

These are the terms and conditions governing the *benefits* available to *members* of Accuro Health Insurance and other *participants* as described in the *schedule of benefits* and the *constitution* of the Accuro Health Insurance Society Limited (the *Society*). Accuro Health Insurance is a trading name for the *Society*. The terms and conditions should be read in conjunction with the *schedule of benefits*. The *Board of Directors* of the *Society* reserves the right at all times to vary these terms and conditions however it deems appropriate. In all matters that require interpretation, the *Board of Directors'* decision shall be final. We will endeavour to provide reasonable notice (minimum 21 days) prior to such change. All *benefits* relate to private care only (including consultation, *procedure and/or medical treatment* or *hospitalisation*), unless public *procedure and/or medical treatment* is specified in the *benefit* wording.

## 1. Membership

- 1.1 Membership is available to anyone (individual or group) who is accepted by Accuro Health Insurance for membership or permitted to become a *member* under the *constitution*.
- 1.2 A *member* may apply to include a *partner* and/or *dependants/whāngai*.
- 1.3 *Dependants/whāngai* aged 25 years and over have *premiums* based on age and will automatically remain on the *member's plan* unless removal is requested.
- 1.4 *Dependants/whāngai* aged 25 years and over who have been included in the *member's plan* may apply to have their own *plan*. If they do so within 30 days of leaving the *member's plan*, they will not be required to be *underwritten*.
- 1.5 *Partners* who have been included in the *plan* of a deceased *member* may retain membership while they continue paying the appropriate *premiums*.
- 1.6 Where there is a rearrangement of a family, a separated *partner* may apply to become a *member* in his or her own right and continue in a separate *plan*.
- 1.7 A *member* may contact Accuro Health Insurance requesting suspension of cover for the following reasons:
  - Travelling overseas for a period longer than two months (maximum length of suspension – 24 months).
  - Taking maternity leave (maximum length of suspension – 12 months).
  - Being registered as unemployed for a period longer than two months (maximum length of suspension – six months).
  - Being made redundant and/or suffering financial hardship (maximum length of suspension – six months).

Please contact us if you wish to apply to suspend your *policy* for any of the above reasons, and we will advise if any further documentation or evidence is required to do so.

To be eligible for suspension of cover, the following conditions must be met:

- The *member* and/or *participant* covered must have been covered by the *policy* for at least 12 months up to the date the suspension is to take effect.
- You must be continuously covered under the *policy* for a period of 12 months between the end of the last suspension and the *start* date of the next suspension.

Accuro Health Insurance will not pay any *benefits* under the *policy* to any *member* or *participant* who is suspended in respect of any event occurring while cover is suspended.

## 2. Applications for membership

- 2.1 All applications for membership and subsequent alterations to a *plan* must be made in writing by completing all sections of the Accuro Health Insurance application form.
- 2.2 Full details of the *member* and all proposed *participants* are required.
- 2.3 All previous medical history must be disclosed in the health declaration on the application form.
- 2.4 A new child is not automatically enrolled, and the *member* must apply in writing on an application form to have a new child included in the *plan* as a *dependant*. A period of free cover is provided for a *dependant* added to the *plan* at time of birth – the exact period of free cover varies between policies.
- 2.5 If you have three or more *dependants/whāngai* on your *policy*, you only pay *premiums* for the first two *dependants/whāngai* as long as the product and *plans* selected are the same for each *dependant*. All *dependants/whāngai* will remain on *dependant* rates up to 25 years old. On the anniversary following reaching 25 years, the *premium* payable will be adjusted from a *dependant* rate to that of a 25-year-old adult and they will remain on your *policy* unless you request their removal.
- 2.6 We reserve the right to exclude any declared or non-declared *pre-existing condition* from the *plan*. This applies to you and any *participant* at the time of application and/or during the life of the *policy*.

All symptoms and conditions, including *congenital conditions*, will be excluded from cover under the *policy* and must be disclosed at the time of application of the original *policy*. Any such exclusion(s) that you disclose will be clearly stated on the *policy certificate* and should be read in conjunction with the *policy* document. 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*.

### 3. Policy purpose

Your *policy* is designed to assist you with meeting the financial costs associated with your health and wellbeing.

Please refer to the *schedule of benefits* of the *plan* relevant to your *policy certificate* to see what your *policy* covers.

### 4. Commencement of membership and cover start date

- 4.1 Membership *starts* from the date on the *policy* issued by Accuro Health Insurance.
- 4.2 On receipt of the confirmation of membership from Accuro Health Insurance, the *member* has a free-look period of 14 days in which the *plan* may be declined. Any *premiums* paid will be refunded if the *plan* is declined within the free-look period, provided that, during this period, no *claim* has been made in respect of any person covered by the application.

### 5. Extra care and support

- 5.1 Some *members* are more vulnerable to the risk of unfair outcomes or disadvantages due to their personal circumstances. This could be due to, for example, health or disability reasons, life events, financial or personal resilience, knowledge or confidence in managing financial matters. To help us recognise and act with the appropriate level of care please chat to one of our team about your needs so we can take extra care and provide support that fits your needs.

### 6. Premiums

- 6.1 *Premiums* must be maintained to ensure continuity of membership and eligibility for *benefits*.
- 6.2 *Claim* payments will be withheld when *premiums* are in arrears until the arrears are cleared.
- 6.3 Membership will be terminated when 90 days of *premiums*, or more, remain unpaid.
- 6.4 Accuro Health Insurance reserves the right to deduct any outstanding *premium* when making payment for an eligible *claim*.

### 7. Prior approval and claims process

A *member* must seek prior approval for any *claim* that is likely to exceed \$1,000. To ensure that the *procedure and/or medical treatment* is covered under the *schedule of benefits* of the *member's plan*, it is recommended you contact us as soon as possible to check eligibility.

You also need to provide estimated charges for the *procedure and/or medical treatment*. A minimum of two working days' notice is required to give Accuro Health Insurance time to do any necessary checks and send out confirmation before the *procedure and/or medical treatment* takes place.

Subject to the terms of the *policy*, Accuro Health Insurance will pay all *reasonable and customary charges* for *medically necessary* treatment up to the relevant maximum cover. If the costs of the *procedure and/or medical treatment* exceed the maximum cover or the *reasonable and customary charges*, the difference will be the *member's* responsibility.

- 7.1 *Claims* will only be accepted for costs relating to *events* that occur after the cover start date. For *primary plans*, *claims* will be accepted after the *stand-down period* has passed.
- 7.2 *Claims* will not be paid when *premiums* are in arrears or when membership has ceased for any reason, irrespective of the date of an *event*.
- 7.3 Visits to a *registered medical specialist* must be referred by a general practitioner or dentist. A copy of the referral letter must be attached to the *claim* form.
- 7.4 The *member* will, upon request from Accuro Health Insurance, supply *medical evidence* before Accuro Health Insurance agrees to pay any *benefits*. This right of request applies from the prior-approval process to the completion of treatment. On Accuro Health Insurance's request, the *member* will also supply *medical evidence* after the *procedure and/or medical treatment* has been concluded. *Procedure and/or medical treatment* includes application for diagnostic or screening procedures. Any costs involved in obtaining the above information will be at the *member's* expense.
- 7.5 Payment is limited to the lesser of the *benefit* levels or the usual *reasonable and customary charges* for any approved *procedure and/or medical treatment* at the time as solely determined by Accuro Health Insurance, taking into account circumstances we consider relevant. This means Accuro Health Insurance may negotiate with your nominated health service provider(s) or recommend alternative health service providers if the estimated cost received from your chosen provider(s) is above the usual *reasonable and customary charges*.  
  
If we are unable to negotiate a reduction in the cost for your *procedure and/or medical treatment* and you choose to continue with the *procedure and/or medical treatment* under your nominated health service provider(s), you will be responsible for any monetary difference between the *reasonable and customary charges* and the cost for the *procedure and/or medical treatment*, regardless of the *benefit's* maximum cover, and must arrange for payment on this basis directly with your nominated health service provider(s).
- 7.6 *Benefits* are calculated on the net amount paid after deducting any refunds, subsidies or entitlements available from other sources, for example (without limitation), ACC, another health insurer, a government-funded agency, Work and Income or your employer.
- 7.7 No *member* and/or *participant* shall receive a *benefit* that, together with any other refunds, subsidies or entitlements, amounts to more than 100% of the actual costs incurred for any *event*.
- 7.8 Where relevant, the minimum or maximum amount that may be *claimed* for each *event* is set out in the *schedule of benefits*.
- 7.9 A *member* may request Accuro Health Insurance to pay hospital and related accounts on his or her behalf if prior approval has been sought and obtained before entering hospital.

- 7.10 *Claims for benefits*, as listed in the *schedule of benefits*, must be made on the *Accuro Health Insurance claim* form (relevant only for *primary plans*). The *claim* form must be fully completed and signed by the main *member*. Attach all receipts to your *claim* form as proof of payment.
- 7.11 Prescription drugs must be listed under section A to I of the *PHARMAC Schedule*, however any drugs listed under section H of the *PHARMAC Schedule* will only be covered if used during a procedure in a private facility. The *member* must also be eligible to meet PHARMAC's funding criteria. If the prescription drug require special authority from PHARMAC to be covered, we need confirmation from the *registered medical practitioner* that the *member* does meet the special authority criteria before we can assess cover for the prescription drug cost.

## 8. Claims on other insurers

Where another insurer, including but not limited to ACC, may have responsibility in respect of a *claim* the following provisions apply:

- It is the *member's* responsibility to advise *Accuro Health Insurance* that another insurer is involved in a *claim* that has been submitted to *Accuro Health Insurance*.
- Before *Accuro Health Insurance* accepts a *claim* under the *policy*, the *member* must firstly make a *claim* to the other insurer for any expense recoverable from a third Party or under any contract of indemnity or insurance. Any expenses recoverable in this way will be deducted from the reimbursement provided by *Accuro Health Insurance* under the *policy*. For the purposes of the *policy*, ACC is defined as another insurer.

### Claims involving ACC

Special conditions apply to *surgery* or treatment covered by ACC. Under the ACC legislation, you can choose between a:

- full payment option (ACC contracts a provider to provide the *procedure and/or medical treatment* and pays the total cost), or
- partial payment option (ACC contracts a provider to provide the treatment but only funds a portion of it).

The full payment option should be the claimant's first choice, as the claimant will not have to make any contribution towards *surgery* costs.

- 8.1 It is the claimant's responsibility to submit all *claims* to ACC in the first instance. Where *surgery* is indicated, the claimant must seek or obtain prior approval from ACC for *private hospital* costs.
- 8.2 If, due to the claimant's failure to comply with ACC's requirements, ACC refuses to cover the *claim* or ceases *claim* cover, the claimant will be deemed by *Accuro Health Insurance* to not have made a reasonable effort to secure cover or maintain cover and will therefore be ineligible to *claim* under the *policy*.
- 8.3 If ACC declines ACC cover or declines to pay in full for *private hospital surgery*, treatment or any other relevant entitlement, for whatever reason, *Accuro Health Insurance* reserves the right to insist that the claimant applies to ACC for a review of that decision before *Accuro Health Insurance* accepts any *claim*. The claimant must co-operate fully with *Accuro Health Insurance* in pursuing the review or appeal. Where ACC reverses a decision for a previously declined *claim*, *Accuro Health Insurance* reserves the right to seek reimbursement from ACC or the claimant for any related *claims* paid by *Accuro Health Insurance*.
- 8.4 Where ACC agrees to contribute to the claimant's *private hospital* costs, *Accuro Health Insurance* will cover the difference in cost between the ACC contribution and the usual *reasonable and customary charges* or as specified in the *schedule of benefits*. Copies of appropriate acceptance documentation from ACC must be provided to *Accuro Health Insurance* prior to *Accuro Health Insurance's* acceptance of the *procedure and/or medical treatment*.

## 9. Cancellation of membership

- 9.1 Cancellation of a *policy*, *plan* or *participant* must be requested by the main *member* or designated financial advisor (if applicable).
- 9.2 *Accuro Health Insurance* will acknowledge all requests for cancellation of membership on receipt of the request.
- 9.3 The date of cancellation depends on the frequency of the *premium* payments.
- If *premiums* are paid at a frequency of monthly or less, the date of cancellation is the next due date for *premium* payments after we have acknowledged receiving the cancellation request
  - If *premiums* are paid at a frequency greater than monthly, the date of cancellation is the expiry of the month in which we receive the cancellation request. We may refund a pro-rata amount of the *premiums* paid, depending on the circumstances
- 9.4 Membership will not be reinstated following the cancellation. This does not prevent a *member* from applying to rejoin at a later date, but a new application must be made on the *Accuro Health Insurance* application form.

## 10. Other important information governing the policy

- 10.1 Any information the *member* gives *Accuro Health Insurance* or that is given to *Accuro Health Insurance* on the *member's* behalf when making a *claim* must be true, correct and complete. If any information given to *Accuro Health Insurance* is untrue, incorrect or incomplete or if the *member* or *participant* has not told *Accuro Health Insurance* about anything else that the *member* or *participant* knows or a reasonable person in the circumstances would be expected to know it was relevant to *Accuro Health Insurance's* decision to accept a *claim*, in these instances, *Accuro Health Insurance* may not pay a *claim* and *Accuro Health Insurance* may void all or part of the *policy* or cancel it. If *Accuro Health Insurance* has already paid the *claim*, it can recover from the *member* the amounts paid.
- 10.2 All *members* are bound by and subject to the *constitution* and the terms and conditions and *schedule of benefits* of *Accuro Health Insurance*.
- 10.3 The *constitution* may change from time to time in accordance with the powers of amendment it contains.

- 10.4 A copy of the current *constitution* is available from the *Society* on application.
- 10.5 The terms and conditions of membership and the *schedule of benefits* are subject to change in accordance with prevailing conditions and at the discretion of the *Board of Directors*. *Accuro Health Insurance* will endeavour to provide reasonable notice (minimum 21 days) prior to such change.
- 10.6 *Accuro Health Insurance* reserves the right to review and adjust *premiums* at its discretion to ensure the viability of any *plan* or grouping of *members* and/or *participants* within a *plan*. *Accuro Health Insurance* will endeavour to provide reasonable notice (minimum 21 days) prior to such change.
- 10.7 In all matters that require interpretation, the *Board of Directors'* decision shall be final.

## 11. Complaints

*Accuro Health Insurance* aims to provide all *members* with efficient and courteous service. In the event that a *member* is unhappy with our service or a decision in respect to a *claim*, the *member* should write in the first instance to our customer team manager.

Email: [info@accuro.co.nz](mailto:info@accuro.co.nz)

Mail:

Accuro Health Insurance

PO Box 10075

Wellington 6140

*Accuro Health Insurance* will investigate and reply to you as soon as practically possible. If you are unhappy with the response from the Customer team manager, you can write to the Chief Executive Officer at the same address. The Chief Executive Officer will respond to you as soon as possible.

If we can't reach an agreement with you about a claim or pre-approval decision after you've taken the steps above, you can choose to take your concern to the Insurance & Financial Services Ombudsman.

A full copy of our complaints resolution process is available on request and on our website.

*Accuro Health Insurance* is a registered financial service provider under the Financial Service Providers (Registration and Dispute Resolution) Act 2008. *Accuro* is a member of an approved free and independent dispute resolution scheme operated by the Insurance and Financial Services Ombudsman (IFSO) which may help investigate and resolve a complaint if it is not resolved to your satisfaction using *Accuro's* internal complaints process.

You can write to the IFSO if your concern relates to a claim, you've followed the internal process outlined above, and we haven't been able to reach agreement with you. You must write to the IFSO:

- within 2 months of us telling you, in writing, that we won't change our decision on the claim or pre-approval
- within 3 months of the date of your initial complaint if we don't write to tell you what we have decided.

You can get more information on the IFSO from its website or by writing to them.

Website: [www.ifso.nz](http://www.ifso.nz)

Mail:

Insurance & Financial Services Ombudsman

PO Box 10845

Wellington 6143

## 12. Code of practice

*Accuro Health Insurance* is a member of the Financial Services Council (FSC) and such complies with the FSC Code of Conduct.

## 13. Legal

- 13.1 *Accuro Health Insurance* conducts all its business in accordance with the laws of New Zealand.
- 13.2 All currency quoted in all *Accuro Health Insurance's* material is in New Zealand dollars. All *benefits* and *premiums* are GST inclusive.
- 13.3 The rights and obligations of the *member* and *Accuro Health Insurance* are set out in the composite set comprising:
- the individual *member's* application form and all material provided by or on behalf of the *member* in support of the application
  - the individual *member's* *policy certificate*
  - the terms of the *plan* as specified in the *schedule of benefits* and current at the time of *claim*
  - the general *policy* terms and conditions current at the time of *claim*
  - the rules of the *Society*.
- 13.4 A *member* can obtain a copy of the *constitution* of *Accuro Health Insurance* by calling 0800 222 876.

# Exclusions

We aim to fully explain what is not covered in your *policy*. Unless specifically provided for in the *plans* you select, we don't cover any *claims* as described below.

## Health conditions we don't cover

It's important to know which conditions we don't cover. We've listed these below but please ask if you want to know about cover for a different condition that is not listed.

### Psychiatric, psychological and/or neurodevelopmental disorders

We don't cover treatment or counselling for any psychiatric, psychological and/or neurodevelopmental disorders. This includes but isn't limited to:

- attention-deficit/hyperactivity disorder
- autism spectrum disorder
- dyslexia
- geriatric care including geriatric *hospitalisation*
- intellectual disability (intellectual developmental disorder)
- motor disorders (including but not limited to Tourette's disorder)
- pre-senile dementia
- senile illness or dementia
- specific learning disorders.

### Certain types of care

We don't cover these types of care.

- Any *acute* care
- Any *long-term* care
- *Palliative care* as defined by *Accuro Health Insurance* (except where this *policy* specifies otherwise)

### Some conditions

We don't cover these conditions.

- Any *pre-existing conditions*, unless accepted by *Accuro Health Insurance*
- Any condition connected with the use of non-prescription drugs
- AIDS or HIV infection or any condition arising from the presence of AIDS, HIV infection or sexually transmitted diseases
- *Congenital conditions* diagnosed within 3 months of birth; this includes but is not limited to the investigation, treatment, or complications of any residual issues
- Any health condition as a consequence of war, invasion, act of foreign enemy, terrorism, hostilities (whether war is declared or not), civil war, rebellion, revolution, or military or usurped power

### Obstetrics and gynaecology

We don't cover any expenses arising from these obstetric or gynaecological conditions.

- Pregnancy, childbirth, miscarriage, or any associated conditions and/or complications for the mother or foetus/child, and all normal effects of pregnancy.
- Treatment, investigation, and diagnosis of infertility and assisted reproduction
- Sterilisation or contraception of any kind, or intrauterine devices (except a Mirena when used for medical reasons)
- Termination of pregnancy

## Tests, diagnostic procedures and treatments that we don't cover

Below we list the various tests, procedures and treatments we don't cover.

### Treatment for preventative reasons

We don't cover any expenses when no symptoms or evidence exist for a condition detrimental to your health; for example:

- *preventative* healthcare services and treatments, maintenance or health surveillance testing, genetic-testing, employment-related examinations or screening
- vaccination against any disease or condition
- convalescence.

### Dental or eye treatment or surgery

We don't cover these procedures including any treatment, investigations or consultations related to a procedure or any complications that may occur from one.

- 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

We don't cover these procedures including any treatment, investigations or consultations related to a procedure or any complications that may occur from one.



- 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

### Other treatment or surgery

We don't cover these procedures including any treatment, investigations or consultations related to a procedure or any complications that may occur from one.

- *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*
- Sleep disturbances, snoring, or sleep apnoea
- Robotic-assisted prostate surgery/treatment.
- Chelation therapy or similar treatment as defined by *Accuro Health Insurance*
- Circumcision, except where *medically necessary*
- Additional *surgery* performed during any operation that is not directly related to any medical condition or treatment covered under the terms of this *policy*
- A treatment or procedure that is provided by a *registered medical practitioner* practising outside his or her scope of practice
- New medical treatments, procedures, and technologies that have not been approved by *Accuro Health Insurance*

### Other costs

We don't cover these costs.

- General practitioners' fees, prescription drugs, or medication (except where this *policy* specifies otherwise)
- 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
- Any personal incidental expenses incurred whilst in hospital - for example, use of phone, family meals, soft drinks, or alcoholic beverages
- Any costs not specifically provided for under a *benefit* section outlined in the *plan*

## Other expenses and costs we don't cover

Below we list other expenses and costs that we don't cover.

### Appliances and devices

We don't cover the following.

- Personal health-related appliances; for example, hearing aids, personal alarms, orthotic shoes, crutches, wheelchairs, toilet seats, mouthguards, and artificial limbs
- Medical devices; for example, cardiac pacemakers, nerve appliances, cochlear implants, or penile implants
- *Surgical* or medical appliances; for example, glucometers, oxygen machines, respiratory machines, diabetic monitoring equipment, or blood pressure monitoring equipment
- Any costs not specifically related to the consultation or treatment such as administration costs or statement fees

### Expenses arising from drugs, criminal activity, or self-harm

We don't cover the following.

- Disability or illness arising from misuse of alcohol, drugs, participation in a criminal act, or intentional self-injury
- Attempted suicide or suicide within 13 months from the *start* date of the *plan*

## Glossary of key terms

Words printed in italics are key terms as defined in this glossary.

**ACC** means the Accident Compensation Corporation of New Zealand.

**accident** means an accident as defined in the Accident Compensation Act 2001.

**Accuro Health Insurance** means the Accuro Health Insurance Society Limited incorporated under the Industrial and Provident Societies Act 1908.

**acute** means a condition or disease that warrants immediate care within 48 hours by a doctor or hospital admission for treatment or monitoring.

**benefit** means the reimbursement available for *members* for specific types of expenses as specified in this policy document, including *grants*.

**Board of Directors** means the current board of directors of the *Society*.

**claim** means the request by a *member* to have their costs under their chosen *plan* refunded as described in this policy document, providing the *member* is eligible.

**congenital condition** means a health anomaly or defect that is present at birth (whether it is inherited or due to external factors such as drugs or alcohol or any other cause) and is recognised at birth or diagnosed within the first 3 months of life.

**constitution** means the rules of the *Society* in force from time to time.

**cosmetic procedure** means any procedure, *surgery* or treatment that is carried out to improve or enhance appearance, whether or not undertaken for physical, psychological or emotional reasons.

**dependant** means a *member's* child (including any stepchild, adopted child or *whāngai*) who has been accepted as a *participant* on the *member's* policy before the age of 25 years.

**event** means (without limitation) the date of birth, death, visit, consultation, test, *surgery*, repair, treatment or supply or the period of absence from work, duration of treatment or time in hospital.

**excess** means any amount specified on your current *policy certificate* that is excluded from payment.

**gender dysphoria** is a condition that causes discomfort or distress because of the conflict between biological sex and gender identity.

**grant** means a payment of a fixed amount as listed in this policy document or that may be made at the discretion of *Accuro Health Insurance*.

**hospice** means a healthcare facility that holds regular or associate service membership with Hospice New Zealand and that provides *palliative care* services for patients with a *terminal illness*.

**hospitalisation** means admission to hospital for treatment.

**long-term care** means either public or *private hospital*-based services provided on an on-going basis where a health condition, as determined by *Accuro Health Insurance*, has been or is likely to be present for more than 6 months.

**medical evidence** means (without limitation) medical records, medical history and correspondence or supportive screening information for the treatable condition.

**medically necessary** means healthcare services that, in the opinion of *Accuro Health Insurance*, are necessary for the care or treatment of a nominated health condition.

**Medsafe** means the New Zealand Medicines and Medical Devices Safety Authority. It is a business unit of the Ministry of Health and is the authority responsible for the regulation of therapeutic products in New Zealand. Medsafe administers the Medicines Act 1981 and Medicines Regulations 1984.

**member** means a person who has been accepted as a *member* of *Accuro Health Insurance* and by whom or on whose behalf *premiums* are currently being paid to *Accuro Health Insurance*. It doesn't include generic use of the word 'member' or 'members' when referring to members of families, associations, or our member portal.

**palliative care** means care given to patients with life-limiting illnesses that has the primary aim of improving the quality or quantity of life until the death of that patient. Palliative care may also positively influence the course of the illness. A life-limiting illness is one that cannot be cured and may at some time result in the person dying (whether that is years, months, weeks or days away).

**parent** means a *member's* parent who has been accepted as a *participant* on the *member's* plan.

**participant** means a *partner*, *parent*, child, *dependant* or *whāngai* accepted by *Accuro Health Insurance* who is named on the *policy certificate* and for whom *premiums* are current at the time of *claim* for any *benefit*.

**partner** means the spouse or de facto *partner* of a *member* where the parties are living together in a relationship in the nature of a marriage or civil union.

**PHARMAC Schedule** means the list of pharmaceuticals that are approved for public prescription in New Zealand and funded by the Pharmaceutical Management Agency.

**plan** means a specified range of *Accuro Health Insurance* benefits.

**policy** means your contract with *Accuro Health Insurance* and includes the *policy certificate*, general policy terms and condition and the *schedule of benefits* applicable to your chosen *plan*.

**policy certificate** means the most recent *policy certificate* issued to a *member* that confirms initial acceptance or subsequent alteration to a *plan*. This may also be called a membership certificate.

**policy year** means the 12-month period that starts from midnight on the *policy start* date and ends at midnight on the first annual renewal date. Each subsequent *policy year* begins at midnight on the annual renewal date and continues for a 12-month period.

**pre-existing condition** means:

- any health or medical condition you're aware of, or were experiencing signs or symptoms of, before the *start* of your *policy*,  
or
- a medical *event* that occurred before the *start* of your *policy*.

**premium** means the amount paid to *Accuro Health Insurance* by or on behalf of a *member* to maintain membership and eligibility for *benefits*.

**preventative** means to seek to reduce or prevent the risk of an illness, disease or medical condition from developing in the future.

**primary plans** means (without limitation) Basic, Advanced and Value Plus *plans*.

**private hospital** means a privately owned hospital that is licensed as a *private hospital* in accordance with the Health and Disability Services (Safety) Act 2001. Mobile treatment facilities are not recognised as *private hospitals*.

**procedure and/or medical treatment** means a particular course of action required to manage a health condition, including but not limited to diagnosis, medical screening, *surgical* procedures, therapeutics or rehabilitation.

**prosthesis** means an artificial extension that replaces a missing or malfunctioning part of the body, such as artificial replacement of hips or knees.

**public hospital** means a hospital service or institution licensed in accordance with the Health and Disability Services (Safety) Act 2001 directly or indirectly owned or funded by the New Zealand Government or any of its agencies.

**reasonable and customary charges** means charges for medical treatment that are determined by *Accuro Health Insurance* in its sole discretion to be both:

- reasonable and
- within a range of fees charged under similar circumstances by persons of equivalent experience and professional status in the area in which the medical treatment is provided.

**registered medical practitioner** means a healthcare practitioner, other than you or any member of your immediate family, who holds a current annual practising certificate issued by the Medical Council of New Zealand, and who is practising as a medical practitioner in New Zealand.

**registered medical specialist** means a health service provider who is:

- a member or fellow of an appropriately recognised specialist medical college
- registered with the Medical Council of New Zealand and holds a current annual practising certificate in that specialty.

This does not include those holding Medical Council of New Zealand registration for:

- emergency medicine
- family planning and reproductive health
- general practice
- medical administration
- public health medicine
- sexual health medicine
- urgent care.

The list of specialties excluded in the definition of *registered medical specialist* may be amended by *Accuro Health Insurance* from time to time at the sole discretion of *Accuro Health Insurance*.

**schedule of benefits** means the list and terms of *benefits* current at the time when a *member* lodges a *claim*.

**Society** means the Accuro Health Insurance Society Limited incorporated under the Industrial and Provident Societies Act 1908.

**stand-down period** means the period of 90 days after the *start* date or, in the case of a *participant* added to a *policy/plan*, 90 days after the date on which that *participant* is added during which *events* are not *claimable*.

**start** means the date on which membership begins, as specified in the *policy certificate*.

**surgery** or **surgical** means an operation or *surgical* procedure used to treat disease, injury or deformity.

**terminal illness** means that your life expectancy, due to sickness and regardless of any available *procedure and/or medical treatment*, is not greater than 12 months. This must be:

- in the opinion of a *registered medical specialist* and, if we require, in the opinion of an independent medical specialist elected by *Accuro Health Insurance* and
- in our assessment, having considered medical or other evidence we may require.

**underwriting** means to assess the information provided by the applicant on the application form. Depending on this information, the underwriter may request additional information about medical history that relates to *pre-existing conditions*.

**whāngai** means a child from your extended whānau who you raise or bring up within your family and who has been accepted as a *participant* in the *member's plan*. A *whāngai* is considered a *dependant* under this *policy*.

**we** means *Accuro Health Insurance*.