General policy terms and conditions

accuro HEALTH INSURANCE

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 Health Service Welfare 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*. A period of free cover is provided for a child added to the *plan* at time of birth – the exact period of free cover varies between policies.

2.5 *We* will only charge *premiums* for the first two *dependants/whāngai* under the age of 25 years covered under your *plan*. This means that, if you have three or more *dependants/whāngai* on your *plan*, you will only be charged the rate for two *dependants/whāngai*. Once a *dependant/whāngai* reaches 25 years of age, they will start to be charged at an age-related *premium* and will no longer be charged at a *dependant* rate.

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 in the *membership certificate* and should be read in conjunction with the *policy* document. *We* reserve the right to exclude any *pre-existing condition* or *congenital condition* you have not disclosed if *we* become aware of it.

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 *membership 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. Premiums

5.1 *Premiums* must be maintained to ensure continuity of membership and eligibility for *benefits*.

5.2 *Claim* payments will be withheld when *premiums* are in arrears until the arrears are cleared.

5.3 Membership will be terminated when three months' *premiums*, or more, remain unpaid.

5.4 *Accuro Health Insurance* reserves the right to deduct any outstanding *premium* when making payment for an eligible *claim*.

6. 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.

6.1 *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.

6.2 *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*.

6.3 All *claims* must be received by *Accuro Health Insurance* within 12 months of the date of an *event*. *Claims* made outside the 12-month *claim* period will be declined.

6.4 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.

6.5 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.

6.6 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).

6.7 *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.

6.8 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*.

6.9 Where relevant, the minimum or maximum amount that may be *claimed* for each *event* is set out in the *schedule of benefits*.

6.10 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.

6.11 *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.

6.12 The minimum *claim* (relevant only for *primary plans*) is an aggregation of receipts totalling $100.

6.13 Prescription drugs must be listed on the *PHARMAC Schedule*, and the *member* must be eligible to meet PHARMAC's funding criteria. If the prescription drug requires special authority from *PHARMAC* to be covered, we would require confirmation from the *registered medical practitioner* that the *member* does meet the special authority criteria to be able to assess cover for the prescription drug cost.

6.14 *Claims* may be subject to processing charges as described in the *schedule of benefits* relevant to the *member's plan(s)*.

7. 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.

7.1 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.

7.2 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*.

7.3 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*.

7.4 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*.

8. Termination of membership

8.1 A *member* may terminate membership at any time upon giving signed notice in writing to *Accuro Health Insurance*.

8.2 A *member* wishing to remove a *participant* from their *plan* must provide *Accuro Health Insurance* with signed notice.

8.3 *Accuro Health Insurance* will acknowledge all requests for termination of membership on receipt of the written request.

8.4 *Premiums* received in good faith may be retained by *Accuro Health Insurance* irrespective of the date of termination of membership.

8.5 Membership will not be reinstated following the termination. 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.

9. Other important information governing the policy

9.1 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.

9.2 All *members* are bound by and subject to the *constitution* and the terms and conditions and *schedule of benefits* of *Accuro Health Insurance*.

9.3 The *constitution* may change from time to time in accordance with the powers of amendment it contains.

9.4 A copy of the current *constitution* is available from the *Society* on application.

9.5 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.

9.6 *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.

9.7 In all matters that require interpretation, the *Board of Directors'* decision shall be final.

10. 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:

Member Engagement Manager
Accuro Health Insurance
PO Box 10075
Wellington 6143

Accuro Health Insurance will investigate and reply to you as soon as practically possible. If you are unhappy with the response from the Member Engagement Manager, you can write to the Chief Executive Officer at the same address. The Chief Executive Officer will Respond to you as soon as practically possible.

After you have followed *Accuro Health Insurance's* internal process outlined above, if your complaint relates to a *claim* and deadlock has been reached, you can write to the Insurance & Financial Services Ombudsman (IFSO) within two months of being notified by us in writing that a deadlock has been reached or, if *we* do not notify you that a deadlock has been reached, within three months of the date of your initial complaint.

You can obtain more information on the IFSO from the website www.ifso.nz. The IFSO's address is: Insurance & Financial Services Ombudsman, PO Box 10845, Wellington 6143.

11. Code of practice

Accuro Health Insurance is a member of the Health Funds Association of New Zealand (HFANZ). On behalf of its members, HFANZ manages an Integrity Registry for the purposes of detecting and preventing fraud and other serious probity concerns. The Integrity Register is operated by PricewaterhouseCoopers (PwC). *Accuro Health Insurance* may collect, use and disclose personal information and health information about the *member* for the purposes of the Integrity Registry.

Accuro Health Insurance is authorised to collect, use and disclose personal information and health information about the *member* for the purposes of the Integrity Registry. The *member* authorises disclosure of personal and health information to HFANZ or its agents and HFANZ members for the above purposes.

The *member* has rights of access to and correction of information held on the Integrity Registry. The contact details for doing so are Accuro Health Insurance, PO Box 10075, Wellington 6143 or HFANZ Integrity Registry Privacy Officer, Health Funds Association of New Zealand, PO Box 25161, Wellington 6146.

12. Legal

12.1 *Accuro Health Insurance* conducts all its business in accordance with the laws of New Zealand.

12.2 All currency quoted in all *Accuro Health Insurance's* material is in New Zealand dollars. All *benefits* and *premiums* are GST inclusive.

12.3 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 membership 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*.

12.4 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
- Avian influenza infection or any condition arising from the presence of avian influenza infection or any other identified pandemic
- 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.

Treatment or surgery for cosmetic or body image reasons

We don't cover these procedures.

- *Cosmetic procedures* or other enhancement or appearance medicine as defined by *Accuro Health Insurance*
- Consultations, 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

We don't cover these procedures.

- Dental care: orthodontic, endodontic, orthognathic (jaw correction), periodontal treatment, implants, or tooth exposure
- Investigations or treatment to correct 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.

- 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 conditions

We don't cover these costs.

- General practitioners' fees, prescription drugs, or medication
- Any investigation or treatment for 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*
- Any expense recoverable from a third party or insurance or any statutory scheme or any government-funded scheme/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
- Additional *surgery* performed during any operation that is not directly related to any medical condition or treatment covered under the terms of this *policy*
- Any personal incidental expenses incurred whilst in hospital - for example, use of phone, family meals, soft drinks, or alcoholic beverages
- Charges for 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*
- 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, 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 Health Service Welfare Society Limited.

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 *membership 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* or associate 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.

membership certificate means the most recent *membership certificate* issued to a *member* that confirms initial acceptance or subsequent alteration to a *plan*.

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 *membership 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 *membership certificate*, general policy terms and condition and the *schedule of benefits* applicable to your chosen *plan*.

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 Health Service Welfare 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 *membership 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*.