

	SmartCare+	SmartCare	SmartStay (visa less than 2 years)	KidSmart (designed for children)
Surgery				
General surgery	\$500,000	\$300,000	\$150,000 per claim	\$500,000
Breast reconstruction	Included in general surgery	Included in general surgery	Included in general surgery	Included in general surgery
Breast symmetry	Included in general surgery	Included in general surgery	Included in general surgery	Included in general surgery
Varicose veins	Included in general surgery	Included in general surgery	Included in general surgery	Included in general surgery
Prophylatic surgery	\$80,000 per person per policy lifetime	\$60,000 per person per policy lifetime	\$60,000 per person per policy lifetime	\$80,000 per person per policy lifetime
Spinal Surgery	\$200,000 per person per policy lifetime	\$200,000 per person per policy lifetime	\$200,000 per person per policy lifetime	\$200,000 per person per policy lifetime
Oral surgery	\$300,000	\$300,000	\$150,000 per claim	\$300,000
Minor surgery	\$3,000 per claim	\$3,000 per claim	\$500 per claim	\$3,000 per claim
Diagnostic procedures, tests and scans				
Major diagnostic procedures	Included in general surgery	Included in general surgery	As specified below	Included in general surgery
Angiograms	Included in major diagnostic procedures	Included in major diagnostic procedures	Up to \$3,500	Included in major diagnostic procedures
MRI scans	Included in major diagnostic procedures	Included in major diagnostic procedures	Up to \$3,000	Included in major diagnostic procedures
CAT scans	Included in major diagnostic procedures	Included in major diagnostic procedures	Up to \$2,500	Included in major diagnostic procedures
MP scans	Included in major diagnostic procedures	Included in major diagnostic procedures	Up to \$2,000	Included in major diagnostic procedures
PET scans	Included in major diagnostic procedures	Included in major diagnostic procedures	Up to \$2,500	Included in major diagnostic procedures
Diagnostic tests	\$5,000 (S)	\$5,000 (S)	Included in Specialist consultations (S)	\$5,000 (S)
Consultations				
Specialist consultations	\$5,000 (S)	\$5,000 (S)	\$4,000 (S)	\$5,000 (S)
Mental health consultations	\$1,000	\$1,000	\$1,000	\$1,000
Second-opinion	Included in Specialist consultations (S)	Included in Specialist consultations (S)	No cover (S)	Included in Specialist consultations (S)
Cancer treatment				
Non-surgical cancer treatment	\$300,000*	\$65,000*	\$25,000*	\$300,000*
Cancer/medical treatment accessories & support services	\$2,000*	\$2,000*	No cover	\$2,000*
Treatments				
Non-PHARMAC subsidised drugs	\$300,000/\$500,000**	No cover	No cover	\$300,000/\$500,000**
Hospital options				
Private hospital medical admission	\$300,000	\$200,000	\$65,000 (private or public)	\$300,000
Public hospital admission	\$300 per night, maximum 10 nights	\$300 per night, maximum 10 nights	Included in private & public hospital admission	\$300 per night, maximum 10 nights
Hospice stay	\$2,000 (\$50 per night)	\$2,000 (\$50 per night)	No cover	No cover
Transport, accommodation, recovery and support				
Post-operative therapy	\$1,500 per event	\$1,500 per event	\$1,500 per event	\$1,500 per event
Home nursing	\$6,000 (\$150 per day)	\$6,000 (\$150 per day)	\$2,400 (\$150 per day)	\$6,000 (\$150 per day)
Transport and accommodation	\$3,000 (\$200 per night for support person)	\$2,000 (\$200 per night for support person)	\$1,500 (\$125 per night for support person)	\$3,000 (\$200 per night for support person)
Parent/guardian accommodation	\$300 per night, maximum 10 nights	\$300 per night, maximum 10 nights	\$1,500 (\$125 per night)	\$300 per night, maximum 10 nights
Ambulance cover/transfer	\$200	\$200	\$200	\$200
Health-related appliances	\$200	No cover	No cover	No cover
Bereavement grant	\$10,000	\$2,500	No cover	No cover
Medical misadventure	\$30,000	\$30,000	No cover	No cover
Waiver of premium	For 36 months	For 36 months	For 36 months	No cover
Suspension of cover	Up to 24 months	Up to 24 months	Up to 24 months	Up to 24 months
ACC top-up	Covered	Covered	Covered	Covered
Medical tourism	Reimburse up to 75% of costs	No cover	No cover	No cover
Overseas waiting list	Reimburse costs	No cover	No cover	Reimburse costs
Treatment outside of New Zealand	\$30,000	\$30,000	\$25,000	\$30,000
Cover while in Australia	Non-acute medical conditions	Non-acute medical conditions	No cover	No cover
Loyalty benefits				
Sterilisation	One-off \$5,000 after 2 years	One-off \$3,000 after 2 years	No cover	No cover
GP health checks	\$150 every 3 years	\$150 every 3 years	No cover	No cover
Screening	\$250 every 3 years (S)	\$250 every 3 years (S)	No cover	\$250 every 3 years
Tongue/lip tie	No cover	No cover	No cover	One-off \$400 after 1 year
Discounts for a healthy BMI	After 3 years	After 3 years	No cover	No cover
Exercise-based activity contribution	No cover	No cover	No cover	\$150 after 3 years
Melanoma	\$200 every 3 years (S)	\$200 every 3 years (S)	No cover	\$200 every 3 years (S)
Speech-language therapy	Included in post-operative therapy	Included in post-operative therapy	Included in post-operative therapy	\$150 after 3 years (S)
Orthodontic	Cover under additional Dental & Optical plan	Cover under additional Dental & Optical plan	No cover	\$200 after 5 years, claim max of 3 years (S)
Pregnancy	\$2,000 after 3 years (S)	\$1,000 after 3 years (S)	No cover	No cover
Infertility treatment	Included in pregnancy after 3 years	No cover	No cover	No cover
Endoscopy (screening)	80% up to \$1,000 every 3 years	No cover	No cover	No cover
Bowel testing kit	Every 3 years	Every 3 years	No cover	No cover
Weight-loss or breast reduction surgery	50% of cost up to \$8,000 after 3 years	50% of cost up to \$8,000 after 3 years	No cover	No cover
Additional Plans				
Specialist Plan	Available to add	Available to add	Available to add	Available to add
GP Plan	Available to add	Available to add	Available to add	Not available
Natural Health Plan	Available to add	Available to add	Not available	Not available
Dental and Optical plan	Available to add	Available to add	Not available	Not available

(S) Included in additional Specialist plan

*Covered under private hospital benefit. **Covered under non-surgical cancer treatment or general surgery

Dollar amounts shown are per person per policy year, unless otherwise stated. This comparison table is a guide to benefit maximums. For full details and specifications, please refer to the policy document.