000                                 | Up to \$3,000                          | Up to \$3,000   | X                                      |
| <b>Health Screening</b>                           | Health Screening Allowance   | Up to \$250 every 3 years                 | Up to \$500 every 3 years                     | See Diagnostics and Tests              | See Diagnostics and Tests   | Cancer Screening Only                  |
| <b>Physiotherapist</b>                            | Physiotherapy Cost   | \$1,000 per hospitalisation               | Unlimited                                     | Up to \$600,000*                       | Included in the Surgical Benefit  | Up to \$300                            |
| <b>Pre-existing cover for newborns benefit</b>    | Cover for pre-existing conditions (other than congenital) for dependent children                   | X   | X   | When added within 4 months after birth | When added within 6 months after birth                                  | When added within 3 months after birth |
| <b>Hospice Care Benefit</b>                       | Cash Payment when admitted to a public hospital  | Up to \$2,000                             | Up to \$1,500                                 | Up to \$3,000                          | Up to \$3,000   | X                                      |
| <b>ACC Top-Up Benefit</b>                         | Covers the difference in costs between what is payable by ACC for an injury and the costs incurred | Up to \$500,000*                          | Up to \$5,000 (Cancer Treatment Cash Benefit) | Up to \$600,000*                       | Reimbursement equivalent to 12 months of Private Medical Cover Premiums | Up to the benefit limits               |
| <b>Medical Misadventure Benefit</b>               | Lump sum payment in case of death due to medical misadventure                                      | \$30,000                                  | \$30,000                                      | \$30,000                               | \$30,000  | X                                      |
| <b>Premium Waiver Benefit</b>                     | Premium Waiver if the policyowner dies before age 70   | ✓   | ✓   | ✓                                      | ✓   | X                                      |
| <b>Premium Waiver Extension Benefit</b>           | Premium Waiver if the policyowner is diagnosed with a terminal illness before age 70               | ✓   | X   | ✓                                      | X   | X                                      |

# Policywise






| ADDITIONAL OPTIONS             | What is Covered   |  SmartCare+ |  Private Health |  Ultimate Health Max |  Private Medical Cover |  Wellbeing |
|--------------------------------|---|--|--|--|---|---|
| <b>Funeral Support Benefit</b> | <i>A lump sum payment if an insured person dies</i>         | \$10,000   | \$3,500  | \$10,000   | \$10,000  | X   |
| <b>Mental Health Cover</b>     | <i>Psychologist/Psychiatrist Consultations</i>              | Mental Health Navigator (phone/video consultation)   | \$2,500  | \$2,500  | X   | \$750   |
| <b>Loyalty Benefits</b>        | <i>Benefits granted after 2-3 years of continuous cover</i> | ✓  | X  | ✓  | ✓   | X   |
| <b>ADDITIONAL OPTIONS</b>      |   |  |  |  |   |   |
| <b>Specialist &amp; Test</b>   | <i>Specialist Consultations and Tests Cost</i>              | ✓  | ✓  | ✓  | ✓   | ✓   |
| <b>GP &amp; Prescriptions</b>  | <i>GP &amp; Prescriptions Cost</i>                          | ✓  | X  | ✓  | X   | ✓   |
| <b>Dental &amp; Optical</b>    | <i>Dental &amp; Optical Cost</i>                            | ✓  | X  | ✓  | X   | ✓   |
| <b>Others</b>                  | <i>Other Options Available</i>                              | ✓ Natural Health+ plan   | X  | ✓ Proactive Health Option<br>✓ Serious Condition Financial Support Option                              | X   | ✓ Keeping Well Module<br>✓ Body Care Module<br>✓ Cancer Assist                                |






\*Up to the Hospital Surgical or Medical Benefit Limit, whichever applies

\*\*Up to the Hospital Surgical Benefit Limit

\*\*\*Up to the Hospital Medical Benefit Limit

Above is just an overview of the benefits. Please refer to the Policy Document for the Complete Terms and Conditions.

| BENEFIT DETAILS   |   |  |  |   |
|---|---|--|--|---|
| <br>SmartCare+   | <br>Private Health   | <br>Ultimate Health Max   | <br>Private Medical Cover   | <br>Wellbeing  |
| BASE COVER  |   |  |  |   |
| Hospital Surgical Benefits  |   |  |  |   |
| <ul style="list-style-type: none"> <li>Private hospital or public hospital costs (provided protocols for a private hospital set by the Ministry of Health for the treatment of private patients in public hospitals have been followed)</li> <li>Physiotherapy while in hospital</li> <li>Surgeons' fees</li> <li>Anaesthetists' fees</li> <li>Costs of essential prostheses within the Accuro schedule</li> <li>Pre-operative and Post-operative Diagnostics, consultations or tests provided they occur within one year prior to or after the approved surgery</li> </ul>   | <ul style="list-style-type: none"> <li>Surgeon's fees</li> <li>Oral surgeon's fees</li> <li>Cardiologist's fees</li> <li>Anaesthetist's fees</li> <li>Perfusionist's fees</li> <li>Radiologist's fees</li> <li>Hospital fees including:                             <ul style="list-style-type: none"> <li>Accommodation</li> <li>Operating theatre fees</li> <li>Intensive/coronary care unit fees</li> <li>Ancillary hospital charges</li> <li>Disposable laparoscopic equipment</li> <li>Prostheses</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>Surgeon's operating fees</li> <li>Anaesthetist's fees</li> <li>Intensivist's fees</li> <li>Hospital accommodation</li> <li>Operating theatre fees</li> <li>Surgically implanted Prosthesis</li> <li>Laparoscopic disposables</li> <li>In-Hospital X-ray examination and ECG</li> <li>Intensive post-operative care and special In-Hospital nursing</li> <li>In-Hospital post-operative Physiotherapy</li> <li>Ancillary Hospital charges (e.g. dressings, sutures, needles, bandages)</li> <li>In-Hospital Pharmaceutical Prescriptions</li> </ul>  | <ul style="list-style-type: none"> <li>Specialists and diagnostic tests in the 12 months leading up to surgery.</li> <li>Specialists and test costs</li> <li>Physiotherapy, prescriptions and sundries, hyperbaric oxygen</li> <li>Therapy and rehabilitation costs in the 12 months following discharge.</li> <li>Prostheses and lithotripsy.</li> <li>If the surgery relates to treating cancer, the follow up costs are covered until the cancer is cured or in remission.</li> </ul>   | <ul style="list-style-type: none"> <li>Surgical procedures (includes cardiac and cancer surgery)</li> <li>Surgeon's operating fee/s</li> <li>Anaesthetist's fee/s</li> <li>Intensivist's fee</li> <li>Perfusionist's charges</li> <li>Hospital fees</li> <li>Surgically implanted prostheses and specialised equipment</li> <li>Skin surgery</li> </ul>   |
| Hospital Medical Benefits   |   |  |  |   |
| <ul style="list-style-type: none"> <li>Covers the following costs that are incurred during the period of hospitalisation admission:                             <ul style="list-style-type: none"> <li>Private hospital accommodation fees.</li> <li>Sundries including intravenous fluids, dressings and prescriptions throughout hospital admission.</li> <li>Registered medical specialist fees</li> <li>Diagnostic Procedures</li> </ul> </li> </ul>  | <ul style="list-style-type: none"> <li>Covers the following costs up to the maximum cover for this benefit of hospitalisation in an approved facility for the treatment of a condition which does not require surgery, when referred by a specialist:                             <ul style="list-style-type: none"> <li>Hospital accommodation fees</li> <li>Specialist's fees</li> <li>Diagnostic fees</li> <li>Ancillary hospital charges</li> </ul> </li> </ul>   | <ul style="list-style-type: none"> <li>Hospital accommodation (e.g. Admitted Patient's bed, a private room) (excludes suites)</li> <li>In-Hospital X-ray examination and ECG</li> <li>Intensive post-treatment care and special in-Hospital nursing</li> <li>In-Hospital post-treatment Physiotherapy;</li> <li>Ancillary Hospital charges (e.g. dressings, bandages)</li> <li>In-Hospital Pharmaceutical Prescriptions</li> <li>Diagnostic procedures</li> <li>Other Approved Benefits</li> </ul>   | <ul style="list-style-type: none"> <li>Includes non-surgical private hospital admissions, specialists and diagnostic costs in the 6 months leading up to admission, and physiotherapy, prescriptions and sundries, hyperbaric oxygen therapy, and rehabilitation costs in the 12 months following discharge. If the surgery relates to treating cancer, the follow up costs are covered until the cancer is cured or in remission</li> </ul>   | <ul style="list-style-type: none"> <li>Eligibility criteria may apply.</li> <li>IV infusions (non-cancer)</li> <li>Psychiatric hospitalisation</li> <li>Allergy services</li> <li>Other Approved Benefits</li> </ul>  |
| Cancer Care   |   |  |  |   |
| <p><b>BREAST RECONSTRUCTION</b></p> <ul style="list-style-type: none"> <li>Up to the Hospital Surgical Limit</li> <li>within 24 months following a mastectomy</li> </ul> <p><b>BREAST SYMMETRY</b></p> <ul style="list-style-type: none"> <li>Up to the Hospital Surgical Limit</li> <li>reduction of the unaffected breast must occur within 24 months following a mastectomy</li> </ul> <p><b>CANCER PROCEDURE AND/OR MEDICAL TREATMENT ACCESSORIES AND SUPPORT SERVICES BENEFIT</b></p> <ul style="list-style-type: none"> <li>\$2,000 per person per policy year</li> <li>wig, hat, scarf or mastectomy bra</li> </ul> <p><b>PROPHYLACTIC SURGERY</b></p> <ul style="list-style-type: none"> <li>Up to the Hospital Surgical Limit</li> <li>Covers the costs of prophylactic surgery when required because of an increased risk of developing cancer</li> </ul> | <ul style="list-style-type: none"> <li>Treatments, procedures, consultations, tests and diagnostic imaging.</li> <li>Radiotherapy</li> <li>Breast reconstruction following mastectomy</li> <li>Post-cancer treatment care and support: \$1,000</li> <li>Public hospital cancer treatment cash benefit: \$5,000</li> <li>Palliative and respite care: \$1500</li> </ul>  | <p><b>CANCER TREATMENT IN HOSPITAL BENEFIT</b></p> <ul style="list-style-type: none"> <li>Chemotherapy</li> <li>Radiotherapy</li> <li>Brachytherapy</li> <li>Hospital accommodation (e.g. Admitted Patient's bed, a private room) (excludes suites)</li> <li>In-Hospital X-ray examination and ECG</li> <li>Intensive post-treatment care and special in-Hospital nursing</li> <li>In-Hospital post-treatment Physiotherapy</li> <li>Ancillary Hospital charges (e.g. dressings, needles, bandages)</li> <li>In-hospital Pharmaceutical Prescriptions</li> </ul> <p><b>CANCER TREATMENT ACCESSORIES SUPPORT BENEFIT</b></p> <p>Scarf/hat</p> <ul style="list-style-type: none"> <li>The maximum we will pay for this Benefit is \$50 for each eligible cancer Condition.</li> </ul> <p>Wig/Mastectomy bras</p> <ul style="list-style-type: none"> <li>The maximum we will pay for this Benefit is \$500 for each eligible cancer Condition.</li> </ul> <p><b>CANCER TREATMENT COUNSELLING AND SUPPORT SERVICES BENEFIT</b></p> <p>The Counselling services covered under this Benefit are:</p> <ul style="list-style-type: none"> <li>Grief Counselling</li> <li>Illness crisis Counselling</li> <li>Anxiety Counselling</li> <li>Depression Counselling</li> <li>Anger management</li> </ul> <p>The support services covered under this Benefit are:</p> <ul style="list-style-type: none"> <li>Stop smoking</li> <li>Drug addiction</li> <li>Alcohol addiction</li> <li>Gambling addiction</li> <li>Relationship guidance</li> <li>Budgeting advice</li> <li>Career advice</li> <li>Small business advice</li> </ul> <p><b>FOLLOW-UP INVESTIGATIONS FOR CANCER BENEFIT</b></p> <ul style="list-style-type: none"> <li>Up to \$3,000 for each Insured Person every Policy Year</li> <li>Up to five consecutive Policy Years</li> </ul> <p><b>BREAST SYMMETRY POST MASTECTOMY BENEFIT</b></p> <ul style="list-style-type: none"> <li>Cost of reconstruction of the affected breast and/or</li> <li>Unilateral breast reduction Surgery of the unaffected breast</li> </ul> | <p><b>SURGICAL BENEFIT</b></p> <ul style="list-style-type: none"> <li>If the surgery relates to treating cancer, the follow up costs are covered until the cancer is cured or in remission.</li> </ul> <p><b>RECONSTRUCTION BENEFIT</b></p> <ul style="list-style-type: none"> <li>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</li> </ul> <p><b>SERIOUS ILLNESS BENEFIT</b></p> <ul style="list-style-type: none"> <li>Covers drug or radiotherapy treatment 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</li> </ul> <p><b>SERIOUS ILLNESS DENTAL BENEFIT</b></p> <ul style="list-style-type: none"> <li>Pays for dental evaluation or treatment, within 6 months of chemotherapy, radiotherapy or heart valve replacement surgery</li> </ul> <p><b>EXCESS WAIVER BENEFIT</b></p> <ul style="list-style-type: none"> <li>Selected excess waived if admission to private hospital is as a result of heart attack, stroke, coronary artery bypass surgery or critical cancer</li> </ul> | <p><b>CANCER SCREENING AND PREVENTION</b></p> <ul style="list-style-type: none"> <li>Prophylactic treatment to address a highly increased risk of developing cancer</li> <li>Screening mammograms</li> <li>Screening colonoscopies</li> </ul> <p><b>CANCER DIAGNOSIS</b></p> <ul style="list-style-type: none"> <li>Diagnostic imaging for cancer</li> <li>Tests for cancer</li> <li>Consultations for cancer</li> </ul> <p><b>CANCER TREATMENT</b></p> <ul style="list-style-type: none"> <li>Cancer surgery: Unlimited</li> <li>Chemotherapy for cancer in an approved facility or at home: \$60,000</li> <li>Pharmac approved chemotherapy drugs</li> <li>Non-Pharmac approved, Medsafe indicated chemotherapy drugs: \$10,000</li> <li>Radiotherapy: Unlimited</li> <li>Breast symmetry surgery post mastectomy</li> <li>Overseas cancer treatment</li> <li>Recovery from cancer</li> <li>Support for cancer</li> </ul> <p><b>CANCER PALLIATIVE CARE</b></p> <ul style="list-style-type: none"> <li>Palliative care for cancer</li> </ul> |

| <br>SmartCare+  | <br>Private Health   | <br>Ultimate Health Max  | <br>Private Medical Cover  | <br>Wellbeing  |
|--|---|---|---|---|
| Diagnostics & Tests  |   |   |   |   |
| <p><b>MAJOR DIAGNOSTIC BENEFIT</b></p> <ul style="list-style-type: none"> <li>✓ Covers the costs of reasonable and customary charges of diagnostic procedures for angiograms, MRI scans, CT scans, MP scans, and endoscopies, with or without admission to a private hospital.</li> </ul> <p><b>OTHER DIAGNOSTIC PROCEDURES</b></p> <ul style="list-style-type: none"> <li>✓ pre-operative and post-operative diagnostics, consultations or tests provided they occur within one year prior to or after the approved surgery</li> </ul>  | <p><b>MAJOR DIAGNOSTIC BENEFIT</b></p> <ul style="list-style-type: none"> <li>✓ Angiogram</li> <li>✓ Arthroscopy</li> <li>✓ Capsule endoscopy</li> <li>✓ Colonoscopy</li> <li>✓ CT scans</li> <li>✓ Cystoscopy</li> <li>✓ Gastroscopy</li> <li>✓ Hysteroscopy</li> <li>✓ Laparoscopy</li> <li>✓ MRI scans</li> <li>✓ Myelogram</li> <li>✓ Myocardial perfusion imaging</li> <li>✓ PET/CT</li> <li>✓ Scintigraphy</li> </ul> <p><b>CANCER CARE</b></p> <ul style="list-style-type: none"> <li>✓ CT, PET/CT and MRI scans</li> <li>✓ Ultrasounds</li> <li>✓ X-rays, scintigraphy</li> <li>✓ Mammography</li> <li>✓ Colonoscopy</li> <li>✓ Laboratory tests</li> <li>✓ Gastrointestinal endoscopy</li> <li>✓ Cystoscopy</li> <li>✓ Hysteroscopy</li> <li>✓ Diagnostic laparoscopy</li> </ul> | <p><b>MAJOR DIAGNOSTICS BENEFIT</b></p> <ul style="list-style-type: none"> <li>✓ Arthroscopy</li> <li>✓ Capsule endoscopy</li> <li>✓ Colonoscopy</li> <li>✓ Colposcopy</li> <li>✓ CT scan</li> <li>✓ CT angiogram</li> <li>✓ Cystoscopy</li> <li>✓ Gastroscopy</li> <li>✓ MRI scan</li> <li>✓ Myelogram</li> <li>✓ PET scan (including PET/CT scan)</li> </ul> <p><b>HOSPITAL DIAGNOSTICS BENEFIT</b></p> <ul style="list-style-type: none"> <li>✓ Covers Diagnostic Investigations up to six months before and after Admission.</li> </ul> <p><b>GENERAL DIAGNOSTICS BENEFIT</b></p> <ul style="list-style-type: none"> <li>✓ Covers the cost of Diagnostic Investigations after referral by a GP or Registered Specialist. For example: X-rays, arteriogram, ultrasound, scintigraphy, mammogram and visual field tests.</li> </ul>   | <p><b>MAJOR DIAGNOSTIC BENEFIT</b></p> <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>✓ Dilatation 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>   | <p><b>MAJOR DIAGNOSTIC BENEFIT</b></p> <ul style="list-style-type: none"> <li>✓ X-ray</li> <li>✓ Ultrasound</li> <li>✓ Mammography</li> <li>✓ Digital breast tomosynthesis</li> <li>✓ Nuclear scanning (scintigraphy)</li> <li>✓ Myocardial perfusion scan</li> <li>✓ CT angiogram</li> <li>✓ CT coronary angiogram</li> <li>✓ MR angiogram</li> <li>✓ Computed Axial Tomography (CT scan)</li> <li>✓ Magnetic Resonance Imaging (MRI scan)</li> <li>✓ Positron Emission Tomography / Computed Tomography (PET/CT)</li> </ul>   |
| Loyalty Benefits   |   |   |   |   |
| <ul style="list-style-type: none"> <li>✓ Loyalty benefit – healthy weight discount</li> <li>✓ Loyalty benefit – health check</li> <li>✓ Loyalty benefit – screening endoscopies</li> <li>✓ Loyalty benefit – sterilisation</li> <li>✓ Loyalty benefit – bowel screening</li> </ul>   | <p>Does not offer</p>   | <ul style="list-style-type: none"> <li>✓ Loyalty benefit – suspension of cover</li> <li>✓ Loyalty benefit – sterilisation</li> <li>✓ Loyalty benefit bariatric surgery</li> <li>✓ Loyalty benefit – bilateral breast reduction</li> <li>✓ Loyalty benefit – wellness</li> </ul>   | <ul style="list-style-type: none"> <li>✓ Sterilisation Loyalty Benefit</li> </ul>   | <ul style="list-style-type: none"> <li>✓ Loyalty benefit - gastric banding/bypass allowance</li> <li>✓ Loyalty benefit - bilateral breast reduction allowance</li> <li>✓ Loyalty benefit - prophylactic treatment allowance</li> </ul>  |
| Support & Allowances   |   |   |   |   |
| <p><b>TRANSPORT AND ACCOMMODATION</b></p> <ul style="list-style-type: none"> <li>✓ Up to \$3,000 for each person in a policy year</li> </ul> <p><b>PARENT ACCOMMODATION</b></p> <ul style="list-style-type: none"> <li>✓ \$300 per night for accommodation and up to \$3,000 for each person in a policy year</li> </ul> <p><b>HOME NURSING</b></p> <ul style="list-style-type: none"> <li>✓ \$150 per day and up to \$6,000 for each person in a policy year</li> </ul> <p><b>HOSPICE STAY</b></p> <ul style="list-style-type: none"> <li>✓ \$50 per night, up to a maximum of 10 nights per admission.</li> <li>✓ Up to \$2,000 for each person in a policy year</li> <li>✓ Ambulance transfer \$200 for each person in a policy year</li> </ul> | <p><b>TREATMENT AWAY FROM HOME IN NZ</b></p> <ul style="list-style-type: none"> <li>✓ \$300 per day, up to \$3,000 per life assured per policy year</li> </ul> <p><b>PARENT ACCOMMODATION BENEFIT</b></p> <ul style="list-style-type: none"> <li>✓ \$200 per day, up to \$3,000 per life assured per policy year</li> </ul> <p><b>HOME NURSING</b></p> <ul style="list-style-type: none"> <li>✓ \$300 per day, up to \$5,000 per life assured per policy year</li> </ul> <p><b>PALLIATIVE, HOSPICE, AND RESPITE CARE</b></p> <ul style="list-style-type: none"> <li>✓ Up to \$1,500 per life assured per lifetime</li> </ul> <p><b>AMBULANCE TRANSFER BENEFIT</b></p> <ul style="list-style-type: none"> <li>✓ \$200 per life assured per policy year</li> </ul>                          | <p><b>TRAVEL AND ACCOMMODATION BENEFIT</b></p> <ul style="list-style-type: none"> <li>✓ Up to \$3,000 for each Insured Person every Policy Year. Nib will pay up to \$300 each night for accommodation costs.</li> </ul> <p><b>PARENT ACCOMMODATION BENEFIT</b></p> <ul style="list-style-type: none"> <li>✓ Up to \$300 each night and up to \$3,000 for each Insured Person every Policy Year.</li> </ul> <p><b>HOME NURSING CARE BENEFIT</b></p> <ul style="list-style-type: none"> <li>✓ Covers the cost of home nursing care up to six months after being discharged from a Recognised Private Hospital where the home nursing directly relates to a medical Condition, and the Insured Person requires assistance with any of the Activities of Daily Living.</li> </ul> <p><b>HOSPICE CARE BENEFIT</b></p> <ul style="list-style-type: none"> <li>✓ \$300 each night for the third and each subsequent night.</li> <li>✓ Up to \$3,000 for each Insured Person every Policy Year and</li> </ul> <p><b>AMBULANCE TRANSFER BENEFIT</b></p> <ul style="list-style-type: none"> <li>✓ Up to the balance available for the Policy Year in the Hospital Surgical Benefit Limit or Hospital Medical Benefit Limit (whichever applies).</li> </ul> | <p><b>ACCOMMODATION BENEFIT</b></p> <ul style="list-style-type: none"> <li>✓ Up to \$300 per day for up to a maximum of ten (10) days.</li> </ul> <p><b>SUPPORT PERSON ACCOMMODATION BENEFIT</b></p> <ul style="list-style-type: none"> <li>✓ Benefit payable per event per life assured is \$300 per day for up to a maximum of ten (10) days.</li> </ul> <p><b>HOME NURSING</b></p> <ul style="list-style-type: none"> <li>✓ \$300 per day for up to a maximum of ten (10) days.</li> </ul> <p><b>HOSPICE BENEFIT</b></p> <ul style="list-style-type: none"> <li>✓ \$300 per night for up to a maximum of ten (10) nights per admission Up to \$3,000.</li> </ul> <p><b>TRANSFER COSTS BENEFIT</b></p> <ul style="list-style-type: none"> <li>✓ If the required treatment is not available within the life assured's Residential Region, then Partners Life will reimburse the air ambulance or road ambulance costs associated with transferring the life assured to or from the nearest appropriate Private Hospital within New Zealand or within Australia.</li> </ul> | <p><b>TRAVEL AND ACCOMMODATION ALLOWANCE</b></p> <ul style="list-style-type: none"> <li>✓ Upto \$500 per claims year.</li> </ul> <p><b>PARENT ACCOMMODATION ALLOWANCE</b></p> <ul style="list-style-type: none"> <li>✓ Excess does not apply to this section. \$100 per night up to \$500 per operation.</li> </ul> <p><b>HOME NURSING</b></p> <ul style="list-style-type: none"> <li>✓ \$175 per day up to \$2,800 per claims year</li> </ul> <p><b>PALLIATIVE CARE AND TREATMENT ALLOWANCE</b></p> <ul style="list-style-type: none"> <li>✓ Excess does not apply to this section. \$2,400 per claims year. After 3 years of continuous cover on this plan.</li> </ul> <p><b>AMBULANCE ALLOWANCE</b></p> <ul style="list-style-type: none"> <li>✓ Up to \$180 per claims year.</li> </ul> |

**ADDITIONAL OPTIONS**

**Specialists & Tests**

|  |  |   |   |   |
|--|--|---|---|---|
| <p>\$9.71-\$20.57 Fortnightly<br/>(Price range for 25-50 years old, Non-smoker)</p> <ul style="list-style-type: none"> <li>✓ Covers the costs of reasonable and customary charges of registered medical specialist consultations when referred by a registered medical practitioner, even when hospitalisation is not required.</li> <li>✓ Covers the costs of reasonable and customary charges of the following diagnostic procedures directly relating to a medical condition when referred by a registered medical specialist.</li> <li>✓ After 3 years of continuous cover: <ul style="list-style-type: none"> <li>- Screening</li> <li>- Pregnancy and infertility treatment</li> <li>- Melanoma</li> </ul> </li> </ul> | <p>\$12.44-\$28.94 Fortnightly<br/>(Price range for 25-50 years old, Non-smoker)</p> <ul style="list-style-type: none"> <li>✓ \$10,000 per life assured, per policy year</li> <li>✓ Cover for the cost up to the maximum cover for this benefit of consultations (including second opinions) with a specialist where the consultation is referred by a registered medical practitioner.</li> </ul> | <p>\$9.95-\$18.18 Fortnightly<br/>(Price range for 25-50 years old, Non-smoker)</p> <ul style="list-style-type: none"> <li>✓ Unlimited registered specialist or vocational GP consultations</li> <li>✓ Unlimited registered specialist or vocational GP consultations for a second opinion</li> <li>✓ Up to \$500 for registered sports physician treatment</li> <li>✓ Up to \$3,000 for any diagnostic investigations e.g. X-rays, arteriograms and ultrasounds</li> <li>✓ Up to \$60,000 for cardiac investigations e.g. treadmills, holter monitoring, cardiovascular ultrasounds and myocardial perfusion scans</li> <li>✓ Cover for pre-existing conditions (other than congenital) for dependent children when added within 4 months of birth*</li> </ul> | <p>\$11.17-\$22.51 Fortnightly<br/>(Price range for 25-50 years old, Non-smoker)</p> <ul style="list-style-type: none"> <li>✓ Covers all specialist consultations and tests, including osteopaths, naturopaths, homeopaths, chiropractors and acupuncturists</li> </ul> | <p>\$14.26-\$32.42 Fortnightly<br/>(Price range for 25-50 years old, Non-smoker)</p> <ul style="list-style-type: none"> <li>✓ Flu vaccination</li> <li>✓ Prescriptions</li> <li>✓ Clinical psychologist</li> <li>✓ General Practitioner/Specialist</li> </ul> |
|--|--|---|---|---|






**GP & Prescriptions**

|   |                       |  |                       |  |
|---|-----------------------|--|-----------------------|--|
| <p>\$19.07-\$27.43 Fortnightly<br/>(Price range for 25-50 years old, Non-smoker)</p> <ul style="list-style-type: none"> <li>✓ GP benefit <ul style="list-style-type: none"> <li>-Up to \$55 per doctor visit.</li> <li>-Up to \$70 per home visit by doctor.</li> <li>-Up to \$70 per after-hours visit by doctor.</li> </ul> </li> <li>✓ Registered nurse benefit <ul style="list-style-type: none"> <li>-Up to \$35 per visit.</li> </ul> </li> <li>✓ Prescriptions and laboratory tests benefit <ul style="list-style-type: none"> <li>-Laboratory tests – \$80 per year.</li> <li>-Prescriptions – \$20 per item, up to \$400 per year.</li> </ul> </li> <li>✓ Loyalty benefit (after 3 years) <ul style="list-style-type: none"> <li>-Preventative checks</li> </ul> </li> </ul> | <p>Does not offer</p> | <p>\$18.51-\$17.10 Fortnightly<br/>(Price range for 25-50 years old, Non-smoker)</p> <ul style="list-style-type: none"> <li>✓ Up to 12 GP consultations</li> <li>✓ Up to \$200 for each GP minor surgery</li> <li>✓ Up to \$300 for pharmaceutical prescriptions</li> <li>✓ Up to \$400 for physiotherapy</li> <li>✓ Up to 6 nurse practitioner visits</li> <li>✓ Up to \$150 towards the cost of sports clubs, gym memberships, or fitness equipment purchased after 2 years of continuous cover under this option (if claims have been less than \$150)</li> <li>✓ Cover for pre-existing conditions (other than congenital) for dependent children when added within 4 months of birth</li> </ul> | <p>Does not offer</p> | <p>\$8.04-\$13.63 Fortnightly<br/>(Price range for 25-50 years old, Non-smoker)</p> <ul style="list-style-type: none"> <li>✓ Annual health check <ul style="list-style-type: none"> <li>- \$90 per claims year</li> </ul> </li> <li>✓ Flu vaccination <ul style="list-style-type: none"> <li>- One vaccination per claims year</li> </ul> </li> <li>✓ General Practitioner <ul style="list-style-type: none"> <li>- \$65 per visit</li> </ul> </li> <li>✓ Nurse <ul style="list-style-type: none"> <li>- \$30 per visit</li> </ul> </li> <li>✓ Prescriptions <ul style="list-style-type: none"> <li>- \$600 per claims year</li> </ul> </li> <li>✓ Physiotherapist <ul style="list-style-type: none"> <li>- \$300 per claims year</li> </ul> </li> </ul> |
|---|-----------------------|--|-----------------------|--|

**Dental & Optical**

|  |                       |  |                       |  |
|--|-----------------------|--|-----------------------|--|
| <p>\$11.86-\$24.08 Fortnightly<br/>(Price range for 25-50 years old, Non-smoker)</p> <ul style="list-style-type: none"> <li>✓ Dental cover <ul style="list-style-type: none"> <li>-80% of the cost. \$500 per person per policy</li> <li>-Covers the costs of dental treatment by a registered dental practitioner including dental check, cleaning, scaling, teeth removal, X-rays and fillings.</li> </ul> </li> <li>✓ Optical cover <ul style="list-style-type: none"> <li>- 80% of the cost. \$60 per visit, up to \$300 per person per policy year.</li> </ul> </li> <li>✓ Glasses or contact lenses <ul style="list-style-type: none"> <li>-80% of the cost. \$300 per person per policy year.</li> </ul> </li> <li>✓ Loyalty benefit (after 3 years) <ul style="list-style-type: none"> <li>-Orthodontic</li> </ul> </li> </ul> | <p>Does not offer</p> | <p>\$22.13-\$30.85 Fortnightly<br/>(Price range for 25-50 years old, Non-smoker)</p> <ul style="list-style-type: none"> <li>✓ 80% of each eligible cost incurred under the Benefits up to the Benefit Limits.</li> <li>✓ Up to \$500 for dental examinations, cleaning, scaling, fillings, associated X-rays, removal of teeth and crowns</li> <li>✓ Cover for orthodontic treatment included in the dental care benefit maximum of \$500, after 2 years continuous cover under this option</li> <li>✓ Up to \$275 for optometrist, orthoptist and optician consultations / examinations</li> <li>✓ Up to \$330 for prescription glasses or contact lenses if there is a change of vision</li> <li>✓ Up to \$250 for audiometric tests and \$250 for audiology treatment</li> <li>✓ Up to \$250 for acupuncture treatment</li> <li>✓ Up to \$250 for chiropractic treatment and \$80 for related X-rays</li> <li>✓ Up to \$250 for osteopathy treatment and \$80 for related X-rays</li> <li>✓ Up to \$250 for podiatry treatment</li> <li>✓ Up to \$300 for speech therapy, occupational therapy and eye therapy</li> <li>✓ Cover for pre-existing conditions (other than congenital) for dependent children when added within 4 months of birth</li> </ul> | <p>Does not offer</p> | <p>\$13.18-\$16.88 Fortnightly<br/>(Price range for 25-50 years old, Non-smoker)</p> <ul style="list-style-type: none"> <li>✓ Prescription glasses/contact lenses (75% of expenses incurred up to \$500 per claims year)</li> <li>✓ Optometrist</li> <li>✓ Orthoptist</li> <li>✓ Dental (75% of expenses incurred up to \$750 per claims year)</li> <li>✓ Audiologist and hearing tests</li> <li>✓ Brain stem evoked response tests</li> </ul> |
|--|-----------------------|--|-----------------------|--|

We aim to update this as often as possible but please know that the Terms & Conditions may change anytime after the release of this document. The benefits are not limited to the listed above. Please refer to the Policy Document for the Complete Terms and Conditions.

| Independent Research By Quality Product Research Limited       |  |            |   |            |   |            |  |             |   |            |
|--|--|------------|---|------------|---|------------|--|-------------|---|------------|
| Insurer Rating   | <br>95%<br>SmartCare+ |            | <br>97%<br>Private Health Plus |            | <br>99%<br>Ultimate Health Max |            | <br>100%<br>Private Medical |             | <br>87%<br>Wellbeing 2 |            |
| Based on 30 YO Male and Female, Non-Smoker (As of 8 June 2021) |  |            |   |            |   |            |  |             |   |            |
| Provided By  | Male   | Female     | Male  | Female     | Male  | Female     | Male   | Female      | Male  | Female     |
| <b>Surgical Benefit</b>  | 60   | 60         | 60  | 60         | 59.4  | 59.4       | 60   | 60          | 59.4  | 59.4       |
| <b>Oncology</b>  | 13.5   | 13.5       | 15  | 15         | 15  | 15         | 15   | 15          | 13.5  | 13.5       |
| <b>Specialist Consultation</b>                                 | 6.75   | 6.75       | 6.75  | 6.75       | 8   | 8          | 6.75   | 6.75        | 8   | 8          |
| <b>Non-Surgical</b>  | 7.2  | 7.2        | 7.2   | 7.2        | 7.2   | 7.2        | 7.2  | 7.2         | 7.2   | 7.2        |
| <b>Minor Surgery</b>   | 4.59   | 4.59       | 5   | 5          | 4.59  | 4.59       | 4.59   | 4.59        | 1.19  | 1.19       |
| <b>Non Pharmac Drugs</b>                                       | 4.78   | 4.78       | 3.82  | 3.82       | 4.68  | 4.68       | 4.78   | 4.78        | 0.3   | 0.3        |
| <b>Exclusions</b>  | -3.72  | -3.72      | -3.06   | -3.06      | -3.64   | -3.64      | -2.86  | -2.86       | -3.38   | -3.38      |
| <b>Imaging</b>   | 2.85   | 2.85       | 3.17  | 3.17       | 3.01  | 3.01       | 3.17   | 3.17        | 3.6   | 3.6        |
| <b>Product Flexibility</b>                                     | 2  | 2          | 2.5   | 2.5        | 2   | 2          | 2.5  | 2.5         | 2   | 2          |
| <b>Pregnancy</b>   | --   | 1.39       | --  | 2.1        | --  | 2.48       | --   | 2.48        | --  | 0.96       |
| <b>Support &amp; Allowance</b>                                 | 1.8  | 1.8        | 2   | 2          | 1.8   | 1.8        | 2  | 2           | 1.8   | 1.8        |
| <b>Upgrade Policy Wording</b>                                  | --   | --         | 1.25  | 1.25       | 1.25  | 1.25       | 1.25   | 1.25        | --  | --         |
| <b>Diagnostic Tests</b>  | 1  | 1          | 0.95  | 0.95       | 0.97  | 0.97       | 1  | 1           | 1   | 1          |
| <b>Guaranteed Wordings</b>                                     | --   | --         | --  | --         | 1   | 1          | 1  | 1           | --  | --         |
| <b>Treatment - Overseas</b>                                    | 1  | 1          | 1   | 1          | 1   | 1          | 1  | 1           | 1   | 1          |
| <b>Treatment in Australia</b>                                  | 1  | 1          | 1   | 1          | 1   | 1          | 1  | 1           | 1   | 1          |
| <b>UCR Limit</b>   | -1   | -1         | -1  | -1         | --  | --         | --   | --          | -1  | -1         |
| <b>Secondary Benefits Score</b>                                | 3.15   | 3.15       | 1.98  | 2          | 2.05  | 2.05       | 2.55   | 2.55        | 0.84  | 0.84       |
| <b>Total Benefits Score</b>                                    | 104.9  | 106.29     | 107.56  | 109.68     | 109.31  | 111.79     | 110.93   | 113.41      | 96.45   | 97.41      |
| <b>Percentage</b>  | <b>95%</b>   | <b>94%</b> | <b>97%</b>  | <b>97%</b> | <b>99%</b>  | <b>99%</b> | <b>100%</b>  | <b>100%</b> | <b>87%</b>  | <b>86%</b> |

Quality Product Research Limited based their research on definition (quality of the wording), incidence (how likely the benefit is to be claimed), amount (how much would be paid), and frequency (how often the benefit would be paid). They are based on the policy documents of each provider. The higher the percentage the better for each item.