

BENEFIT SHEET

This policy provides 100% reimbursement of covered *reasonable charges* incurred as a result of a *medically necessary* procedure for the *life assured* up to the *maximum cover* amounts indicated below. This reimbursement is subject to the exclusions set out in this *Benefit Sheet* and may be subject to the application of *excess*.

1. Excess

If you have elected an *excess* option on your Absolute Health Benefit or Specialist and Diagnostic Testing Benefit, this will be shown in the *schedule*. The *excess* applies once per *life assured* per *policy year*. The Absolute Health Benefit *excess* applies to all benefits, except those benefits for which the *excess* is specifically excluded in this *Benefit Sheet*.

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

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

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

BENEFIT	COVERED EXPENSES	MAXIMUM COVER
<p>Medical hospitalisation in a <i>private hospital</i></p>	<p>Covers <i>reasonable charges</i> incurred during a medical hospitalisation for treatment of a condition which does not require surgery when referred by a <i>specialist</i> including:</p> <ul style="list-style-type: none"> > Hospital accommodation fees > Physician/<i>specialist</i> fees > Diagnostic fees > Ancillary hospital fees: including, but not limited to, materials and medication prescribed while in hospital, physiotherapist fees. <p>Non-surgical hospitalisations include but are not limited to admissions for treatment (other than surgery) of asthma, diabetes, stroke, cancer and oncology radiology/ chemotherapy treatment, lithotripsy or any other acute chronic illness.</p> <p>For cancer chemotherapy treatment, this includes targeted therapy, immunotherapy medicines, oral, intravenous infusion, instilled, and intraoperative chemotherapy provided by or under the direction of a <i>specialist</i> in a <i>private hospital</i>.</p> <p>This covers the cost of Pharmac and non-Pharmac subsidised MedSafe indicated cancer chemotherapy drugs, subject to <i>Sovereign criteria</i>.</p> <p>Prior approval must be obtained before the procedure takes place.</p>	<p>\$300,000 per <i>life assured</i>, per <i>policy year</i>. Includes pre-admission and post discharge below.</p> <p><i>Excess</i> applies.</p>

BENEFIT	COVERED EXPENSES	MAXIMUM COVER
<p>General surgery performed in a <i>private hospital</i></p>	<p>Covers <i>reasonable charges</i> incurred during a surgical hospitalisation when referred by a <i>specialist</i> including:</p> <ul style="list-style-type: none"> > Surgeon fees > Anaesthetist fees > Diagnostic fees > Hospital fees including: <ul style="list-style-type: none"> – Accommodation – Operating theatre fees – Ancillary hospital charges including: anaesthetic supplies, dressings, pathology tests, ECG, post operative physiotherapy, medication (prescribed and taken while in hospital) – Disposable laparoscopic equipment (separate <i>maximum cover</i> may apply) – <i>Prostheses</i> (separate <i>maximum cover</i> may apply) <p>Also covers <i>reasonable charges</i> incurred for the following procedures performed on a <i>life assured</i> admitted overnight to a <i>private hospital</i>, when recommended by a <i>specialist</i>:</p> <ul style="list-style-type: none"> > Dilatation and curettage > Arthroscopy > Hysteroscopy > Laparoscopy 	<p>Unlimited</p> <p>Includes pre admission and post discharge below.</p> <p><i>Excess</i> applies.</p>
<p>Breast symmetry surgery following mastectomy</p>	<p>Following mastectomy, covers costs up to the <i>maximum cover</i> for procedures on the unaffected breast to achieve breast symmetry,</p> <p>This will be available either during or following a mastectomy, which has been covered by your Sovereign health policy. Procedures covered under this benefit may include breast reduction surgery.</p> <p>The procedures to achieve breast symmetry do not need to be <i>medically necessary</i>.</p> <p>Prior approval must be obtained before the procedure takes place.</p>	<p>\$5,000 per <i>life assured</i> per life of the policy</p> <p>No <i>excess</i> applies.</p>
<p>Post-cancer treatment care and support</p>	<p>Covers support services following cancer treatment including:</p> <ul style="list-style-type: none"> > Psychologist consultations, therapy and counselling, > Personal items such as wigs to cover hair loss, bras following a mastectomy, > Lymphatic massage. <p>These support services and personal items do not need to be <i>medically necessary</i>.</p>	<p>\$1,000 per <i>life assured</i> per <i>policy year</i></p> <p>No <i>excess</i> applies</p>
<p>Cardiac surgery/ procedures performed in a <i>private hospital</i></p>	<p>Covers <i>reasonable charges</i> of cardiac surgery or non-invasive cardiac procedures when referred by a <i>specialist</i> including:</p> <ul style="list-style-type: none"> > Cardiac surgeon and perfusionist fees > Cardiologist and radiologist fees > Anaesthetist fees > Diagnostic fees > Hospital fees including: <ul style="list-style-type: none"> – Accommodation – Operating theatre fees – Intensive/coronary care unit fees 	<p>Unlimited</p> <p>Includes pre-admission and post discharge below.</p> <p><i>Excess</i> applies.</p>

BENEFIT	COVERED EXPENSES	MAXIMUM COVER
	<ul style="list-style-type: none"> - Ancillary hospital charges including: anaesthetic supplies, dressings, pathology tests, ECG, postoperative physiotherapy, medication (prescribed and taken while in hospital), stents including drug eluting stents, angioplasty catheters - Cardiac <i>protheses</i> (separate <i>maximum cover</i> may apply). 	
<p>Oral surgery performed in a <i>private hospital</i> or <i>day stay clinic</i></p>	<p>Covers <i>reasonable charges</i> of <i>medically necessary</i> oral surgery*, performed by an <i>oral surgeon</i>, when referred by a <i>registered medical practitioner</i> including:</p> <ul style="list-style-type: none"> > <i>Oral surgeon</i> fees > Anaesthetist fees > X-rays > Hospital or <i>day stay clinic</i> charges (if applicable) > Ancillary charges including: dressings, medication (prescribed immediately post surgery), anaesthetic supplies. <p>*Oral surgery procedures covered are:</p> <ul style="list-style-type: none"> > Removal of impacted wisdom teeth (procedure is only covered from 12 months after the commencement of this cover). > Removal of unerupted teeth (procedure is only covered from 12 months after the commencement of this cover). > Treatment of cysts, soft tissue swellings and enlargements. > Temporomandibular joint surgery when surgical treatment is considered <i>medically necessary</i>. <p>Cover is not provided for root canal treatment, dental repair or implants.</p> <p>Cover is also not provided for orthodontic treatment or orthognathic surgery of any kind.</p>	<p>Unlimited</p> <p>Includes pre admission and post discharge below.</p> <p><i>Excess</i> applies.</p>
<p>Dental evaluation and treatment prior to qualifying treatments</p>	<p>Covers dental evaluation and treatment performed by an <i>oral surgeon</i> or a <i>dental practitioner</i>, on the recommendation of the treating <i>registered medical specialist</i> as a precursor to the following treatments where those treatments are covered by your policy:</p> <ul style="list-style-type: none"> > Chemotherapy using antiresorptive drugs. > Radiotherapy treatment (head and neck). > Heart valve replacement surgery. <p>Prior approval must be obtained before any dental evaluation or treatment takes place.</p>	<p>\$1,500 per <i>life assured</i> per <i>policy year</i></p> <p>No <i>excess</i> applies.</p>
<p>Pre admission and post discharge from a <i>private hospital</i> or <i>day stay clinic</i></p>	<p>Covers <i>reasonable charges</i> of <i>specialist</i> consultations and diagnostic procedures directly relating to a medical condition covered above and when referred by a <i>specialist</i>. Period covered is for six months before and six months after a covered medical hospitalisation or surgery.</p> <p>Physiotherapy and prescription costs directly relating to the approved surgery performed within six months after surgery.</p>	<p>Included as part of the above hospitalisation or surgery <i>maximum cover</i>.</p>
<p>Outpatient care received at a <i>private hospital</i>, <i>day stay clinic</i> or <i>specialist</i> rooms approved by Sovereign</p>	<p>Covers <i>reasonable charges</i> incurred with an outpatient surgical procedure when recommended by a <i>specialist</i> (including related diagnostic testing performed in connection with the procedure).</p> <p>This benefit provides coverage for <i>medically necessary</i> angiograms, MRI and CT scans, regardless of whether surgery is performed or not.</p> <p>This benefit also covers <i>reasonable charges</i> incurred for the following procedures when recommended by a <i>specialist</i>.</p>	<p>\$100,000 per <i>life assured</i>, per <i>policy year</i>.</p> <p><i>Excess</i> applies.</p>

BENEFIT	COVERED EXPENSES	MAXIMUM COVER
	<ul style="list-style-type: none"> > Arthroscopy > Cystoscopy > Colonoscopy* > Dilatation and curettage > Gastroscopy > Hysteroscopy > Laparoscopy > Myelogram <p>*Cover is not provided for <i>routine screening</i> or periodic testing.</p>	
Non-specialist outpatient minor surgery	<p>Covers <i>reasonable charges</i> incurred with any of the following outpatient surgical procedures performed by a <i>registered medical practitioner</i> under local anaesthesia in general practice surgery rooms.</p> <p>This benefit only provides coverage for the <i>medically necessary</i>:</p> <ul style="list-style-type: none"> > Excision of lesions, moles and cysts; > Biopsies of lesions, moles and cysts; > Wedge resection of toenails; > Allergy desensitisation injections; > Skin prick testing; > Varicose vein treatment > Vasectomy – only applies after two continuous years of cover. The vasectomy does not need to be <i>medically necessary</i>. 	<p>\$500 per <i>life assured</i> per treatment to a maximum \$1,000 per <i>life assured</i> per <i>policy year</i>.</p> <p>No excess applies.</p>
Home nursing care	<p>Covers <i>reasonable charges</i> of home care provided by a <i>registered nurse</i> when recommended by a <i>specialist</i>. This care must immediately follow discharge from a <i>private hospital</i> for a covered surgical or medical procedure.</p>	<p>\$300 per day up to a maximum of \$5,000 per <i>life assured</i>, per <i>policy year</i>.</p> <p>No excess applies.</p>
Voluntary treatment overseas	<p>Treatment in Australia</p> <p>This benefit covers the costs for the approved treatment, procedure, consultation, test, diagnostic imaging, support or care, subject to the <i>maximum cover</i> under this policy for the applicable benefit in New Zealand dollars, at a health service facility approved by Sovereign.</p> <p>Treatment outside Australia</p> <p>This benefit covers up to 75% of the <i>reasonable charges</i> for the approved treatment, procedure, consultation, test, diagnostic imaging, support or care, subject to the <i>maximum cover</i> under this policy for the applicable benefit in New Zealand dollars at a health service facility approved by Sovereign and recommended by a New Zealand <i>registered medical specialist</i>.</p> <p>Treatment in and outside Australia</p> <p>Following the treatment, procedure, consultation, test, diagnostic imaging, support or care, a receipt in English needs to be provided to Sovereign, together with any other information reasonably required by Sovereign from the health service provider.</p> <p>All payments made under this benefit will be in New Zealand dollars and</p>	<p>Benefit maximum for the applicable benefit applies, subject to the additional limits, exclusions and requirements set out in this section.</p> <p>Excess applies.</p>

BENEFIT	COVERED EXPENSES	MAXIMUM COVER
	<p>will be credited directly to the bank account nominated by the <i>policy owner</i>.</p> <p>We will not accept responsibility for costs associated with any complications during or following any treatment or procedure covered under this benefit that arise as a direct or indirect result of the treatment, procedure, consultation, test, diagnostic imaging, support or care.</p> <p>No cover is available for flights or accommodation.</p> <p>No medical misadventure benefit is payable in relation to any treatment, procedure, consultation, test, diagnostic imaging, support or care covered under this benefit.</p> <p>Prior approval must be obtained before the treatment, procedure, consultation, test, diagnostic imaging, support or care takes place.</p>	
<p>Treatment overseas where the waiting period for treatment in an approved facility in New Zealand is greater than six months</p>	<p>When a <i>medically necessary</i> treatment or procedure covered by one of the other benefits of this policy is available in New Zealand but is unable to be carried out within six months in an approved facility, and so is carried out in an overseas facility approved by Sovereign, this benefit will cover the <i>reasonable charges</i> of that treatment or procedure as if it was provided in New Zealand up to the <i>maximum cover</i> stated for the applicable benefit in New Zealand dollars.</p> <p>Cover is also provided for the cost of two return economy class airfares for the <i>life assured</i> and a support person.</p> <p>Prior approval must be obtained prior to the treatment or procedure taking place.</p>	<p>Benefit maximum for the applicable benefit applies.</p> <p><i>Excess</i> applies.</p>
<p>Overseas medical treatment</p>	<p>Covers <i>reasonable charges</i> for medical treatment at an overseas hospital acceptable to Sovereign, where medical treatment covered under this policy cannot be provided in New Zealand. A <i>specialist</i> must recommend the medical treatment and approval of the claim must be received from Sovereign prior to the medical treatment.</p> <p>This benefit also includes two return economy class airfares for the <i>life assured</i> and a support person.</p>	<p>\$30,000 per <i>life assured</i>, per <i>policy year</i>.</p> <p><i>Excess</i> applies.</p>
<p>Transfer benefit</p>	<p>This benefit specifically covers the transfer of a patient from one <i>private hospital</i> or <i>day stay clinic</i> to another <i>private hospital</i> or <i>day stay clinic</i> in a situation where complications have arisen and further treatment can only be provided by <i>specialist</i> services at the <i>private hospital</i> or <i>day stay clinic</i> to where the patient is being transferred. The benefit only applies to transfers within the North and South Islands of New Zealand.</p> <p>All <i>reasonable charges</i> for the following modes of transport will be met: air ambulance, road ambulance, road transport or economy airfares.</p>	<p>No <i>maximum cover</i>.</p> <p>No <i>excess</i> applies.</p>
<p>Bereavement grant</p>	<p>If a <i>life assured</i> dies when aged between 21 and 59 (inclusive), Sovereign will pay a death benefit of \$2,500 to the policy owner or their estate (no <i>excess</i> applies).</p>	<p>No <i>excess</i> applies.</p>
<p>Caregiver accommodation</p>	<p>Covers <i>reasonable charges</i> of accommodation and/or transportation as required for a parent, guardian or support person who accompanies a <i>life assured</i> receiving a covered treatment outside their region of residence.</p>	<p>\$300 per day up to a maximum of \$3,000 per <i>life assured</i>, per <i>policy year</i>.</p>
<p>Public hospital cash grant</p>	<p>Lump sum payment paid if the <i>life assured</i> is admitted to a public hospital for a continuous period of more than three days (not including</p>	<p>\$300 per day after the third day, up to a</p>

BENEFIT	COVERED EXPENSES	MAXIMUM COVER
	admissions on a private fee paying basis or for obstetric care). For the purposes of this grant a 'day' must include an overnight stay.	maximum of \$3,000 per <i>life assured</i> , per <i>policy year</i> .
Waiver of Premium	Upon the death of a <i>life assured</i> , prior to attaining the age of 70 years, and where the cause of death is not excluded under this policy, Sovereign will continue to provide cover under this policy for the surviving lives assured covered by the policy at the time of death, without requiring further premiums for 12 months from the date of death.	
Loyalty benefit: sterilisation	Covers <i>reasonable charges</i> of sterilisation including vasectomies and female sterilisation procedures (i.e. tubal ligation and hysteroscopic sterilisation). Prior approval must be received from Sovereign.	No <i>maximum cover</i> . Applies only after two years of continuous cover. <i>Excess</i> applies.
Medical misadventure	If, during the course of any medical procedure or treatment in a <i>private hospital</i> , a <i>life assured</i> should die directly as a consequence of any erroneous or negligent action, omission or failure to observe reasonable and customary standards by a care provider of the said hospital, a death benefit shall become payable, provided: <ul style="list-style-type: none"> > the death occurs within 30 days of such a recorded and proven incident; and > a public admission of such incident and liability is made by the said hospital and verified and confirmed by the relevant <i>government authority</i>, a court of law, coroner's inquest or the Medical Council of New Zealand; and > the death is independent of any other cause other than the termination of the life support system after brain death has been established. 	\$30,000 per <i>life assured</i> .

2. Additional option – Specialist and Diagnostic Testing Benefit

This option, if selected, provides supplementary cover to the lives assured. It incurs additional premiums associated with the increase in benefits. If you have elected an *excess* option on your Specialist and Diagnostic Testing Benefit, this will be shown on the *schedule*. This *excess* applies once per *life assured* per *policy year*.

BENEFIT	COVERED EXPENSES	MAXIMUM COVER
Specialist consultations	Covers <i>reasonable charges</i> of a <i>specialist</i> when referred by a <i>registered medical practitioner</i> including: <ul style="list-style-type: none"> > Cardiac surgeons > Cardiologists > Ear, nose and throat specialists > Gastroenterologists > General surgeons > Gynaecologists > Neurosurgeons > Oncologists > Orthopaedic surgeons > Urologists 	\$5,000* per <i>life assured</i> , per <i>policy year</i> . *Includes diagnostic tests below. <i>Excess</i> applies.

BENEFIT	COVERED EXPENSES	MAXIMUM COVER
Diagnostic tests	<p>Cover is not provided for obstetricians, psychiatrists or psychologists.</p> <p>Covers the <i>reasonable charges</i> of diagnostic procedures directly relating to a medical condition when referred by a <i>specialist</i> including but not limited to:</p> <ul style="list-style-type: none"> > Allergy testing > Audiology > Audiometric tests > CT scans > Colonoscopy* > Cystoscopy > Electroencephalography (EEG) > Electromyography (EMG) > Exercise ECG > Gastroscopy > Holter monitoring > Laboratory tests > Mammography* > MRI scans > Myelogram > Ultrasound > Urodynamic assessments > X-rays <p>*Cover is not provided for <i>routine screening</i> or periodic testing.</p>	<p>Included as part of the maximum <i>specialist</i> consultation cover above.</p> <p>Excess applies.</p>
Health screening allowance	<p>Covers the cost up to the <i>maximum cover</i> for this benefit of the following procedures performed at an approved facility:</p> <ul style="list-style-type: none"> > bone screening (osteoporosis) > bowel screening > breast screening > cervical screening > heart screening > prostate screening > eye tests and / or visual field tests > hearing tests > skin checks > aortic aneurysm screening <p>Cover under this benefit is only available to a <i>life assured</i> after three years of continuous cover under Absolute Health.</p> <p>The health screening test does not need to be <i>medically necessary</i> but the procedure must be performed by or referred by a <i>registered medical practitioner</i>. If as a result of a health screening test, a diagnosis is made for a condition requiring treatment or care that is covered under another benefit in this policy, the costs incurred for the screening will be covered under that benefit and the <i>maximum cover</i> for this benefit will be reinstated.</p>	<p>\$500 per <i>life assured</i> for each three year period.</p> <p>No excess applies.</p>

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

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

Contact Best Doctors on 0800 425 005.

Best Doctors and the star-in-cross logo are trademarks of Best Doctors, Inc., in the United States and in other countries and are used under licence.

3. Exclusions

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

- > A pre-existing condition, unless the symptom or condition was disclosed at the time of your application and accepted in writing by Sovereign;
- > Any congenital conditions;
- > Reconstructive or reparative procedures or surgery, which result from, or which are traceable to, or are medically related to, any surgery performed prior to the *risk commencement date*;
- > Any elective or cosmetic procedures and associated treatments (including, for example, surgery for breast enlargements, facelifts, varicose veins);
- > Breast reduction surgery (except where expressly covered under a benefit in this policy) and gynaecomastia;
- > Acne treatment, except where classified by a *specialist* as Grade 4 acne with serious medical implications;
- > The misuse of prescribed or non-prescribed drugs, including where they have not been taken in accordance with the manufacturer's or a *registered medical practitioner's* directions;
- > Certifiable mental disease or psychiatric illness or any charges relating to services resulting from a referral to, or provided by, a psychiatrist. This includes all counselling services;
- > Suicide, self-inflicted injuries or illness. For the Waiver of Premium benefit and Bereavement grant benefit, this exclusion only applies for the first 13 months from the *risk commencement date*.
- > Any accident, illness, condition or disability arising from, or caused or contributed to by, drug taking, intoxication or misuse of alcohol, or nuclear contamination;
- > HIV related disorders, including AIDS;
- > Obstetric visits, pregnancy, childbirth, abortion, or any conditions or complications arising from any of the foregoing;
- > Contraception of any type;
- > Diagnosis, management and treatment of infertility;
- > Circumcision, except where *medically necessary*;
- > Diagnosis, management and treatment of snoring, except where a *specialist* confirms diagnosis of sleep apnoea and the surgical treatment is *medically necessary* (pre-approval of any claim for treatment must be sought or obtained from Sovereign before any costs are incurred);
- > Any geriatric or dementia conditions, including disability support services;
- > New medical treatments, procedures or technologies that have not been approved by Sovereign;
- > Treatment requiring periodontal, orthodontic, endodontal or cosmetic procedures, including, but not limited to, conditions arising out of neglect of dental services except where expressly covered under a benefit in this policy;
- > Sterilisation (except as provided under the Loyalty Benefit);
- > Any surgery for the correction of refractive visual errors;
- > Preventative treatment, or treatment or investigation of any condition that will not cause significant problems for the health of the individual if medical treatment is not received (including, for example, *routine screening* or mole mapping);
- > Treatment for obesity (including treatment of complications arising from any treatment for obesity);
- > Any disease or disorder of the skin or psychological treatment);
- > Renal dialysis;
- > Injuries of war or resulting from any terrorist act (whether war is declared or not);
- > Organ donation and receipt;
- > Charges for a treatment or procedure not provided by a *registered medical practitioner* practising within his or her scope of practice;
- > Treatment provided by a public hospital, except where expressly covered by this policy;
- > Physiotherapist, chiropractor, osteopath, naturopath, homeopath, acupuncturist, podiatrist, dietician, counsellor and speech therapy costs;

- > Nursing costs, except where expressly covered by this policy;
- > Prescription charges, except where expressly covered by this policy;
- > Any charge incurred for non-essential or personal items (for example, newspapers, spouse/family meals, alcohol, TV rental);
- > Surgical, medical or *dental appliances* including, but not limited to nerve appliances, cochlear implants, bite splints and orthotics, except cardiac pacemakers, implantable loop recorders or surgical *prostheses* specified in this *Benefit Sheet*;
- > Any condition arising from participation in a criminal activity;
- > Any condition specifically excluded in the policy document;
- > Costs for treatment carried out outside of New Zealand (except where expressly covered under the Overseas Medical Treatment Benefit);
- > Palliative care;
- > Any part of a claim that you make under this policy to the extent that you are able to recover from sources outside of this policy, including any other contract of insurance, regardless of whether you claim from these other sources or not.
- > Any benefit under this policy for any additional surgery performed during any operation, which is not directly related to any medical condition or treatment covered under the terms of this policy.