

Accuro Policy and Premium changes march 2022

Health Insurance premiums generally go up annually due to a number of factors such as the increasing age of members on the policy and the rising claim costs that come with advancements in medical procedures, technology and treatments. As Accuro is a not-for-profit member based cooperative, we genuinely strive to keep these increases to a minimum as best we can.

To help manage our premium increases, we have kept policy enhancements and changes to a minimum with most of the changes that have been made designed to help make our policy wording clearer and easier to understand. We have listed out the more significant changes that have been made to each Accuro policy below.

If you have any questions please do not hesitate to contact us.

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Basic and Advanced plan

Funeral support grant	
Policy change:	We are no longer able to make payments by cheque so have now included what is required for us to make this payment into a bank account.
New policy wording:	Funeral support Grant payable on the death of any participant into the bank account of the deceased participant's estate. A copy of the full death certificate and proof of the executor, administrator or solicitor acting for the estate must be provided.

Traditional Chinese medicine			
Policy change:	We have added a new benefit for treatment and consultations provided by a registered Traditional Chinese medicine practitioner.		
New policy wording:	Traditional Chinese medicine Includes treatment and consultations provided by a registered Chinese Medicine practitioner (materials or supplements not covered).	Basic plan \$100 per year	Advanced plan \$125 per year

General information	
Policy change:	We have removed the processing charges and the requirement for invoices/receipts to be submitted within 12 months of the event date.

General information	
Policy change:	We have changed our legal name from Health Services Welfare Society (HWSW) Limited to Accuro Health Insurance Society Limited.

General information	
Policy change:	We have updated the Waiver of premium benefit to make it clearer that we will not extend the waiver to cover any policy changes that are made during the waiver such as the addition of new members or increased benefit cover.

Terms and condition changes:

Applications for membership	
Policy change:	We have updated the pre-existing condition wording under 2.6 to clarify that an exclusion can be added to your policy at any time and may be backdated to apply from the start of your policy.

Premiums	
Policy change:	We have updated the non-payment termination period under 5.3 from 3 months to 90 days to reflect the Rules of the Society.

Prior approval and claims process	
Policy change:	We have removed 6.14 as processing charges are no longer applicable as well as removing the requirement for invoices/receipts to be submitted within 12 months of the event date.

Complaints	
Policy change:	We have updated the complaints information to reflect what is included in our other policy documents. We have also provided further information on the Insurance and Financial Services Ombudsman and how this works.

Code of practice	
Policy change:	The Health Funds Association of New Zealand (HFANZ) has now merged with the Financial Services Council (FSC) so we have updated the information here to reflect this.

General	
Policy change:	We have changed our legal name from Health Services Welfare Society (HWSW) Limited to Accuro Health Insurance Society Limited.

Cosmetic or body image exclusion	
Policy change:	We have updated the wording of our Cosmetic or body image exclusion to be clearer it excludes treatment, investigations, consultations and complications in relation to these procedures.
New policy wording:	<p>Treatment or surgery for cosmetic or body image reasons</p> <p>We don't cover these procedures including any treatment, investigations or consultations related to a procedure or any complications that may occur from one.</p> <ul style="list-style-type: none"> • Cosmetic procedures or other enhancement or appearance medicine as defined by Accuro Health Insurance • Procedures or treatment relating to obesity or weight loss, performed for any reason • Breast reduction or treatment of gynaecomastia, regardless of whether medically necessary • Gender reassignment or gender dysphoria

Dental or eye treatment or surgery exclusion	
Policy change:	We have updated the wording of our Dental or eye treatment or surgery exclusion to be clearer it excludes treatment, investigations, consultations and complications in relation to these procedures.
New policy wording:	<p>Dental or eye treatment or surgery</p> <p>We don't cover these procedures including any treatment, investigations or consultations related to a procedure or any complications that may occur from one.</p>

	<ul style="list-style-type: none"> • Dental care: orthodontic, endodontic, orthognathic (jaw correction), periodontal treatment, implants, or tooth exposure • Correction of visual errors or astigmatism - for example, consultations, surgery or laser treatment, surgically implanted intraocular lens(es), radial keratotomy, photo-reactive keratectomy, or any related complications
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Organ failure or donation exclusion	
Policy change:	We have updated the wording of our Organ failure or donation exclusion to be clearer it excludes treatment, investigates, consultations and complications in relation to these procedures.
New policy wording:	<p>Organ failure or donation</p> <p>We don't cover these procedures including any treatment, investigations or consultations related to a procedure or any complications that may occur from one.</p> <ul style="list-style-type: none"> • Specialised transfusion of blood, blood products, or treatment for renal failure or renal dialysis • Organ donation and receipt • Specialised tertiary treatments such as transplants. This includes but is not limited to heart, lung, kidney, liver, bone marrow and stem cell transplants

Value Plus plan

Funeral support grant	
Policy change:	We are no longer able to make payments by cheque so have now included what is required for us to make this payment into a bank account.
New policy wording:	Funeral support Grant payable on the death of any participant into the bank account of the deceased participant's estate. A copy of the full death certificate and proof of the executor, administrator or solicitor acting for the estate must be provided.

Traditional Chinese medicine			
Policy change:	We have added a new benefit for treatment and consultations provided by a registered Traditional Chinese medicine practitioner.		
New policy wording:	<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">Traditional Chinese medicine Includes treatment and consultations provided by a registered Chinese Medicine practitioner (materials or supplements not covered).</td> <td style="width: 30%; text-align: center;">\$300 per year</td> </tr> </table>	Traditional Chinese medicine Includes treatment and consultations provided by a registered Chinese Medicine practitioner (materials or supplements not covered).	\$300 per year
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Real Value plan or Real Value Hospital cover

Mental health consultations	
Policy change:	We have now included consultations with a counsellor in this benefit.
New policy wording:	<p>This benefit covers the costs of reasonable and customary charges for consultations with a psychiatrist, psychologist or counsellor when a registered medical practitioner refers you.</p> <p>They must refer you to a medical professional who is registered either under the psychiatry scope with the Medical Council of New Zealand, as a psychologist with the New Zealand Psychologists Board, or as a counsellor with the New Zealand Association of Counsellors.</p>

Funeral support grant	
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New policy wording:	<p>Funeral support</p> <p>We will pay a funeral support grant on the death of any participant covered under the plan into the bank account of the deceased participant's estate. A copy of the full death certificate and proof of the executor, administrator or solicitor acting for the estate must be provided.</p>

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Major Medical plan or Major Medical Hospital cover

Mental health consultations	
Policy change:	We have now included consultations with a counsellor in this benefit.
New policy wording:	<p>This benefit covers the costs of reasonable and customary charges for consultations with a psychiatrist, psychologist or counsellor when a registered medical practitioner refers you.</p> <p>They must refer you to a medical professional who is registered either under the psychiatry scope with the Medical Council of New Zealand, as a psychologist with the New Zealand Psychologists Board, or as a counsellor with the New Zealand Association of Counsellors.</p>

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SmartCare

Funeral support grant	
Policy change:	We are no longer able to make payments by cheque so have now included what is required for us to make this payment into a bank account.
New policy wording:	<p>Funeral support \$2,500 payable into the bank account of the deceased member or participant's estate.</p> <p>We'll pay a funeral support grant to the deceased member's estate if a member or participant on this policy dies from illness between the ages of 25 to 65 years (inclusive). A copy of the death certificate and proof of the executor, administrator or solicitor acting for the estate must be provided.</p>

Discount for those with healthy weight	
Policy change:	We have updated the wording for this discount to clarify that this is only for member-paid premiums and not applicable for current or previous group members.
New policy wording:	<p>After 3 years of continuous cover and with confirmation from your GP that your body mass index (BMI) is between 18.5 and 24.99, your premium on the Hospital and Surgical base plan will be discounted as follows.</p> <ul style="list-style-type: none"> • 5% discount after 3 years of continuous cover • 10% after 6 years of continuous cover • 15% after 9 years of continuous cover, and every 3 years following <p>Dependants aged 25 years or younger don't qualify for this benefit.</p> <p>Your BMI discount entitlements are assessed on your anniversary every 3 years. We'll stop this discount if we do not receive confirmation of your BMI status at your 3 yearly anniversary or if your BMI falls outside the 18.5 to 24.99 range. Please note this discount doesn't apply to any current or previous members of a group scheme.</p>

Mental health consultations	
Policy change:	We have now included consultations with a counsellor in this benefit.
New policy wording:	<p>This benefit covers the costs of reasonable and customary charges for consultations with a psychiatrist, psychologist or counsellor when a registered medical practitioner refers you.</p> <p>They must refer you to a medical professional who is registered either under the psychiatry scope with the Medical Council of New Zealand, as a psychologist with the New Zealand Psychologists Board, or as a counsellor with the New Zealand Association of Counsellors.</p>

Traditional Chinese medicine	
Policy change:	We have added cover for treatment and consultations provided by a registered Traditional Chinese medicine practitioner under the Healthcare Practitioners benefit on the Natural Health plan.

	We have also reiterated that material or supplements are not covered under this plan.
New policy wording:	<p>Healthcare practitioners \$800 for each person in a policy year</p> <p><u>Osteopath and Chiropractor</u> This benefit covers the costs of treatment by osteopath and chiropractor health practitioners. Up to \$45 for each visit, to a maximum of \$240 in a policy year for each health practitioner. Materials or supplements are not covered.</p> <p><u>Healthcare Practitioners</u> This benefit covers the costs of treatment by the following health practitioners:</p> <ul style="list-style-type: none"> • Acupuncturist • Dietitian • Homeopath • Medical herbalist • Naturopath • Nutritionist • Physiotherapist • Podiatrist • Reflexology treatment • Remedial body therapist • Traditional Chinese medicine practitioner <p>Up to \$45 for each visit, to a maximum of \$200 in a policy year for each health practitioner. Materials or supplements are not covered.</p>

Cosmetic or body image exclusion	
Policy change:	We have updated the wording of our Cosmetic or body image exclusion to be clearer it excludes treatment, investigations, consultations and complications in relation to these procedures.
New policy wording:	<p>Treatment or surgery for cosmetic or body image reasons We don't cover these procedures including any treatment, investigations or consultations related to a procedure or any complications that may occur from one.</p> <ul style="list-style-type: none"> • Cosmetic procedures or other enhancement or appearance medicine as defined by Accuro Health Insurance • Procedures or treatment relating to obesity or weight loss, performed for any reason • Breast reduction or treatment of gynaecomastia, regardless of whether medically necessary • Gender reassignment or gender dysphoria

Dental or eye treatment or surgery exclusion	
Policy change:	We have updated the wording of our Dental or eye treatment or surgery exclusion to be clearer it excludes treatment, investigations, consultations and complications in relation to these procedures.
New policy wording:	<p>Dental or eye treatment or surgery</p> <p>We don't cover these procedures including any treatment, investigations or consultations related to a procedure or any complications that may occur from one.</p> <ul style="list-style-type: none"> • Dental care: orthodontic, endodontic, orthognathic (jaw correction), periodontal treatment, implants, or tooth exposure • Correction of visual errors or astigmatism - for example, consultations, surgery or laser treatment, surgically implanted intraocular lens(es), radial keratotomy, photo-reactive keratectomy, or any related complications

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New policy wording:	<p>Organ failure or donation</p> <p>We don't cover these procedures including any treatment, investigations or consultations related to a procedure or any complications that may occur from one.</p> <ul style="list-style-type: none"> • Specialised transfusion of blood, blood products, or treatment for renal failure or renal dialysis • Organ donation and receipt • Specialised tertiary treatments such as transplants. This includes but is not limited to heart, lung, kidney, liver, bone marrow and stem cell transplants

Claim period	
Policy change:	We have removed the requirement for invoices/receipts to be submitted within 12 months of the event date.

Waiver of premium	
Policy change:	We have updated the wording to clarify that this waiver is for member-paid premiums and does not apply to any additional cover that is added to your policy after the waiver period has started.
New policy wording:	<p>If the main member or the partner on this policy dies or is diagnosed with a terminal illness up to the age of 70, we'll continue to provide cover for the member-paid premium for the other participants who are covered under this policy for whichever of these is earlier:</p> <ul style="list-style-type: none"> • 36 months or • until the oldest surviving person on the policy reaches the age of 70. <p>The waiver of premium starts from the next premium payment date following the date of death or diagnosis of a terminal illness. Any changes made to your</p>

	policy during the waiver of premium like the additional of a new member or increased cover will not be eligible for the waiver of premium. Once the waiver of premium ends, the remaining or new main member must pay premiums for all remaining participants.
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Pre-existing condition exclusions	
Policy change:	We have provided further clarity that if we apply an exclusion for a pre-existing condition that it may be backdated to the start of your policy.
New policy wording:	We reserve the right to exclude any declared or non-declared pre-existing condition or congenital condition from your policy at any time. The exclusion may be backdated to apply from the start of your policy.

Premium non-payment period	
Policy change:	We have updated the non-payment termination period from 3 months to 90 days to reflect the Rules of the Society.

Legal name change	
Policy change:	We have changed our legal name from Health Services Welfare Society (HWSW) Limited to Accuro Health Insurance Society Limited.

Change from HFANZ to FSC	
Policy change:	The Health Funds Association of New Zealand (HFANZ) has now merged with the Financial Services Council (FSC) so we have updated the information in our policy document to reflect this.

IFSO	
Policy change:	We have provided further information on the Insurance and Financial Services Ombudsman and what they do.

Address change	
Policy change:	We have updated our address as the postcode for our PO Box has now changed to: PO Box 10075 Wellington 6140

SmartCare+

Funeral support grant	
Policy change:	We are no longer able to make payments by cheque so have now included what is required for us to make this payment into a bank account.
New policy wording:	<p>Funeral support \$10,000 payable into the bank account of the deceased member or participant's estate.</p> <p>We'll pay a funeral support grant to the deceased member's estate if a member or participant on this policy dies from illness between the ages of 25 to 65 years (inclusive). A copy of the death certificate and proof of the executor, administrator or solicitor acting for the estate must be provided.</p>

Discount for those with healthy weight	
Policy change:	We have updated the wording for this discount to clarify that this is only for member-paid premiums and not applicable for current or previous group members.
New policy wording:	<p>After 3 years of continuous cover and with confirmation from your GP that your body mass index (BMI) is between 18.5 and 24.99, your premium on the Hospital and Surgical base plan will be discounted as follows.</p> <ul style="list-style-type: none"> • 5% discount after 3 years of continuous cover • 10% after 6 years of continuous cover • 15% after 9 years of continuous cover, and every 3 years following <p>Dependants aged 25 years or younger don't qualify for this benefit. Your BMI discount entitlements are assessed on your anniversary every 3 years. We'll stop this discount if we do not receive confirmation of your BMI status at your 3 yearly anniversary or if your BMI falls outside the 18.5 to 24.99 range. Please note this discount doesn't apply to any current or previous members of a group scheme.</p>

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Traditional Chinese medicine	
Policy change:	We have added cover for treatment and consultations provided by a registered Traditional Chinese medicine practitioner under the Healthcare Practitioners benefit on the Natural Health+ plan.

	We have also reiterated that material or supplements are not covered under this plan.
New policy wording:	<p>Healthcare practitioners \$800 for each person in a policy year</p> <p><u>Osteopath and Chiropractor</u> This benefit covers the costs of treatment by osteopath and chiropractor health practitioners. Up to \$45 for each visit, to a maximum of \$240 in a policy year for each health practitioner. Materials or supplements are not covered.</p> <p><u>Healthcare Practitioners</u> This benefit covers the costs of treatment by the following health practitioners:</p> <ul style="list-style-type: none"> • Acupuncturist • Dietitian • Homeopath • Medical herbalist • Naturopath • Nutritionist • Physiotherapist • Podiatrist • Reflexology treatment • Remedial body therapist • Traditional Chinese medicine practitioner <p>Up to \$45 for each visit, to a maximum of \$200 in a policy year for each health practitioner. Materials or supplements are not covered.</p>

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Waiver of premium	
Policy change:	We have updated the wording to clarify that this waiver is for member-paid premiums and does not apply to any additional cover that is added to your policy after the waiver period has started.
New policy wording:	<p>If the main member or the partner on this policy dies or is diagnosed with a terminal illness up to the age of 70, we'll continue to provide cover for the member-paid premium for the other participants who are covered under this policy for whichever of these is earlier:</p> <ul style="list-style-type: none"> • 36 months or • until the oldest surviving person on the policy reaches the age of 70. <p>The waiver of premium starts from the next premium payment date following the date of death or diagnosis of a terminal illness. Any changes made to your</p>

	policy during the waiver of premium like the additional of a new member or increased cover will not be eligible for the waiver of premium. Once the waiver of premium ends, the remaining or new main member must pay premiums for all remaining participants.
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Pre-existing condition exclusions	
Policy change:	We have provided further clarity that if we apply an exclusion for a pre-existing condition that it may be backdated to the start of your policy.
New policy wording:	We reserve the right to exclude any declared or non-declared pre-existing condition or congenital condition from your policy at any time. The exclusion may be backdated to apply from the start of your policy.

Premium non-payment period	
Policy change:	We have updated the non-payment termination period from 3 months to 90 days to reflect the Rules of the Society.

Legal name change	
Policy change:	We have changed our legal name from Health Services Welfare Society (HWSW) Limited to Accuro Health Insurance Society Limited.

Change from HFANZ to FSC	
Policy change:	The Health Funds Association of New Zealand (HFANZ) has now merged with the Financial Services Council (FSC) so we have updated the information in our policy document to reflect this.

IFSO	
Policy change:	We have provided further information on the Insurance and Financial Services Ombudsman and what they do.

Address change	
Policy change:	We have updated our address as the postcode for our PO Box has now changed to: PO Box 10075 Wellington 6140

SmartStay

Mental health consultations	
Policy change:	We have now included consultations with a counsellor in this benefit.
New policy wording:	<p>This benefit covers the costs of reasonable and customary charges for consultations with a psychiatrist, psychologist or counsellor when a registered medical practitioner refers you.</p> <p>They must refer you to a medical professional who is registered either under the psychiatry scope with the Medical Council of New Zealand, as a psychologist with the New Zealand Psychologists Board, or as a counsellor with the New Zealand Association of Counsellors.</p>

Cosmetic or body image exclusion	
Policy change:	We have updated the wording of our Cosmetic or body image exclusion to be clearer it excludes treatment, investigations, consultations and complications in relation to these procedures.
New policy wording:	<p>Treatment or surgery for cosmetic or body image reasons</p> <p>We don't cover these procedures including any treatment, investigations or consultations related to a procedure or any complications that may occur from one.</p> <ul style="list-style-type: none"> • Cosmetic procedures or other enhancement or appearance medicine as defined by Accuro Health Insurance • Procedures or treatment relating to obesity or weight loss, performed for any reason • Breast reduction or treatment of gynaecomastia, regardless of whether medically necessary • Gender reassignment or gender dysphoria

Dental or eye treatment or surgery exclusion	
Policy change:	We have updated the wording of our Dental or eye treatment or surgery exclusion to be clearer it excludes treatment, investigations, consultations and complications in relation to these procedures.
New policy wording:	<p>Dental or eye treatment or surgery</p> <p>We don't cover these procedures including any treatment, investigations or consultations related to a procedure or any complications that may occur from one.</p> <ul style="list-style-type: none"> • Dental care: orthodontic, endodontic, orthognathic (jaw correction), periodontal treatment, implants, or tooth exposure • Correction of visual errors or astigmatism - for example, consultations, surgery or laser treatment, surgically implanted intraocular lens(es), radial keratotomy, photo-reactive keratectomy, or any related complications

Organ failure or donation exclusion	
Policy change:	We have updated the wording of our Organ failure or donation exclusion to be clearer it excludes treatment, investigations, consultations and complications in relation to these procedures.

New policy wording:	<p>Organ failure or donation</p> <p>We don't cover these procedures including any treatment, investigations or consultations related to a procedure or any complications that may occur from one.</p> <ul style="list-style-type: none"> • Specialised transfusion of blood, blood products, or treatment for renal failure or renal dialysis • Organ donation and receipt • Specialised tertiary treatments such as transplants. This includes but is not limited to heart, lung, kidney, liver, bone marrow and stem cell transplants
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Claim period	
Policy change:	We have removed the requirement for invoices/receipts to be submitted within 12 months of the event date.

Waiver of premium	
Policy change:	We have updated the wording to clarify that this waiver is for member-paid premiums and does not apply to any additional cover that is added to your policy after the waiver period has started.
New policy wording:	<p>If the main member or the partner on this policy dies or is diagnosed with a terminal illness up to the age of 70, we'll continue to provide cover for the member-paid premium for the other participants who are covered under this policy for whichever of these is earlier:</p> <ul style="list-style-type: none"> • 36 months or • until the oldest surviving person on the policy reaches the age of 70. <p>The waiver of premium starts from the next premium payment date following the date of death or diagnosis of a terminal illness. Any changes made to your policy during the waiver of premium like the additional of a new member or increased cover will not be eligible for the waiver of premium. Once the waiver of premium ends, the remaining or new main member must pay premiums for all remaining participants.</p>

Pre-existing condition exclusions	
Policy change:	We have provided further clarity that if we apply an exclusion for a pre-existing condition that it may be backdated to the start of your policy.
New policy wording:	We reserve the right to exclude any declared or non-declared pre-existing condition or congenital condition from your policy at any time. The exclusion may be backdated to apply from the start of your policy.

Premium non-payment period	
Policy change:	We have updated the non-payment termination period from 3 months to 90 days to reflect the Rules of the Society.

Main member age	
Policy change:	We have updated the age requirements for the main member from 16 years to 18 years to reflect the Rules of the Society.
New policy wording:	The main member under this policy must be aged between 18 and 69 years at the time of application.

Legal name change	
Policy change:	We have changed our legal name from Health Services Welfare Society (HWSW) Limited to Accuro Health Insurance Society Limited.

Change from HFANZ to FSC	
Policy change:	The Health Funds Association of New Zealand (HFANZ) has now merged with the Financial Services Council (FSC) so we have updated the information in our policy document to reflect this.

IFSO	
Policy change:	We have provided further information on the Insurance and Financial Services Ombudsman and what they do.

Address change	
Policy change:	We have updated our address as the postcode for our PO Box has now changed to: PO Box 10075 Wellington 6140

KidSmart

Tongue or lip tie benefit	
Policy change:	We have updated the wording to make it clearer that the benefit is \$400 for each child for the lifetime of the policy.
New policy wording:	<p>Tongue or lip tie \$400 for each child</p> <p>After 1 year of continuous cover, this benefit covers the costs of reasonable and customary charges of the release of a tongue or lip tie. You can claim this benefit as many times as you need to but it only provides cover up to \$400 for each child over the lifetime of the policy.</p>

Mental health consultations	
Policy change:	We have now included consultations with a counsellor in this benefit.
New policy wording:	<p>This benefit covers the costs of reasonable and customary charges for consultations with a psychiatrist, psychologist or counsellor when a registered medical practitioner refers you.</p> <p>They must refer you to a medical professional who is registered either under the psychiatry scope with the Medical Council of New Zealand, as a psychologist with the New Zealand Psychologists Board, or as a counsellor with the New Zealand Association of Counsellors.</p>

Cosmetic or body image exclusion	
Policy change:	We have updated the wording of our Cosmetic or body image exclusion to be clearer it excludes treatment, investigations, consultations and complications in relation to these procedures.
New policy wording:	<p>Treatment or surgery for cosmetic or body image reasons</p> <p>We don't cover these procedures including any treatment, investigations or consultations related to a procedure or any complications that may occur from one.</p> <ul style="list-style-type: none"> • Cosmetic procedures or other enhancement or appearance medicine as defined by Accuro Health Insurance • Procedures or treatment relating to obesity or weight loss, performed for any reason • Breast reduction or treatment of gynaecomastia, regardless of whether medically necessary • Gender reassignment or gender dysphoria

Dental or eye treatment or surgery exclusion	
Policy change:	We have updated the wording of our Dental or eye treatment or surgery exclusion to be clearer it excludes treatment, investigations, consultations and complications in relation to these procedures.

New policy wording:	<p>Dental or eye treatment or surgery</p> <p>We don't cover these procedures including any treatment, investigations or consultations related to a procedure or any complications that may occur from one.</p> <ul style="list-style-type: none"> • Dental care: orthodontic, endodontic, orthognathic (jaw correction), periodontal treatment, implants, or tooth exposure • Correction of visual errors or astigmatism - for example, consultations, surgery or laser treatment, surgically implanted intraocular lens(es), radial keratotomy, photo-reactive keratectomy, or any related complications
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Organ failure or donation exclusion	
Policy change:	We have updated the wording of our Organ failure or donation exclusion to be clearer it excludes treatment, investigates, consultations and complications in relation to these procedures.
New policy wording:	<p>Organ failure or donation</p> <p>We don't cover these procedures including any treatment, investigations or consultations related to a procedure or any complications that may occur from one.</p> <ul style="list-style-type: none"> • Specialised transfusion of blood, blood products, or treatment for renal failure or renal dialysis • Organ donation and receipt • Specialised tertiary treatments such as transplants. This includes but is not limited to heart, lung, kidney, liver, bone marrow and stem cell transplants

Claim period	
Policy change:	We have removed the requirement for invoices/receipts to be submitted within 12 months of the event date.

Pre-existing condition exclusions	
Policy change:	We have provided further clarity that if we apply an exclusion for a pre-existing condition that it may be backdated to the start of your policy.
New policy wording:	We reserve the right to exclude any declared or non-declared pre-existing condition or congenital condition from the policy at any time. The exclusion may be backdated to apply from the start of the policy.

Premium non-payment period	
Policy change:	We have updated the non-payment termination period from 3 months to 90 days to reflect the Rules of the Society.

Adding children to the policy	
Policy change:	We have updated the age restrictions for a child being added to the policy from 0-15 years to 0-17 years to reflect the Rules of the Society.

Legal name change	
Policy change:	We have changed our legal name from Health Services Welfare Society (HWSW) Limited to Accuro Health Insurance Society Limited.

Change from HFANZ to FSC	
Policy change:	The Health Funds Association of New Zealand (HFANZ) has now merged with the Financial Services Council (FSC) so we have updated the information in our policy document to reflect this.

IFSO	
Policy change:	We have provided further information on the Insurance and Financial Services Ombudsman and what they do.

Address change	
Policy change:	We have updated our address as the postcode for our PO Box has now changed to: PO Box 10075 Wellington 6140

Day to Day

Traditional Chinese medicine	
Policy change:	We have added cover for registered Traditional Chinese medicine practitioners under the Registered health practitioner benefit.
New policy wording:	<p>Registered health practitioner treatments \$150 in a year</p> <p>This benefit covers the costs of procedures and/or medical treatments performed by the following New Zealand health practitioners or New Zealand registered medical practitioners. Materials or supplements are not covered.</p> <ul style="list-style-type: none"> • Physiotherapists • Podiatrists • Chiropractors • Acupuncturists • Osteopaths • Naturopaths • Homeopaths • Herbalists • Dietitians • Reflexologists • Nutritionists • Remedial massage therapists • Traditional Chinese medicine practitioner <p>Up to \$45 for each visit, to a maximum of \$200 in a policy year for each health practitioner. Materials or supplements are not covered.</p>

Exclusions	
Policy change:	We have updated the wording of the Tests, diagnostic procedures and treatments section to make it clearer that it excludes treatment, investigates, consultations and complications in relation to these procedures.
New policy wording:	<p>Tests, diagnostic procedures and treatments that we don't cover</p> <p>Below we list the various tests, procedures and treatments we don't cover. This includes any investigations or consultations in relation to the test, procedure or treatment and any complications that may occur from it.</p> <ul style="list-style-type: none"> • Cosmetic procedures or other enhancement or appearance medicine as defined by Accuro Health Insurance • Procedures or treatment relating to obesity or weight loss, performed for any reason • Breast reduction or treatment of gynaecomastia, regardless of whether medically necessary • Gender reassignment or gender dysphoria • Any investigation or treatment for sleep disturbances, snoring, or sleep apnoea • Circumcision, except where medically necessary

	<ul style="list-style-type: none"> • Any expense recoverable from a third party or insurance or any statutory scheme or any government-funded scheme or agent (for example, ACC) • Any medical costs declined by ACC if injury is caused by an accident outside New Zealand • Any medical costs incurred outside New Zealand • Medical mishap or misadventure • Charges for a treatment or procedure that is provided by a registered medical practitioner practising outside his or her scope of practice • Any costs not specifically provided for under a benefit section outlined in the policy
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Claim period	
Policy change:	We have removed the requirement for invoices/receipts to be submitted within 12 months of the event date.

Premium non-payment period	
Policy change:	We have updated the non-payment termination period from 3 months to 90 days to reflect the Rules of the Society.

Legal name change	
Policy change:	We have changed our legal name from Health Services Welfare Society (HWSW) Limited to Accuro Health Insurance Society Limited.

Change from HFANZ to FSC	
Policy change:	The Health Funds Association of New Zealand (HFANZ) has now merged with the Financial Services Council (FSC) so we have updated the information in our policy document to reflect this.

IFSO	
Policy change:	We have provided further information on the Insurance and Financial Services Ombudsman and what they do.

Address change	
Policy change:	We have updated our address as the postcode for our PO Box has now changed to: PO Box 10075 Wellington 6140

StaffCare

Mental health consultations	
Policy change:	We have now included consultations with a counsellor in this benefit.
New policy wording:	<p>This benefit covers the costs of reasonable and customary charges for consultations with a psychiatrist, psychologist or counsellor when a registered medical practitioner refers you.</p> <p>They must refer you to a medical professional who is registered either under the psychiatry scope with the Medical Council of New Zealand, as a psychologist with the New Zealand Psychologists Board, or as a counsellor with the New Zealand Association of Counsellors.</p>

Cosmetic or body image exclusion	
Policy change:	We have updated the wording of our Cosmetic or body image exclusion to be clearer it excludes treatment, investigations, consultations and complications in relation to these procedures.
New policy wording:	<p>Treatment or surgery for cosmetic or body image reasons</p> <p>We don't cover these procedures including any treatment, investigations or consultations related to a procedure or any complications that may occur from one.</p> <ul style="list-style-type: none"> • Cosmetic procedures or other enhancement or appearance medicine as defined by Accuro Health Insurance • Procedures or treatment relating to obesity or weight loss, performed for any reason • Breast reduction or treatment of gynaecomastia, regardless of whether medically necessary • Gender reassignment or gender dysphoria

Dental or eye treatment or surgery exclusion	
Policy change:	We have updated the wording of our Dental or eye treatment or surgery exclusion to be clearer it excludes treatment, investigations, consultations and complications in relation to these procedures.
New policy wording:	<p>Dental or eye treatment or surgery</p> <p>We don't cover these procedures including any treatment, investigations or consultations related to a procedure or any complications that may occur from one.</p> <ul style="list-style-type: none"> • Dental care: orthodontic, endodontic, orthognathic (jaw correction), periodontal treatment, implants, or tooth exposure • Correction of visual errors or astigmatism - for example, consultations, surgery or laser treatment, surgically implanted intraocular lens(es), radial keratotomy, photo-reactive keratectomy, or any related complications

Organ failure or donation exclusion	
Policy change:	We have updated the wording of our Organ failure or donation exclusion to be clearer it excludes treatment, investigations, consultations and complications in relation to these procedures.
New policy wording:	<p>Organ failure or donation</p> <p>We don't cover these procedures including any treatment, investigations or consultations related to a procedure or any complications that may occur from one.</p> <ul style="list-style-type: none"> • Specialised transfusion of blood, blood products, or treatment for renal failure or renal dialysis • Organ donation and receipt • Specialised tertiary treatments such as transplants. This includes but is not limited to heart, lung, kidney, liver, bone marrow and stem cell transplants

Claim period	
Policy change:	We have removed the requirement for invoices/receipts to be submitted within 12 months of the event date.

Waiver of premium	
Policy change:	We have updated the wording to clarify that this waiver is for member-paid premiums and does not apply to any additional cover that is added to your policy after the waiver period has started.
New policy wording:	<p>If the main member or the partner on this policy dies or is diagnosed with a terminal illness up to the age of 70, we'll continue to provide cover for the member-paid premium for the other participants who are covered under this policy for whichever of these is earlier:</p> <ul style="list-style-type: none"> • 36 months or • until the oldest surviving person on the policy reaches the age of 70. <p>The waiver of premium starts from the next premium payment date following the date of death or diagnosis of a terminal illness. Any changes made to your policy during the waiver of premium like the additional of a new member or increased cover will not be eligible for the waiver of premium. Once the waiver of premium ends, the remaining or new main member must pay premiums for all remaining participants.</p>

Pre-existing condition exclusions	
Policy change:	We have provided further clarity that if we apply an exclusion for a pre-existing condition that it may be backdated to the start of your policy.
New policy wording:	We reserve the right to exclude any declared or non-declared pre-existing condition or congenital condition from your policy at any time. The exclusion may be backdated to apply from the start of your policy.

Premium non-payment period	
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Policy change:	We have updated the non-payment termination period from 3 months to 90 days to reflect the Rules of the Society.
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Legal name change	
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Policy change:	We have changed our legal name from Health Services Welfare Society (HWSW) Limited to Accuro Health Insurance Society Limited.
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Change from HFANZ to FSC	
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Policy change:	The Health Funds Association of New Zealand (HFANZ) has now merged with the Financial Services Council (FSC) so we have updated the information in our policy document to reflect this.
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IFSO	
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Policy change:	We have provided further information on the Insurance and Financial Services Ombudsman and what they do.
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Address change	
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Policy change:	We have updated our address as the postcode for our PO Box has now changed to: PO Box 10075 Wellington 6140
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StaffCare+

Non-PHARMAC chemotherapy drugs	
Policy change:	<p>We have moved this benefit from being under the Private hospital medical admission benefit to its own stand alone benefit and also increased the benefit to cover non-PHARMAC approved drugs when used in the treatment of cancer, not just during chemotherapy.</p> <p>This benefit is still only for \$40,000 and is included within the maximum limit for the surgical or non-surgical benefit whichever it falls under.</p>
New policy wording:	<p>Non-PHARMAC cancer treatment drugs \$40,000 for each person in a policy year</p> <p>This benefit covers the costs of reasonable and customary charges associated with accessing the most effective cancer treatment drug available. This is regardless of whether or not the drug qualifies for a government or other subsidy, such as PHARMAC funding.</p> <p>With this benefit, we'll reimburse the cost of drugs registered by Medsafe for use in New Zealand where:</p> <ul style="list-style-type: none"> • the drug is used in the treatment of cancer • the treatment is prescribed by a registered medical specialist as the appropriate medical treatment for the condition • the treatment or condition is not excluded elsewhere in this policy document • the drug is being prescribed within the guidelines set by Medsafe. <p>If the drug qualifies for a government or other subsidy, we'll reimburse the rest of the cost.</p> <p>All costs under the non-PHARMAC cancer treatment drugs benefit are included in the maximum limit of the surgical or non-surgical benefit, whichever applies for the relevant treatment under the Hospital and Surgical+ base plan.</p>

Funeral support grant	
Policy change:	<p>We are no longer able to make payments by cheque so have now included what is required for us to make this payment into a bank account.</p>
New policy wording:	<p>Funeral support \$2,500 payable into the bank account of the deceased member or participant's estate.</p> <p>We'll pay a funeral support grant to the deceased member's estate if a member or participant on this policy dies from illness between the ages of 25 to 65 years (inclusive). A copy of the death certificate and proof of the executor, administrator or solicitor acting for the estate must be provided.</p>

Mental health consultations	
Policy change:	We have now included consultations with a counsellor in this benefit.
New policy wording:	<p>This benefit covers the costs of reasonable and customary charges for consultations with a psychiatrist, psychologist or counsellor when a registered medical practitioner refers you.</p> <p>They must refer you to a medical professional who is registered either under the psychiatry scope with the Medical Council of New Zealand, as a psychologist with the New Zealand Psychologists Board, or as a counsellor with the New Zealand Association of Counsellors.</p>

Traditional Chinese medicine	
Policy change:	<p>We have added cover for treatment and consultations provided by a registered Traditional Chinese medicine practitioner under the Healthcare Practitioners benefit on the Natural Health+ plan.</p> <p>We have also reiterated that material or supplements are not covered under this plan.</p>
New policy wording:	<p>Healthcare practitioners \$800 for each person in a policy year</p> <p><u>Osteopath and Chiropractor</u> This benefit covers the costs of treatment by osteopath and chiropractor health practitioners. Up to \$45 for each visit, to a maximum of \$240 in a policy year for each health practitioner. Materials or supplements are not covered.</p> <p><u>Healthcare Practitioners</u> This benefit covers the costs of treatment by the following health practitioners:</p> <ul style="list-style-type: none"> • Acupuncturist • Dietitian • Homeopath • Medical herbalist • Naturopath • Nutritionist • Physiotherapist • Podiatrist • Reflexology treatment • Remedial body therapist • Traditional Chinese medicine practitioner <p>Up to \$45 for each visit, to a maximum of \$200 in a policy year for each health practitioner. Materials or supplements are not covered.</p>

Cosmetic or body image exclusion	
Policy change:	We have updated the wording of our Cosmetic or body image exclusion to be clearer it excludes treatment, investigations, consultations and complications in relation to these procedures.

New policy wording:	<p>Treatment or surgery for cosmetic or body image reasons</p> <p>We don't cover these procedures including any treatment, investigations or consultations related to a procedure or any complications that may occur from one.</p> <ul style="list-style-type: none"> • Cosmetic procedures or other enhancement or appearance medicine as defined by Accuro Health Insurance • Procedures or treatment relating to obesity or weight loss, performed for any reason • Breast reduction or treatment of gynaecomastia, regardless of whether medically necessary • Gender reassignment or gender dysphoria
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Dental or eye treatment or surgery exclusion	
Policy change:	We have updated the wording of our Dental or eye treatment or surgery exclusion to be clearer it excludes treatment, investigations, consultations and complications in relation to these procedures.
New policy wording:	<p>Dental or eye treatment or surgery</p> <p>We don't cover these procedures including any treatment, investigations or consultations related to a procedure or any complications that may occur from one.</p> <ul style="list-style-type: none"> • Dental care: orthodontic, endodontic, orthognathic (jaw correction), periodontal treatment, implants, or tooth exposure • Correction of visual errors or astigmatism - for example, consultations, surgery or laser treatment, surgically implanted intraocular lens(es), radial keratotomy, photo-reactive keratectomy, or any related complications

Organ failure or donation exclusion	
Policy change:	We have updated the wording of our Organ failure or donation exclusion to be clearer it excludes treatment, investigates, consultations and complications in relation to these procedures.
New policy wording:	<p>Organ failure or donation</p> <p>We don't cover these procedures including any treatment, investigations or consultations related to a procedure or any complications that may occur from one.</p> <ul style="list-style-type: none"> • Specialised transfusion of blood, blood products, or treatment for renal failure or renal dialysis • Organ donation and receipt • Specialised tertiary treatments such as transplants. This includes but is not limited to heart, lung, kidney, liver, bone marrow and stem cell transplants

Claim period	
Policy change:	We have removed the requirement for invoices/receipts to be submitted within 12 months of the event date.

Waiver of premium	
Policy change:	We have updated the wording to clarify that this waiver is for member-paid premiums and does not apply to any additional cover that is added to your policy after the waiver period has started.
New policy wording:	<p>If the main member or the partner on this policy dies or is diagnosed with a terminal illness up to the age of 70, we'll continue to provide cover for the member-paid premium for the other participants who are covered under this policy for whichever of these is earlier:</p> <ul style="list-style-type: none"> • 36 months or • until the oldest surviving person on the policy reaches the age of 70. <p>The waiver of premium starts from the next premium payment date following the date of death or diagnosis of a terminal illness. Any changes made to your policy during the waiver of premium like the additional of a new member or increased cover will not be eligible for the waiver of premium. Once the waiver of premium ends, the remaining or new main member must pay premiums for all remaining participants.</p>

Pre-existing condition exclusions	
Policy change:	We have provided further clarity that if we apply an exclusion for a pre-existing condition that it may be backdated to the start of your policy.
New policy wording:	We reserve the right to exclude any declared or non-declared pre-existing condition or congenital condition from your policy at any time. The exclusion may be backdated to apply from the start of your policy.

Premium non-payment period	
Policy change:	We have updated the non-payment termination period from 3 months to 90 days to reflect the Rules of the Society.

Legal name change	
Policy change:	We have changed our legal name from Health Services Welfare Society (HWSW) Limited to Accuro Health Insurance Society Limited.

Change from HFANZ to FSC	
Policy change:	The Health Funds Association of New Zealand (HFANZ) has now merged with the Financial Services Council (FSC) so we have updated the information in our policy document to reflect this.

IFSO	
Policy change:	We have provided further information on the Insurance and Financial Services Ombudsman and what they do.

Address change

Policy change:

We have updated our address as the postcode for our PO Box has now changed to:
PO Box 10075
Wellington 6140

StaffStay

Oral surgery	
Policy change:	We have removed the 12 month stand down period for the removal of impacted or unerupted teeth.
New policy wording:	<p>Oral surgery \$150,000 for each claim An excess applies to this benefit</p> <p>This benefit covers the costs of reasonable and customary charges associated with oral or maxillofacial surgery listed below.</p> <ul style="list-style-type: none"> • Surgical removal of impacted or unerupted teeth • Surgical removal of cysts or soft tissue swellings • Surgical drainage of oral abscesses • Pre-operative and post-operative diagnostics, consultations or tests if they occur within 6 months before or after the approved surgery <p>This benefit doesn't cover the insertion or removal of dental implants, or the exposure of a tooth.</p> <p>You must be treated by a New Zealand-registered oral or maxillofacial specialist, in an accredited private or public hospital or clinic. A New Zealand-registered medical practitioner, dental surgeon, or dentist must refer you or the participant on your policy.</p> <p>A registered oral surgeon or registered dentist must perform the surgical removal of unerupted and impacted teeth. They must write to us to confirm the status of the impacted or unerupted teeth.</p>

Mental health consultations	
Policy change:	We have now included consultations with a counsellor in this benefit.
New policy wording:	<p>This benefit covers the costs of reasonable and customary charges for consultations with a psychiatrist, psychologist or counsellor when a registered medical practitioner refers you.</p> <p>They must refer you to a medical professional who is registered either under the psychiatry scope with the Medical Council of New Zealand, as a psychologist with the New Zealand Psychologists Board, or as a counsellor with the New Zealand Association of Counsellors.</p>

Cosmetic or body image exclusion	
Policy change:	We have updated the wording of our Cosmetic or body image exclusion to be clearer it excludes treatment, investigations, consultations and complications in relation to these procedures.
New policy wording:	<p>Treatment or surgery for cosmetic or body image reasons We don't cover these procedures including any treatment, investigations or consultations related to a procedure or any complications that may occur from one.</p>

	<ul style="list-style-type: none"> • Cosmetic procedures or other enhancement or appearance medicine as defined by Accuro Health Insurance • Procedures or treatment relating to obesity or weight loss, performed for any reason • Breast reduction or treatment of gynaecomastia, regardless of whether medically necessary • Gender reassignment or gender dysphoria
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Dental or eye treatment or surgery exclusion	
Policy change:	We have updated the wording of our Dental or eye treatment or surgery exclusion to be clearer it excludes treatment, investigations, consultations and complications in relation to these procedures.
New policy wording:	<p>Dental or eye treatment or surgery</p> <p>We don't cover these procedures including any treatment, investigations or consultations related to a procedure or any complications that may occur from one.</p> <ul style="list-style-type: none"> • Dental care: orthodontic, endodontic, orthognathic (jaw correction), periodontal treatment, implants, or tooth exposure • Correction of visual errors or astigmatism - for example, consultations, surgery or laser treatment, surgically implanted intraocular lens(es), radial keratotomy, photo-reactive keratectomy, or any related complications

Organ failure or donation exclusion	
Policy change:	We have updated the wording of our Organ failure or donation exclusion to be clearer it excludes treatment, investigations, consultations and complications in relation to these procedures.
New policy wording:	<p>Organ failure or donation</p> <p>We don't cover these procedures including any treatment, investigations or consultations related to a procedure or any complications that may occur from one.</p> <ul style="list-style-type: none"> • Specialised transfusion of blood, blood products, or treatment for renal failure or renal dialysis • Organ donation and receipt • Specialised tertiary treatments such as transplants. This includes but is not limited to heart, lung, kidney, liver, bone marrow and stem cell transplants

Claim period	
Policy change:	We have removed the requirement for invoices/receipts to be submitted within 12 months of the event date.

Waiver of premium	
Policy change:	We have updated the wording to clarify that this waiver is for member-paid premiums and does not apply to any additional cover that is added to your policy after the waiver period has started.

New policy wording:	<p>If the main member or the partner on this policy dies or is diagnosed with a terminal illness up to the age of 70, we'll continue to provide cover for the member-paid premium for the other participants who are covered under this policy for whichever of these is earlier:</p> <ul style="list-style-type: none"> • 36 months or • until the oldest surviving person on the policy reaches the age of 70. <p>The waiver of premium starts from the next premium payment date following the date of death or diagnosis of a terminal illness. Any changes made to your policy during the waiver of premium like the additional of a new member or increased cover will not be eligible for the waiver of premium. Once the waiver of premium ends, the remaining or new main member must pay premiums for all remaining participants.</p>
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Pre-existing condition exclusions	
Policy change:	We have provided further clarity that if we apply an exclusion for a pre-existing condition that it may be backdated to the start of your policy.
New policy wording:	We reserve the right to exclude any declared or non-declared pre-existing condition or congenital condition from your policy at any time. The exclusion may be backdated to apply from the start of your policy.

Premium non-payment period	
Policy change:	We have updated the non-payment termination period from 3 months to 90 days to reflect the Rules of the Society.

Legal name change	
Policy change:	We have changed our legal name from Health Services Welfare Society (HWSW) Limited to Accuro Health Insurance Society Limited.

Change from HFANZ to FSC	
Policy change:	The Health Funds Association of New Zealand (HFANZ) has now merged with the Financial Services Council (FSC) so we have updated the information in our policy document to reflect this.

IFSO	
Policy change:	We have provided further information on the Insurance and Financial Services Ombudsman and what they do.

Address change	
Policy change:	We have updated our address as the postcode for our PO Box has now changed to: PO Box 10075 Wellington 6140