

Superior Health Cover Superior 3 Health Cover Benefit Flyer



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This brochure provides an outline of the features and benefits of Superior Health Cover and Superior 3 Health Cover. It is important to read this in conjunction with the policy document, which is available from your Insurance Adviser.

SUPERIOR HEALTH COVER

A major medical plan covering surgical and non-surgical hospitalisation costs, Diagnostic Benefits and a number of Ancillary and Optional Benefits.

SUPERIOR 3 HEALTH COVER

The principal difference between Superior Health and Superior 3 Health Cover is that Superior 3 Health Cover may cover some pre-existing medical conditions after the policy has been in force for three years (conditions apply).

Superior 3 Health Cover also **excludes** certain major pre-existing health conditions including:

- Cardiovascular and cerebrovascular impairments
- Arthritic conditions of the bones and joints
- Liver disease/hepatitis
- Cancer
- Back, neck and/or joint disorders
- Diabetes

DISCLAIMER:

This SHOULD NOT be regarded as a full explanation of the contract. It is collateral material and is not the policy. Please refer to the terms and conditions of the policy document for full details of the contract and the limitations and exclusions that apply. All applications are subject to individual consideration. Special terms, exclusions and premium loading may apply to individual applications.

MAJOR BENEFITS

Private Hospital - Surgical Benefits

Covers the usual, customary and reasonable expenses incurred for surgery in a registered private hospital in New Zealand.

Referral from a specialist is required. The benefit is subject to a maximum for all related costs of \$200,000 per Life Assured, per policy year.

Expenses we will reimburse, in accordance with the terms of the policy, include:

- surgeon's and anaesthetist's fees
- theatre fees
- post-operative and ancillary charges
- perfusionist fees
- high dependency unit charges
- nursing fees
- prosthesis (subject to the schedule of maximums)
- accommodation fees in a private hospital
- prescription drugs listed on the New Zealand Pharmaceutical Management Agency (PHARMAC) pharmaceutical schedule and administered to you while you are in a private hospital or prescribed upon your immediate discharge from a private hospital for a maximum period of one month. The drugs must be listed on the PHARMAC pharmaceutical schedule as being approved for the condition being treated, taking into account any restrictions where applicable.
- diagnostic procedures and specialist consultations during the six month period prior to or after surgery. Procedures and consultations must relate to the condition being treated and must have been recommended by a specialist.

Private Hospital - Non-Surgical Benefits

Covers the usual, customary and reasonable expenses incurred for ailments not requiring surgery, after admission to a registered private hospital in New Zealand. Referral from a specialist is required. The benefit is subject to a maximum of \$100,000 per Life Assured, per policy year and includes:

- private hospital or approved day stay clinic/facility charges for chemotherapy and radiotherapy. Oral treatment for chemotherapy not requiring admission to a private hospital or day stay clinic/facility will also be covered. Referral from a Specialist is required. The drugs must be listed on the PHARMAC pharmaceutical schedule as being approved for the condition being treated, taking into account any restrictions where applicable.
- cardiologist's fees and angiography related charges.
- accommodation fees in a private hospital.
- prescription drugs listed on PHARMAC and administered while in a private hospital. The drugs must be listed on the PHARMAC pharmaceutical schedule as being approved for the condition being treated, taking into account any restrictions where applicable.
- diagnostic procedures and specialist consultations provided they relate to the condition being treated and that they occur within the six month period prior to or after admission to a private hospital. Recommendation from a specialist is required.

Specific Diagnostics Benefit

We will reimburse you for the cost of the following specific diagnostic procedures if they have been recommended by a specialist or general practitioner, even if they do not lead to treatment in a private hospital, up to \$125,000 per Life Assured, per policy year for:

- CT scan
- MRI scan
- Angiogram
- Gastroscopy
- Colposcopy (if carried out under a general anaesthetic)
- Cystoscopy (if carried out under a general anaesthetic)
- Myelogram (if carried out under a general anaesthetic)
- Colonoscopy
- Hysteroscopy
- Laparoscopy

Changes in technology in the future may see other major diagnostic procedures being introduced which involve significant expense. We may from time to time and at our discretion, consider reimbursing the cost of such procedures. Any applicable excess is payable by you to the treatment provider.

Oral Surgery

We will cover the costs of the surgical removal of wisdom teeth carried out on you by an oral surgeon or oral and maxillofacial surgeon after you have been referred by a general practitioner or dentist, up to \$200,000 per policy year. The wisdom teeth must be totally impacted and totally unerupted, or totally impacted and partially unerupted.

Any applicable excess is payable by you to the treatment provider.

We do not cover any other dental treatments including, but not limited to, periodontal surgery, orthodontal, endodontal or prosthodontal surgery, or implant prosthesis, check-ups, fillings, caps, repair of broken teeth, cost of gold, titanium or other exotic materials.

ANCILLARY BENEFITS

Home Nursing

Covers the costs of home nursing care provided by a nurse within a six month period after private hospitalisation. Referral from the treating specialist or general practitioner is required. This benefit provides up to \$150 per day, maximum \$6,000 per Life Assured, per policy year. No excess applies.

A specialist's or general practitioner's certificate must be forwarded to AIA New Zealand stating the reason why home nursing care is required and the length of time it is required. The home nursing care must relate to the condition(s) treated in the private hospital.

Post-operative Physiotherapy, Osteopathic or Chiropractic Treatment

Covers the costs of post-operative physiotherapy, osteopathic or chiropractic treatment by a physiotherapist, osteopath or chiropractor required within a six month period of leaving a private hospital. Referral from a specialist or general practitioner is required.

This benefit provides up to \$1,000 per Life Assured, per policy year. No excess applies. Treatment undertaken must relate to the condition(s) treated in the private hospital.

Travel Benefit

Where treatment is not available in a private hospital in the immediate area, we will pay for return economy air travel, road transport or road ambulance within New Zealand to the nearest private hospital. This benefit covers the Life Assured and one support person. This benefit is limited to \$3,000 per claim. No excess applies. Treatment must be recommended by a specialist or general practitioner.

Accommodation Benefit

Where treatment is not available in a private hospital in the immediate area, we will pay for accommodation for the Life Assured and one support person. Treatment must require at least one overnight stay. The maximum benefit is \$200 per night (maximum total benefit for both the Life Assured and the support person), with an overall maximum of \$3,000 per claim.

Accommodation costs for the Life Assured and the support person must directly relate to the hospitalisation of the Life Assured. No excess applies.

Overseas Treatment Grant

Covers treatment at an overseas hospital where such treatment cannot be provided in New Zealand. This benefit provides top-up cover for the reasonable return economy travel costs of the person requiring treatment plus the costs of the treatment, less the amount payable by the New Zealand Government.

This benefit pays up to a maximum of \$25,000 per Life Assured, per policy year. Evidence must be provided of the New Zealand Government's acceptance to partially fund the treatment and the amount they are willing to pay.

The treatment must be recommended by a specialist or general practitioner and be recognised by AIA New Zealand as being a conventional form of treatment. No excess applies.

Medical Misadventure Benefit

We will pay a death benefit if, during the course of any medical procedure or treatment in a public or private hospital, the Life Assured should die directly as a consequence of any erroneous or negligent action, or as a consequence of any omission or failure to observe reasonable and customary standards by a care provider of the hospital. The payment is made subject to the following:

- The death occurs within 30 days of such recorded and proven incident.
- A public admission of such incident and liability is made by the hospital. This must be verified and confirmed by the relevant government authority, a court of law, coroner's inquest or the Medical Council.
- The death is independent of any other cause other than the termination of life support system after brain death has been established.

The maximum death benefit is \$30,000 per Life Assured. No excess will apply.

Cover while in Australia

Your cover will continue while you or any Life Assured on the policy are residing in Australia up to a maximum of 24 months provided premiums continue to be paid. The maximum amount payable for any claim covered under the policy while in Australia will be up to 50% of the stated maximums in this policy, paid in New Zealand currency.

For the purpose of this clause the definition of resident/residing in Australia is as follows:

"Continuously living in a fixed abode in Australia for a period of greater than four weeks (28 days) as distinguished from a visitor or transient."

We may request that you provide evidence satisfactory to us to establish that you are residing in Australia.

Minor Surgery

We will cover the costs of minor surgery performed by a general practitioner not performed under a general anaesthetic. The maximum amount payable per Life Assured, per policy year is \$1,000. No excess applies.

Complications of Pregnancy and Childbirth

Pays up to \$2,000 per policy to cover the costs of treatment resulting from diagnosis of a medical condition that is affecting or may affect the pregnancy, labour or birth. Treatment must be recommended by the lead maternity carer or obstetrician.

Diagnosis must be made within 60 days of the expected delivery date. No coverage is available for any condition arising post birth. Caesarean sections are specifically excluded. No excess applies.

Funeral Benefit

A payment of \$3,500 will be paid if the Life Assured dies before turning age 65. The payment will be paid to the Policy Owner or survivors of them (or the estate). This benefit will then become void. We shall not be liable to pay if the Life Assured, whether sane or insane, dies by his or her own hand within 13 months after the policy commencement date or the date of last reinstatement of the policy (if any).

Public Hospital Cash Benefit

On admission to a public hospital for three or more consecutive nights, this benefit pays \$200 for the fourth and each subsequent night, up to a maximum of 10 nights.

The maximum amount payable per Life Assured, per policy year is \$2,000. The public hospital cash benefit does not apply to any admission as a fee paying patient in a public hospital, maternity care or admission due to an accident. No excess applies.

Health Funding Authorities -

Fee paying patients in a public hospital

We will cover treatment carried out in a public hospital up to the limits specified under the policy, provided we have given our approval and the private involvement protocols (or any replacement protocols) set by the Ministry of Health for the treatment of private patients in public hospitals have been allowed.

Hospice Cover

On admission to a hospice for three or more consecutive nights, we will pay \$100 for the fourth and each subsequent night, up to a maximum of 10 nights. The maximum we will pay is \$2,000 per policy year.

Waiver of Premium

If the Life Assured dies before age 65, we will continue to provide cover and waive the premium for the insured surviving partner and insured children (if any) on the policy. This cover will continue for up to two years or until the insured surviving partner reaches age 65, whichever occurs first.

Excess Options

Annual excess options available: Nil; \$250; \$500; \$1,000; \$2,000. We will deduct the selected excess for any claim that we admit under this policy in respect of expense you have undergone during the policy year, unless:

- The claim is submitted under the optional additional Specialist Visits and Diagnostic Procedures Benefit (where a separate excess applies) or specific benefits listed under the Ancillary Benefits section of this policy (where no excess applies).
- We have already deducted the annual excess amount from another claim in respect of treatment undergone in the same policy year in respect of a person assured under this policy.

Excess Waiver Benefit

If the Life Assured suffers one or more of the trauma conditions listed below and as a result is admitted to a private hospital (or as a fee paying patient to a public hospital), we will waive the excess selected (if any). The trauma conditions are:

- heart attack
- stroke
- coronary artery surgery
- critical cancer

Diagnosis by a specialist based upon radiological, clinical, histological or laboratory evidence (acceptable to us) is required and must be submitted to us in writing.

Loyalty Benefits

Excess Waiver Loyalty Benefit

This benefit is included with the optional Specialists Visits and Diagnostics Procedures Benefit. The \$100 excess per Life Assured, per claim form submitted will no longer apply after you have had continuous cover in place for two years from policy commencement.

Sterilisation Loyalty Benefit

This benefit is included with the optional Specialists Visits and Diagnostics Procedures Benefit. The Sterilisation Loyalty Benefit applies after you have had continuous cover in place for two years from policy commencement. It specifically covers vasectomies and tubal ligation procedures, excluding reversals. Vasectomies carried out by a general practitioner will be covered. Prior approval must be obtained in writing by us prior to any costs being incurred.

OPTIONAL BENEFITS

Additional Specialist Visits and Diagnostic Procedures

This optional benefit reimburses the costs of specialist consultations and diagnostic procedures if they do not relate to a claim for treatment in a private hospital. To qualify for reimbursement. The procedure or consultation must be recommended by a specialist or general practitioner.

Diagnostic tests covered include, but are not limited to:

- X-rays
- EMG
- EEG
- ECG
- mammography
- urodynamic assessments
- audiology (performed by audiologists)
- colposcopy (if not performed under a general anaesthetic)
- ultrasound
- holter monitoring
- allergy testing
- audiometric tests
- laboratory tests

Preventative and routine screening tests and costs relating to hearing aid equipment are specifically excluded. This benefit covers the usual, customary and reasonable costs of up to \$3,000 per policy year for each insured person. A \$100 excess per Life Assured, per claim form will apply for the first two years in all circumstances to this benefit.

Specialist consultations with a psychiatrist are covered for an initial assessment of mental health, for the first consultation only. All forms of psychiatric treatment are specifically excluded.

Optional Waiver of Premium Benefit

This Optional Waiver of Premium Benefit waives plan premiums in the event that an adult Life Assured meets the definition of disablement as set out below:

The adult Life Assured continues, having provided supporting medical evidence acceptable to AIA New Zealand, to be totally disabled as a result of bodily injury or illness which commenced during the period of insurance which, directly and independently of any other cause, wholly prevents the Life Assured from engaging in his/her normal or usual business, occupation or work from which he/she derives remuneration or income, or in any business, occupation or work for which he/she is suited by way of education, training or experience.

The waiver of premium benefit will cease at age 65 or when the adult Life Assured returns to work, whichever is sooner.

Please Note: Various exclusions apply, please refer to the policy wordings available from your Insurance Adviser.

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AIA New Zealand

Level 15, 5-7 Byron Avenue, Takapuna
Private Bag 300981, Albany, North Shore City 0752, New Zealand
AIA.CO.NZ

T: +64 9 488 8800
F: +64 9 488 8810

American International Assurance Company
(Bermuda) Limited, trading as AIA New Zealand.