

BENEFIT SHEET

ABSOLUTE HEALTH

This policy provides 100% reimbursement of covered *reasonable charges* incurred as a result of a *medically necessary* procedure for the *life assured* up to the *maximum cover* amounts indicated below. This reimbursement is subject to the exclusions set out in this *benefit sheet* and may be subject to the application of an *excess*. The *excess* applies once per *life assured* per *policy year*. The *excess* applies to all benefits, except those benefits for which the *excess* is specifically excluded in this *benefit sheet*. Please refer to the *schedule* for indication of the *excess*.

This policy allows for the optional inclusion of a Specialist and Diagnostic Testing benefit, providing reimbursement for *medically necessary* consultations with *specialists* and diagnostic testing (as indicated).

This *benefit sheet* forms part of and is incorporated into your Absolute Health policy, the terms of which apply to this *benefit sheet*.

Prior Approval Service: *Sovereign* recommends that *you* seek *Sovereign's* approval prior to incurring costs related to any medical treatment to ensure that the medical treatment is covered under this policy.

BENEFIT	COVERED EXPENSES	MAXIMUM COVER
Medical Hospitalisation in a <i>private hospital</i>	<p>Covers <i>reasonable charges</i> incurred during a medical hospitalisation for treatment of a condition which does not require surgery when referred by a <i>specialist</i> including:</p> <ul style="list-style-type: none"> • Hospital accommodation fees • Physician/<i>Specialist</i> fees • Diagnostic fees • Ancillary hospital fees: including, but not limited to, materials and medication prescribed while in hospital, physiotherapist fees. <p>Non-surgical hospitalisations include but are not limited to admissions for treatment (other than surgery) of asthma, diabetes, stroke, cancer and oncology radiology/chemotherapy treatment, lithotripsy or any other acute chronic illness.</p> <p>Pharmaceutical treatment costs covered under this benefit are limited to subsidised prescription drugs specified in the New Zealand Pharmaceutical Schedule (as published by Pharmac) or any replacement schedule.</p>	<p>\$250,000 per <i>life assured</i>, per <i>policy year</i>.</p> <p>Includes Pre Admission and Post Discharge below.</p> <p><i>Excess</i> applies.</p>
General Surgery performed in a <i>private hospital</i>	<p>Covers <i>reasonable charges</i> incurred during a surgical hospitalisation when referred by a <i>specialist</i> including:</p> <ul style="list-style-type: none"> • Surgeon fees • Anaesthetist fees • Diagnostic fees • Hospital fees including: <ul style="list-style-type: none"> - Accommodation - Operating theatre fees - Ancillary hospital charges including: anaesthetic supplies, dressings, pathology tests, ECG, post operative physiotherapy, medication (prescribed and taken while in hospital) - Disposable laparoscopic equipment (separate <i>maximum cover</i> may apply) - <i>Prostheses</i> (separate <i>maximum cover</i> may apply) <p>Also covers <i>reasonable charges</i> incurred for the following procedures performed on a <i>life assured</i> admitted overnight to a <i>private hospital</i>, when recommended by a <i>specialist</i>:</p> <ul style="list-style-type: none"> • Dilatation & Curettage • Arthroscopy • Hysteroscopy • Laparoscopy 	<p>\$250,000 per <i>life assured</i>, per <i>policy year</i>.</p> <p>Includes Pre Admission and Post Discharge below.</p> <p><i>Excess</i> applies.</p>

BENEFIT	COVERED EXPENSES	MAXIMUM COVER
Cardiac Surgery/ Procedures performed in a <i>private hospital</i>	Covers <i>reasonable charges</i> of cardiac surgery or non-invasive cardiac procedures when referred by a <i>specialist</i> including: <ul style="list-style-type: none"> • Cardiac Surgeon and Perfusionist fees • Cardiologist and Radiologist fees • Anaesthetist fees • Diagnostic fees • Hospital fees including: <ul style="list-style-type: none"> - Accommodation - Operating theatre fees - Intensive/coronary care unit fees - Ancillary hospital charges including: anaesthetic supplies, dressings, pathology tests, ECG, post operative physiotherapy, medication (prescribed and taken while in hospital), stents - including drug eluting stents, angioplasty catheters - Cardiac <i>prostheses</i> (separate <i>maximum cover</i> may apply). 	\$250,000 per <i>life assured</i> , per <i>policy year</i> . Includes Pre Admission and Post Discharge below. <i>Excess</i> applies.
Oral Surgery performed in a <i>private hospital</i> or <i>day stay clinic</i>	Covers <i>reasonable charges</i> of <i>medically necessary oral surgery*</i> , performed by an <i>oral surgeon</i> , when referred by a <i>registered medical practitioner</i> including: <ul style="list-style-type: none"> • <i>Oral Surgeon</i> fees • Anaesthetist fees • X-rays • Hospital or <i>day stay clinic</i> charges (if applicable) • Ancillary charges including: dressings, medication (prescribed immediately post surgery), anaesthetic supplies. <p>* Oral surgery procedures covered are:</p> <ul style="list-style-type: none"> • Removal of impacted wisdom teeth (procedure is only covered from 12 months after the commencement of this cover). • Removal of unerupted teeth (procedure is only covered from 12 months after the commencement of this cover). • Treatment of cysts, soft tissue swellings and enlargements. <p>Cover is not provided for root canal treatment, dental repair or implants. Cover is also not provided for orthodontic treatment or orthognathic surgery of any kind.</p>	\$250,000 per <i>life assured</i> , per <i>policy year</i> . Includes Pre Admission and Post Discharge below. <i>Excess</i> applies.
Pre Admission and Post Discharge from a <i>private hospital</i> or <i>day stay clinic</i>	Covers <i>reasonable charges</i> of <i>specialist</i> consultations and diagnostic procedures directly relating to a medical condition covered above and when referred by a <i>specialist</i> . Period covered is for six months before and six months after a covered medical hospitalisation or surgery.	Included as part of the above hospitalisation or surgery <i>maximum cover</i> .
Outpatient Care received at a <i>private hospital, day stay clinic</i> or <i>specialist</i> rooms approved by <i>Sovereign</i>	Covers <i>reasonable charges</i> incurred with an outpatient surgical procedure when recommended by a <i>specialist</i> (including related diagnostic testing performed in connection with the procedure). This benefit provides coverage for <i>medically necessary</i> angiograms, MRI and CT scans, regardless of whether surgery is performed or not. This benefit also covers <i>reasonable charges</i> incurred for the following procedures when recommended by a <i>specialist</i> : <ul style="list-style-type: none"> • Arthroscopy • Cystoscopy • Colonoscopy* • Dilatation and Curettage • Gastroscopy • Hysteroscopy • Laproscopy • Myelogram <p>*Cover is not provided for <i>routine screening</i> or periodic testing.</p>	\$100,000 per <i>life assured</i> , per <i>policy year</i> <i>Excess</i> applies.

BENEFIT	COVERED EXPENSES	MAXIMUM COVER
Breast reconstruction after mastectomy	Covers <i>reasonable charges</i> of breast reconstruction after total mastectomy when referred by a <i>specialist</i> . Cover is not provided for prophylactic procedures.	Up to \$15,000 per <i>life assured</i> , per lifetime. <i>Excess</i> applies.
Non-Specialist Outpatient Minor Surgery	Covers <i>reasonable charges</i> incurred with any of the following outpatient surgical procedures performed by a <i>registered medical practitioner</i> under local anaesthesia in general practice surgery rooms. This benefit only provides coverage for the <i>medically necessary</i> :	
	<ul style="list-style-type: none"> Excision of lesions, moles and cysts; and Wedge resection of toenails 	\$250 per <i>life assured</i> per treatment to a maximum \$500 per <i>life assured</i> per <i>policy year</i> . No <i>excess</i> applies.
	<ul style="list-style-type: none"> Vasectomy – only applies after two continuous years of cover; Allergy desensitisation injections; and Varicose vein treatment 	\$450 per <i>life assured</i> per treatment to a maximum \$900 per <i>life assured</i> per <i>policy year</i> . No <i>excess</i> applies.
Home Nursing Care	Covers <i>reasonable charges</i> of home care provided by a <i>registered nurse</i> when recommended by a <i>specialist</i> . This care must immediately follow discharge from a <i>private hospital</i> for a covered surgical or medical procedure.	\$150 per day up to a maximum of \$5,000 per <i>life assured</i> , per <i>policy year</i> . No <i>excess</i> applies.
Overseas Medical Treatment	Covers <i>reasonable charges</i> for medical treatment at an overseas hospital acceptable to <i>Sovereign</i> , where medical treatment covered under this policy cannot be provided in New Zealand. A <i>specialist</i> must recommend the medical treatment and approval of the claim must be received from <i>Sovereign</i> prior to the medical treatment. This benefit also includes two return economy class airfares for the <i>life assured</i> and a support person.	\$20,000 per <i>life assured</i> , per lifetime. <i>Excess</i> applies.
Transfer Benefit	This benefit specifically covers the transfer of a patient from one <i>private hospital</i> or <i>day stay clinic</i> to another <i>private hospital</i> or <i>day stay clinic</i> in a situation where complications have arisen and further treatment can only be provided by <i>specialist</i> services at the <i>private hospital</i> or <i>day stay clinic</i> to where the patient is being transferred. The benefit only applies to transfers within the North and South Islands of New Zealand. All <i>reasonable charges</i> for the following modes of transport will be met: air ambulance, road ambulance, road transport or economy airfares	No <i>maximum cover</i> . No <i>excess</i> applies.
Bereavement Grant	If a <i>life assured</i> dies when aged between 21 and 59 (inclusive), <i>Sovereign</i> will pay a death benefit of \$2,500 to the <i>policy owner</i> or their estate (no <i>excess</i> applies).	No <i>excess</i> applies.
Caregiver Accommodation	Covers <i>reasonable charges</i> of accommodation and/or transportation as required for a parent, guardian or support person who accompanies a <i>life assured</i> receiving a covered treatment outside their region of residence.	\$125 per day up to a maximum of \$2,500 per <i>life assured</i> , per <i>policy year</i> . No <i>excess</i> applies.
Public Hospital Cash Grant	Lump sum payment paid if the <i>life assured</i> is admitted to a <i>public hospital</i> for a continuous period of more than three days (not including admissions on a private fee paying basis or for obstetric care). For the purposes of this grant a 'day' must include an overnight stay.	\$200 per day after the third day, up to a maximum of \$2,000 per <i>life assured</i> , per <i>policy year</i> . No <i>excess</i> applies.
Waiver of Premium	Upon the death of a <i>life assured</i> , prior to attaining the age of 70 years, and where the cause of death is not excluded under this policy, <i>Sovereign</i> will continue to provide cover under this policy for the surviving <i>lives assured</i> covered by the policy at the time of death, without requiring further <i>premiums</i> for 12 months from the date of death.	

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Loyalty Benefit: sterilisation	Covers <i>reasonable charges</i> of sterilisation including vasectomies and female sterilisation procedures (i.e. tubal ligation and hysteroscopic sterilisation). Prior approval must be received from <i>Sovereign</i> .	No <i>maximum cover</i> . Applies only after two years of continuous cover. Excess applies.
Medical Misadventure	If, during the course of any medical procedure or treatment in a <i>private hospital</i> , a <i>life assured</i> should die directly as a consequence of any erroneous or negligent action, omission or failure to observe reasonable and customary standards by a care provider of the said hospital, a death benefit shall become payable, provided: <ul style="list-style-type: none"> the death occurs within 30 days of such a recorded and proven incident; and a public admission of such incident and liability is made by the said hospital and verified and confirmed by the relevant <i>Government Authority</i>, a court of law, coroner's inquest or the Medical Council of New Zealand; and the death is independent of any other cause other than the termination of the life support system after brain death has been established. 	\$30,000 per <i>life assured</i> .

ADDITIONAL OPTION – SPECIALIST AND DIAGNOSTIC TESTING BENEFIT

This option, if selected, provides supplementary cover to the *lives assured*. It incurs additional *premiums* associated with the increase in benefits. No *excess* applies to these benefits.

BENEFIT	COVERED EXPENSES	MAXIMUM COVER
<i>Specialists</i> Consultations	Covers <i>reasonable charges</i> of a <i>specialist</i> when referred by a <i>registered medical practitioner</i> including: <ul style="list-style-type: none"> Cardiac Surgeons Cardiologists Ear, Nose and Throat <i>Specialists</i> Gastroenterologists General Surgeons Gynaecologists Neurosurgeons Oncologists Orthopaedic Surgeons Urologists Cover is not provided for Obstetricians, Psychiatrists or Psychologists.	\$3,000* per <i>life assured</i> , per <i>policy year</i> . *Includes Diagnostic Tests below.
Diagnostic Tests	Covers the <i>reasonable charges</i> of diagnostic procedures directly relating to a medical condition when referred by a <i>specialist</i> including but not limited to: <ul style="list-style-type: none"> Allergy Testing Audiology Audiometric Tests CT Scans Colonoscopy* Cystoscopy Electroencephalography (EEG) Electromyography (EMG) Exercise ECG Gastrosocopy Holter Monitoring Laboratory Tests Mammography* MRI Scans Myelogram Ultrasound Urodynamic Assessments X-Rays *Cover is not provided for <i>routine screening</i> or periodic testing.	Included as part of the maximum <i>specialist</i> consultation cover above.



Best Doctors®

Best Doctors is available for the *life assured* and their *immediate family* to use as many times as they need to. Best Doctors can provide additional advice on critical, chronic and degenerative conditions after the person who is suffering the condition has seen a *specialist*. The Best Doctors service can be accessed regardless of whether the condition is covered by this policy.

Best Doctors is independent of *Sovereign* and Best Doctors terms and conditions and eligibility criteria apply. Neither *Sovereign*, its related companies, nor their directors, officers or employees accept any liability whatsoever for any loss or damage arising out of the use of the Best Doctors service, or the unavailability of Best Doctors. *Sovereign* is not responsible for any cost associated with becoming eligible to use, or use of, the Best Doctors service (including without limitation the cost of any medical consultations or treatment, travel, lodging, telephone calls, faxes or mail), unless covered by *Sovereign* policy.

CONTACT BEST DOCTORS ON 0800 425 005.

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EXCLUSIONS

Sovereign will not pay any expenses incurred in relation to, or as a consequence of, any of the following:

- A *pre-existing condition*, unless the symptom or condition was disclosed at the time of *your* application and accepted in writing by *Sovereign*;
- Any congenital conditions;
- Reconstructive or reparative procedures or surgery, which result from, or which are traceable to, or are medically related to, any surgery performed prior to the *risk commencement date*;
- Any elective or *cosmetic procedures* and associated treatments (including, for example, surgery for breast enlargements, facelifts, varicose veins);
- Breast reduction surgery and gynaecomastia;
- Acne treatment, except where classified by a *specialist* as Grade 4 acne with serious medical implications;
- The misuse of prescribed or non-prescribed drugs, including where they have not been taken in accordance with the manufacturer's or a *registered medical practitioner's* directions;
- Certifiable mental disease or psychiatric illness or any charges relating to services resulting from a referral to, or provided by, a psychiatrist. This includes all counselling services;
- Suicide, self-inflicted injuries or illness, or any accident, illness, condition or disability arising from, or caused or contributed to by, drug taking, intoxication or misuse of alcohol, or nuclear contamination;
- HIV related disorders, including AIDS;
- Obstetric visits, pregnancy, childbirth, abortion, or any conditions or complications arising from any of the foregoing;
- Contraception of any type;
- Diagnosis, management and treatment of infertility;
- Circumcision, except where *medically necessary*;
- Diagnosis, management and treatment of snoring, except where a *specialist* confirms diagnosis of sleep apnoea and the surgical treatment is *medically necessary* (pre-approval of any claim for treatment must be sought or obtained from *Sovereign* before any costs are incurred);
- Any geriatric or dementia conditions, including disability support services;
- New medical treatments, procedures or technologies that have not been approved by *Sovereign*;
- Treatment requiring periodontal, orthodontic, endodontal or *cosmetic procedures*, including, but not limited to, conditions arising out of neglect of dental services;
- Sterilisation (except as provided under the Loyalty Benefit);
- Any surgery for the correction of refractive visual errors;
- Preventative treatment, or treatment or investigation of any condition that will not cause significant problems for the health of the individual if medical treatment is not received (including, for example, *routine screening* or mole mapping);
- Treatment for obesity (including treatment of complications arising from any treatment for obesity; any disease or disorder of the skin or psychological treatment);
- Renal dialysis;
- Injuries of war or resulting from any terrorist act (whether war is declared or not);
- Organ donation and receipt;
- Charges for a treatment or procedure not provided by a *registered medical practitioner* practising within his or her scope of practice;
- Treatment provided by a *public hospital*, except where expressly covered by this policy;
- Physiotherapist's, chiropractor's, osteopath's, naturopath's, homeopath's, acupuncturist's, and podiatrist's, dietician's, counsellor's and speech therapy costs;
- Nursing costs, except where expressly covered by this policy;
- Prescription charges, except where expressly covered by this policy;
- Any charge incurred for non-essential or personal items (for example, newspapers, spouse/family meals, alcohol, TV rental);
- Surgical, medical or *dental appliances*, other than surgical *prostheses* specified in this *benefit sheet*, including, but not limited to, cardiac pacemakers, nerve appliances, cochlear implants, bite splints and orthotics;

- Any condition arising from participation in a criminal activity;
- Any condition specifically excluded in the policy document;
- Costs for treatment carried out outside of New Zealand (except where expressly covered under the Overseas Medical Treatment benefit);
- Palliative care;
- Any part of a claim that *you* make under this policy to the extent that *you* are able to recover from sources outside of this policy, including any other contract of insurance, regardless of whether *you* claim from these other sources or not.
- Any benefit under this policy for any additional surgery performed during any operation, which is not directly related to any medical condition or treatment covered under the terms of this policy.

SAMPLE