Welcome to Sovereign Private Health

Thank you for choosing Sovereign Private Health. Greater choice, when you need it.

This is your insurance policy document. Please take the time to read it carefully and then keep it and the *schedule* in a safe place. If you have any questions, please call us on 0800 500 108.

What is Private Health?

If you or a member of your family became ill, perhaps seriously, wouldn't you want access to expert care, when and where it suits you? Only private health insurance can give you that assurance.

Sovereign's Private Health Cover and Private Health Plus are designed to cover the significant costs associated with hospitalisation and surgery.

Free look period for 15 days

Please read this policy to ensure it provides the cover you are looking for. If you are unsure about anything, please contact your insurance adviser or us directly for assistance. Our contact details are set out on page 2.

If you decide you no longer wish to purchase this policy, you may cancel it within 15 days of it starting, or within 5 working days of receiving your policy (whichever is the later date) and you will receive a full refund of any *premium* you have already paid to us. If you decide to do this, you can never claim a benefit under the policy.

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How to contact Sovereign

Online www.sovereign.co.nz

For information about Sovereign's policies, an explanation of the benefits, frequently asked questions, terms and conditions and to apply for prior approval or make a claim please visit www.sovereign.co.nz

Call us 0800 500 108

For prior approval and claims enquiries, call us on 0800 500 108.

We are available 8am to 6pm Monday to Friday (excluding public holidays).

General correspondence

The mailing address for Sovereign's head office is:

Freepost Sovereign
Private Bag Sovereign
Victoria Street West
Auckland 1142

Phone, fax and email

Tel +64 9 487 9963
Fax +64 9 487 8003
Freephone: 0800 500 108
Freefax: 0800 329 768
Email: enquire@sovereign.co.nz

Physical address

Sovereign House
74 Taharoto Road
Takapuna
North Shore
Auckland
0622

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A. About this policy

This document is the policy document. It explains what your policy covers. It should be read in conjunction with all the documents that form part of your policy.

Your Private Health policy is a contract between the *policy owner(s)* named in the *schedule* ('you' or 'your') and Sovereign ('we', 'our' or 'us').

If more than one person is named in the *schedule* as *policy owner*, the policy is owned by all of them jointly.

Any notice to us to do with your policy must be given by all *policy owners* unless we are satisfied that, after reasonable efforts have been made, a *policy owner* cannot be located. In that case we may act on notice given by the other *policy owner(s)* and, if we do, we will not be liable to any person for any consequences.

The terms of your policy are set out and contained in the following documents:

> This policy document and any alterations made to it;

> The *schedule* which states who the *policy owner(s)* and *lives assured* are, as well as setting out other important information such as the *excess*, exclusions, endorsements and terms or conditions that apply to your policy; and

> The optional benefit *appendix* for the Waiver of Premium Benefit, where you have chosen this benefit and it is shown in the *schedule*.

Some words in this document are italicised indicating they are key terms that are defined in the section entitled 'Part J: Defined terms' on pages 25 - 27.

The headings in this policy document are for guidance only. They do not form part of the policy and they are not to be used when interpreting it.

Who does your policy cover?

The *life* or *lives assured* named in the *schedule* are covered under your policy. If there are multiple *lives assured* each *life assured* is covered separately.

When does your policy start?

Your policy starts on the *risk commencement date* stated in the *schedule*.

What does your policy cover?

Your policy covers the benefits set out at 'Part H: Benefits – what you are covered for' on pages 10 - 21, subject to meeting the terms and conditions of your policy and any exclusions that may apply.

What is not covered by this policy?

What you are not covered for is set out at 'Part I: Exclusions – what you are not covered for' on pages 22 - 24.

B. Guaranteed Enhancement Benefit

If at any time in the future, we make a change to a section and/or provision within a section of our Sovereign Private Health policy and the change is favourable to you, the enhanced section and/or provision will automatically be applied (passed back) to this policy, subject to the following:

> At claim time we will compare the enhanced section and/or provision in the latest version of Sovereign Private Health with this policy and will apply the section and/or provision that is most favourable to you. We will not apply changes to sections and/or provision set out in earlier versions of Sovereign Private Health which are not included in the latest version.

> The enhanced section and/or provision will only be applied to this policy if it relates to a benefit for which you have cover under this policy.

> The enhanced section and/or provision will be 'applied' to this policy with effect from the *pass back date*.

> The enhanced section and/or provision will only apply if the *claim event* first occurs on or after the *pass back date*. Eligibility criteria for individual benefits will still apply.

> If the *claim event* first occurred before the *pass back date*, then the claim will not be assessed or reassessed using the new wording.

> Any underwriting exclusions or special terms that apply to this policy will not be altered by any enhanced section and/or provision.

> Any associated increase in *premium* required will be applied when your *premiums* are next reviewed.

> Enhancements to sections and/or provisions that relate to Sovereign Private Health Plus will only be passed back where Sovereign Private Health Plus is listed in the *schedule*.

> Enhancements will not be passed back to built-in benefit sections and/or provisions that no longer exist.

For the avoidance of doubt, where the definition of a provision or provisions is enhanced under this benefit, the enhancement will only be applied in respect of that provision or the provisions you are making a claim for.

If the nature of the change to a section and/or provision means that it cannot be determined at the time of submitting a claim whether the change will be clearly favourable to you or not, you will need to elect whether or not the change will apply to the claim. After you have made the election, this election cannot be changed.

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C. Cancellation of the policy

You wish to cancel your policy

You can cancel your policy at any time by giving Sovereign notice in writing. You are liable for all *premiums* due up to the date of the cancellation. Sovereign will refund any unused part of the *premium* already paid for any period more than one month beyond the date of cancellation. Otherwise there is no refund of any *premiums*.

From the date Sovereign receives notice that you wish to cancel the policy, you will not be entitled to claim any benefits under this policy, other than for any health care service covered by this policy which was carried out prior to the date of cancellation, unless otherwise agreed to and confirmed in writing by Sovereign.

When can Sovereign cancel your policy?

Sovereign can cancel this policy if the *premium* has not been paid within 31 days of the *premium due date*.

Sovereign can cancel this policy and decline liability for any claims made under this policy if you or any *life assured*, or anyone acting on your or any *life assured's* behalf, makes a claim under this policy that is false or fraudulent in any respect.

In the event that a false or fraudulent claim is established after payment of a claim, all amounts paid in relation to the false or fraudulent claim must be repaid by you to Sovereign.

Non-disclosure or the provision of false or misleading information

Any information you or any *life assured* gives us, and any information given to us on your behalf, must be complete, true and correct.

If you or any *life assured* fails to disclose material information to Sovereign prior to inception of this policy or any variation or reinstatement of this policy, or if you or any *life assured* has made a substantially incorrect statement in applying for this policy, Sovereign may, at its complete discretion either:

> avoid this policy from its inception (this means the policy is deemed to have never existed); or

> alter the terms upon which cover is provided under your policy (such alteration of terms will be effective from the *risk commencement date* or such date of our choosing, at our discretion); or

> remove from cover any *life assured* from inception but leave the policy in force for the remaining *lives assured*.

If this policy is avoided or any terms altered or a *life assured* is removed from cover, we are entitled to retain all *premiums* paid in relation to the policy or that *life assured*.

Information is material if it would have influenced the judgment of a prudent insurer in determining whether to cover a *life assured* or on what terms to have issued or continued with cover under this policy or in fixing the *premium* for this policy.

A statement is substantially incorrect if the difference between what was stated and what is actually correct would have been considered material by a prudent insurer.

D. How to make a claim

Prior approval

We recommend you seek prior approval as soon as you are aware that you will need to make a claim. We need at least five working days to issue a prior approval.

By seeking prior approval we are able to give you certainty of cover by addressing your eligibility prior to treatment taking place.

There are some benefits for which prior approval is mandatory. These are listed in 'Part H: Benefits – what you are covered for' on pages 10 - 21.

Applying for prior approval

You can submit your prior approval request online or return the completed form to Sovereign as soon as you are aware that you will need to make a claim.

You will also need to ask your *registered medical practitioner* to complete the relevant section of the claim form or to provide you with a referral letter as well as any relevant clinical notes that may be useful to assist us to assess whether the medical treatment or procedure is *medically necessary* and falls within the terms of this policy.

The referral letter must include details of the initial consultation date, the history of the condition and details of any treatment received.

When you apply for prior approval we also need an estimate of the costs of treatment.

If your claim is pre-approved, Sovereign will allocate a claim number to your claim and will email, post or fax you or the *life assured* a letter confirming the claim has been pre-approved. The *excess* and any costs that are not covered, including costs which exceed the *maximum cover* will be clearly shown and you will need to pay these amounts directly to the health service provider.

Sovereign will pay the health service provider directly upon receipt of the invoice or statement up to the *maximum cover*. Please ensure that the claim number is quoted on all claims correspondence and any invoices or accounts relating to the pre-approved claim that are sent to Sovereign.

There may be certain costs, treatments or procedures that are not covered by this policy. Obtaining prior approval ensures you understand what will be covered and allows

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Sovereign an opportunity to negotiate costs with the health service provider or discuss alternatives with the *registered medical practitioner* or *registered medical specialist*.

Reimbursement of treatment you have paid for

If you have not applied for prior approval and you have paid for your treatment you will need to complete the steps below for reimbursement. Ask your *registered medical practitioner* to complete the relevant section of the claim form or to provide you with a referral letter as well as any relevant clinical notes that may be useful to assist us to assess whether the medical treatment or procedure was *medically necessary* and falls within the terms of this policy.

Submit your claim to Sovereign online, by email, post or fax, with the referral letter and original invoices and receipts as proof of payment.

Please be aware that by paying for your treatment and seeking reimbursement afterwards there may be costs that are not covered by the policy including for example your *excess* or costs that exceed the *maximum cover*. If you seek prior approval we can let you know what these are before any treatment takes place.

Sovereign's Healthcare Partnership Programme

If the *life assured's* treatment is being provided by one of Sovereign's Healthcare Partnership Programme providers there is no need for you to seek prior approval or send us any claims information, the provider will do this on your behalf. Sovereign will then pay the provider directly, who will advise you of any costs you need to pay to them directly (e.g. costs not covered by the policy, your *excess*, or costs that exceed the *maximum cover*).

For all claims

All claims must relate to a *life assured* under this policy. Unless expressly stated in the relevant benefit, the medical treatment or procedure must be *medically necessary*. Sovereign may request supporting evidence, including a second opinion, in order to satisfy itself that the treatment or procedure is *medically necessary*.

Sovereign will only pay the costs incurred for *medically necessary* treatments or procedures covered under this policy up to the respective benefit's *maximum cover*.

You are responsible for payment of the *excess* as well as any costs that are not covered by this policy.

Please submit all claims to Sovereign within 12 months of the medical treatment or procedure.

If this policy is cancelled for any reason and there are any outstanding claims relating to any medical treatment, procedure or other event covered under this policy that occurred prior to the date the policy ended, please submit the relevant claim form and supporting information within 30 days of the date the policy ended.

All benefits, claims and *premiums* are paid in New Zealand dollars. All benefits and *premiums* are GST inclusive.

What are 'reasonable charges'?

For benefits covered by your policy, Sovereign will pay the *reasonable charges* of health service providers, subject to the maximum amounts that apply for those benefits. We will not pay more than the *reasonable charges* in order to limit excessive or unreasonable charges by health service providers in private practice.

Sovereign determines *reasonable charges* by regularly reviewing:

> Health service providers' charges for particular services.

> Sovereign's own claims statistics.

> Sovereign's experience of the New Zealand health market.

> International benchmarks of the relative value of health services.

If the proposed cost of your medical treatment is greater than the *reasonable charges*:

> Sovereign will negotiate with the health service provider on your behalf to facilitate a reduction in the proposed cost of the treatment or procedure where possible. By purchasing this policy you authorise Sovereign to do this.

> Sovereign may request that you seek a second opinion for the treatment or procedure from an alternative health service provider. We can supply a list of providers near you that you can seek a second opinion from.

If Sovereign is unable to negotiate a reduction in the cost and you choose to continue with the treatment or procedure with the particular health service provider:

> You will be responsible for any difference between the *reasonable charge* and the cost of your medical treatment or procedure, regardless of the relevant benefit's *maximum cover*.

> You will be responsible to pay any costs that exceed the *reasonable charge* directly to your health service provider.

Excess

The *excess* is the amount that you will be responsible to pay for any treatment or procedure before you are entitled to claim for, or be reimbursed for, any benefits that are payable under this policy. The *excess* applies to each *life assured*, per *policy year*.

You can choose the amount of the *excess* that will apply to the policy for each *life assured*.

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The available *excess* amounts under Private Health Cover are $0, $250, $500, $750, $1,000, $2,000 or $4,000. The *excess* will apply to each benefit available under Private Health Cover unless:

> otherwise specified in the benefit; or

> it relates to any surgery that occurs within 3 months of a *related surgery,* in which case it will be waived.

However, in any event an *excess* is only payable once per *life assured* per *policy year*.

The available *excess* amounts under Private Health Plus are $0 or $250. The *excess* will apply to each benefit available under Private Health Plus unless otherwise specified in the benefit. This *excess* is in addition to any applicable *excess* under Private Health Cover. However, in any event the additional *excess* is only payable once per *life assured* per *policy year*.

If you would like to reduce the *excess for a life assured* they may be required to provide further health information before we agree to this. Please see section 'Part F: Changes to your policy' on pages 6–8 for more details.

Overseas treatment

This policy offers a number of overseas treatment options as listed in 'Part H: Benefits – what you are covered for' on pages 10 - 21. There are costs associated with having treatment overseas that may not be covered by this policy. You should consider comprehensive travel insurance before travelling overseas.

E. Premiums

To ensure that your policy remains in force, you must pay the *premium* on the regular basis as agreed with Sovereign. You must pay all *premiums* to Sovereign directly. *Premiums* can be paid by direct debit, credit card, or debit card. Please contact us on 0800 500 108 if you want to discuss payment of your *premium*.

Your *premium* is shown in your *schedule*. Your *premium* is payable to Sovereign on the first *premium due date*, which normally coincides with the *risk commencement date*. Thereafter your *premium* is due annually, monthly, fortnightly or weekly as agreed with Sovereign.

The *premium* is made up of a *policy fee* and a benefits component based on the benefits available under this policy.

One of the factors affecting the benefits component of the *premium* is the age of each *life assured*, except that:

> All *lives assured* less than 21 years of age will pay the same *premium*.

> The *premium* does not increase with age from the first *anniversary date* after age 71.

At the first *anniversary date* after a *life assured* turns 21, the benefits component of the *premium* increases with the *life assured's* age each year until they reach 70 years of age. The corresponding *premium* increase will take effect from the first *anniversary date* after a *life assured* turns 21.

Changes to the premium

Subject to the above, the *premium* will increase at each *anniversary date* based on*:*

> the *excess* amount for each *life assured*;

> Sovereign's underlying *premium* rates at that time; and

> the age of the *life/lives assured*.

You will need to pay the new *premium* from the next *premium due date*. Sovereign will advise you in writing of any adjustments to your *premium*.

What happens if you do not pay your premium on time?

Sovereign is not liable to pay any claims while any *premium* is overdue and remains unpaid.

Sovereign is entitled to cancel your policy by giving you notice in writing if your *premium* remains unpaid for 31 days after the *premium due date*.

If you want to have this policy reinstated, you will need to pay any outstanding *premiums* and apply to Sovereign to have the policy reinstated. Sovereign is not obliged to agree to reinstate the policy but may do so on any conditions it considers appropriate.

F. Changes to your policy

Adding and removing family members

You may apply at any time in writing to Sovereign to extend cover under this policy to:

> The policy owner.

> The spouse or de facto partner of the *policy owner*.

> A *child* under the age of 21.

Sovereign is not obliged to agree to cover any additional *life assured* unless it is satisfied that the *life assured* is in good health. The assessment of a *life assured's* good health is based on the health information provided about that *life assured* in the application for cover under this policy.

If Sovereign deems it necessary to obtain further information beyond that provided in the application form, about a potential *life assured's* good health, Sovereign may require a report from a *registered medical practitioner* to confirm or clarify the extent of any existing health conditions.

If you add your *child* to this policy within the first three months after he or she is born, the *child* will be

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automatically accepted for cover under this policy without the need to satisfy Sovereign of the *child's* good health. If a *child* is added to the policy after the first three months after he or she is born, Sovereign will require health information about that *child*.

Your *premium* will increase for each *life assured* added to this policy.

You can remove a *life assured* from your policy at any time by giving Sovereign notice in writing.

Adjusting your excess

You may request Sovereign to change the *excess* applicable to your policy.

Sovereign is under no obligation to agree to reduce the *excess* unless we are satisfied that the *lives assured* are in good health.

The *lives assured* may be required to provide further health information before we agree to reduce the *excess*.

A change in the *excess* will result in a change to your *premium*.

Any change in your *excess* and your *premium* will start from the date notified to you in writing by Sovereign.

Upgrading from Private Health Cover to Private Health Plus

You may apply at any time to Sovereign to upgrade from Private Health Cover to Private Health Plus.

Sovereign is not obliged to agree to a change from Private Health Cover to Private Health Plus unless it is satisfied that each *life assured* is in good health. The assessment of a *life assured's* good health is based on the health information provided about that *life assured*. If Sovereign deems it necessary to obtain further information beyond that provided in the application form, about a potential *life assured's* good health, Sovereign may require a report from a *registered medical practitioner* to confirm or clarify the extent of any existing health conditions.

Suspension of cover

You may request a suspension of cover for a *life assured* under this policy:

> for up to 24 months if they travel overseas for a period of up to twenty-four months; or

> for up to 12 months if the *policy owner*:

- becomes unemployed or redundant;
- goes on leave without pay for any reason;
- experiences at least a 20% reduction in pay (comparing the most recent payslip against a previous payslip from the same year); or
- if self-employed, experiences a 30% reduction in revenue (by comparing one month's revenue against the same month for the previous year),

provided that:

> you notify Sovereign within three months of one of the above listed suspension events occurring and provide evidence to Sovereign of the suspension event; and

> Sovereign acknowledges in writing receipt of that notification.

Where cover is suspended in one of the circumstances described above, no *premium* for the particular *life assured*, or for all *lives assured*, is payable during the period of suspension and no cover will be provided for any *claim event* for that *life assured* or *lives assured* during the period of suspension.

Cover for that *life assured* or the *lives assured* under this policy will be reinstated provided the *premium* is paid when the nominated period of suspension ends or within the maximum time periods described, whichever comes first.

Transfer of ownership

You may transfer the ownership of your policy at any time. To be valid the transfer must be on a *transfer of ownership form* and registered with us. If ownership of your policy has been transferred, references in this policy document to you, your and the *policy owner(s)* are references to the most recent transferee(s).

A trust cannot be the *policy owner* of this policy. No charge is payable for a transfer of ownership of the policy.

When can Sovereign change the terms of this policy?

It is Sovereign's business practice to review this policy over its lifetime. This is to ensure it continues to provide cover for current medical treatments for common medical conditions at the time. It is also to ensure the insurance product remains commercially viable for Sovereign.

Any changes to the terms of this policy will apply across all *lives assured* with the same policy. Sovereign will not make any changes to the terms of an individual *policy owner's* policy (except for age related *premium* increases based on the existing schedule of *premium* rates) without the *policy owner's* consent.

The following are examples of circumstances when Sovereign may wish to change the terms of this policy across all *policy owners*:

> To increase the level of benefits under the policy or to add new benefits.

> To move all *lives assured* to a refreshed policy document with a new drafting style/layout and similar levels of benefits.

> To take account of changes in the laws in New Zealand.

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> To allow for an unexpected increase in the type or level of claims that will not be sustainable long term based on the current schedule of *premium* rates or at any *premium* rates (uninsurable).

> To take account of a significantly escalated or new public health threat e.g. a pandemic.

Sovereign will give you at least 30 days' prior notice of any change to the terms of the policy (unless the changes are given effect as a result of the Guaranteed Enhancement Benefit). The notice will include an updated policy document and highlight any change to the *premium* and/or to your entitlements under it. You always retain the right to cancel this policy at any time.

G. General terms and conditions

Your obligations

You and every *life assured* agrees to:

> Provide complete and accurate information to Sovereign and comply with your duty of disclosure.

> Provide all information reasonably required by Sovereign in relation to the policy, any claims and the *policy owner* and/or *life assured*.

> Attend, at Sovereign's request, an examination or consultation with a *registered medical practitioner* or *registered medical specialist* of Sovereign's choosing and at Sovereign's cost. The *registered medical practitioner* or *registered medical specialist* will advise Sovereign of the results of the examination or consultation in order to assist Sovereign to determine the nature and extent of any medical condition and the cover available under the policy.

> Pay *premiums* as and when they fall due to ensure that the policy is not cancelled.

> Notify us as soon as possible of any change that might affect the policy. If in doubt, please call us to discuss.

> Notify us if you change your contact details. All notices from Sovereign to you will be deemed delivered if we have sent them to you using the contact details you last provided us with.

Claims on other insurers

It is your responsibility to advise Sovereign if there is another insurer, who is responsible under any contract of insurance or indemnity to pay for any costs for which you make a claim under this policy.

You must make every reasonable effort to make a claim or seek recovery of costs from that insurer for any expenses recoverable. Any expenses covered by another insurer in this way will not be covered by Sovereign under this policy. However if there are other expenses that are not covered by your other insurer please send details of the level of payment to us along with your claim. We will deduct the payment made by your other insurer then reimburse you for the remaining costs in accordance with this policy.

If you have two or more policies with Sovereign you cannot claim for, or be reimbursed for, an amount higher than the total cost of your treatment.

Claims involving ACC

This policy does not cover any costs arising from treatments or procedures for accidents or injuries including treatment injuries (medical misadventure) that *ACC* is legally responsible to pay.

It is your responsibility to submit any accident related claim to *ACC* in the first instance. Where surgery is necessary, you must obtain prior approval from *ACC* before incurring private treatment costs.

When *ACC* agrees to contribute to the *life assured's* treatment costs, Sovereign may cover additional costs up to the *reasonable charges* or *maximum cover* of this policy. You must obtain Sovereign's prior approval before incurring private treatment costs.

If *ACC* declines the claim Sovereign reserves the right to require that the *life assured* applies to *ACC* for a review of that decision, before Sovereign has any obligation to consider a claim for treatment under this policy.

If *ACC* upholds their decline decision Sovereign may cover your costs up to the *reasonable charges* or *maximum cover* of this policy. You must obtain Sovereign's prior approval before incurring private treatment costs.

Sovereign will not pay for any MRI or CT scans or other specialised imaging procedures recommended by a *registered medical practitioner* within seven days of an accidental injury claim being lodged with *ACC*.

If *ACC* does not cover the claim due to the *policy owner's* or the *life assured's* failure to properly make a claim with *ACC* or comply with *ACC's* claims requirements, we will deem this to mean that the *policy owner* or *life assured* has not made reasonable efforts to secure cover with *ACC* and so is not able to claim under this policy.

Subject to the laws of New Zealand

This policy is issued in New Zealand and is subject to the laws of New Zealand.

No surrender value

This policy does not participate in the profits of Sovereign. This policy has no surrender or cash value if it is cancelled.

Complaints

Your suggestions, compliments, queries and complaints are important to Sovereign, and help us to improve the service we provide to you. If you would like to make a complaint please send your complaint to Sovereign in writing or by email and we will investigate your complaint and respond to you.

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If you are not satisfied with the outcome of your complaint you have the right to refer your complaint to the Insurance and Financial Services Ombudsman. The Insurance and Financial Services Ombudsman provides a free dispute resolution service. The Insurance and Financial Services Ombudsman can only deal with a complaint after you have referred your complaint to Sovereign and received a response from Sovereign confirming that Sovereign's internal complaints procedure has been exhausted. You can obtain more information about the Ombudsman from the website: www.ifso.nz

The Ombudsman's address is:

Insurance and Financial Services Ombudsman
PO Box 10-845
Wellington 6143
Phone: (04) 499 7612 or 0800 888 202

Privacy

We take your and all *lives assureds*' right to privacy seriously. We will comply with the Privacy Act 2020 and the Health Information Privacy Code 2020 at all times.

For more information on what information we collect, how we will use it, security, access and correction of your and the *lives assureds*' personal information please see our Privacy Policy on our website or telephone us on 0800 500 108 to request a copy.

If you believe we have breached your or any *life assured's* right to privacy, please contact Sovereign and ask to speak with our Privacy Officer who will investigate this for you.

Code of practice

This policy complies with the Health Funds Association of New Zealand Industry Code.

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H. Benefits – what you are covered for

Your Private Health Cover policy provides cover for each *life assured* for the *reasonable charges* of the following:

Benefit	Benefit entitlement	Maximum cover
Private Health Cover and Private Health Plus		
SURGERY	Covers the costs associated with surgery. Surgery must be performed in an *approved facility* by a *registered medical specialist* or an *oral surgeon.* The *excess* applies to any claims under this benefit. Cover is provided for the following costs:	Unlimited
Inpatient treatment costs	> Surgeon's fees > Oral surgeon's fees > Cardiologist's fees > Anaesthetist's fees > Perfusionist's fees > Radiologist's fees > Hospital fees including: − Accommodation − Operating theatre fees − Intensive/coronary care unit fees − Ancillary hospital charges − Disposable laparoscopic equipment − Prostheses	
Outpatient treatment support costs	Consultations with a *registered medical specialist* or *oral surgeon* (including second opinions) and diagnostic imaging and tests referred by a *registered medical specialist* or *oral surgeon* directly relating to the approved surgery, performed within twelve months before or after surgery. *Physiotherapy*, *occupational therapy* and prescription costs directly relating to the approved surgery provided within six months after surgery on the recommendation of a *registered medical specialist* or *oral surgeon*.	

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Benefit	Benefit entitlement	Maximum cover
Private Health Cover and Private Health Plus		
CANCER CARE	**Costs for the surgical treatment of *cancer* are covered under the above Surgery benefit, as listed under Inpatient treatment costs and/or Outpatient treatment support costs.** This benefit covers non-surgical *cancer* treatment costs up to the *maximum cover* for this benefit of the following treatments, procedures, consultations, tests, diagnostic imaging, support and care once a diagnosis of *cancer* has been made by a *specialist*. Except where stated below to the contrary, the *excess* applies to any claims under this benefit.	$500,000 *per life assured* per *policy year*, subject to maximums for specific treatments or procedures
Specialist consultations	Consultations with a *registered medical specialist* for treatment or procedures relating to the treatment of *cancer*.	
Diagnostic imaging and tests	Diagnostic imaging and tests and procedures in connection with the detection or treatment of *cancer* including: > CT, PET/CT and MRI scans > Ultrasounds > X-rays, scintigraphy > Mammography > Colonoscopy > Laboratory tests > Tumour genetic testing > Gastrointestinal endoscopy > Cystoscopy > Hysteroscopy > Diagnostic laparoscopy	
Chemotherapy/immunotherapy	Chemotherapy and immunotherapy treatment including targeted therapy, oral, intravenous infusion, instilled, and intraoperative chemotherapy provided by or under the direction of a *registered medical specialist*, whether administered in an *approved facility* or at home. This covers the cost of Pharmac and non-Pharmac subsidised MedSafe indicated *cancer* chemotherapy and immunotherapy drugs, subject to *Sovereign criteria*. This also includes the cost of materials, hospital accommodation and *ancillary hospital charges*. Prior approval must be obtained before the treatment takes place.	
Radiotherapy	Radiotherapy treatment provided by a *registered medical specialist* in an *approved facility* including planning, shielding and accessories, field setup and simulation, subject to *Sovereign criteria.* Prior approval must be obtained before the treatment takes place.	
Prostate brachytherapy	Implantation of radioactive seeds for the treatment of malignancies of the prostate.	

SAMPLE

Benefit	Benefit entitlement	Maximum cover
Private Health Cover and Private Health Plus		
Breast reconstruction following mastectomy	Breast reconstruction of the affected breast only following a mastectomy for the treatment of diagnosed *cancer*. Prior approval must be obtained before the procedure takes place. Cover is not provided for breast reconstruction following any mastectomy which is a *prophylactic procedure*.	
Breast Symmetry surgery following mastectomy	Covers costs for procedures on the unaffected breast to achieve breast symmetry following a mastectomy. This will be available either during or following the mastectomy to treat the diagnosed *cancer* of the affected breast, which has been covered by your Sovereign Private Health policy. Procedures covered under this benefit may include breast reduction surgery, but do not include breast reconstruction following a mastectomy carried out on the unaffected breast which is a *prophylactic procedure.* The procedures to achieve breast symmetry do not need to be *medically necessary*. Prior approval must be obtained before the procedure takes place.	
Post-cancer treatment care and support	Covers support services following *cancer* treatment including: > Psychologist consultations, therapy and counselling, > Personal items such as wigs to cover hair loss, bras following a mastectomy, > Lymphatic massage, > Home help services including meal preparation, cleaning, showering and child care, provided by a suitably qualified person (employed in the provision of home help services). These support services and personal items do not need to be *medically necessary.* No *excess* is payable for claims under this benefit.	$1,000 per *life assured* per *policy year*
Public hospital cancer treatment cash benefit	If a *life assured* has treatment for *cancer* in a *public hospital* that would otherwise have been covered by the Cancer Care Benefit in this policy, the public hospital *cancer* treatment cash benefit will be paid to the *policy owner*. Treatment includes *cancer* surgery requiring an overnight stay in a *public hospital* or a course of chemotherapy and/or radiotherapy. No *excess* is payable for claims under this benefit.	$5,000 per *life assured* per lifetime
Palliative, hospice and respite care	The costs of palliative, hospice and respite care at an *approved facility*. No *excess* is payable for claims under this benefit.	$1,500 per *life assured* per lifetime

SAMPLE

Benefit	Benefit entitlement	Maximum cover
Private Health Cover and Private Health Plus		
DENTAL EVALUATION AND TREATMENT PRIOR TO QUALIFYING TREATMENTS	Covers dental evaluation and treatment performed by an *oral surgeon* or a *dental practitioner*, on the recommendation of the treating *registered medical specialist* as a precursor to the following treatments where those treatments are covered by your Private Health policy: > Chemotherapy using antiresorptive drugs. > Radiotherapy treatment (head and neck). > Heart valve replacement surgery. Prior approval must be obtained before any dental evaluation or treatment takes place. No *excess* is payable for any claims under this benefit.	$1,500 per *life assured* per *policy year*
MENTAL HEALTH SUPPORT BENEFIT	Covers the cost of a Psychiatrist or Psychologist consultation and/or counselling where the support treatment and/or consultations directly relate to a claim under the Surgery or Cancer Care benefits. After referral from a *registered medical specialist* the support treatment and/or consulations must be received within six months of your claim being accepted. No *excess* is payable for any claims under this benefit.	$2,500 per *life assured* per *policy year*
MINOR SURGERY BENEFIT	Covers the cost of minor surgery or treatment at an *approved facility*. The minor surgery or treatment must be carried out by a *general practitioner* or under the care of a *general practitioner,* such as a *registered nurse*. No *excess* is payable for any claims under this benefit.	$3,000 per *life assured* per *policy year*
MEDICAL HOSPITALISATION	Covers the following costs up to the *maximum cover* for this benefit of hospitalisation in an *approved facility* for the treatment of a condition which does not require surgery, when referred by a *registered medical specialist:* > Hospital accommodation fees > Registered medical specialist's fees > Diagnostic fees > Ancillary hospital charges Please note that hospitalisation and hospice care costs in relation to cancer are covered under the Cancer Care benefit and not this benefit. The *excess* applies to any claims under this benefit.	$500,000 per *life assured* per *policy year*

SAMPLE

Benefit	Benefit entitlement	Maximum cover
Private Health Cover and Private Health Plus		
CONGENITAL CONDITIONS SURGERY BENEFIT	Covers the cost up to the *maximum cover* for this benefit for surgery for any of the following *congenital conditions*: > umbilical hernia; > inguinal hernia; > undescended testes; > hydrocele; > tongue tie; > phimosis; > squint. The surgery must be performed in an *approved facility* by a *registered medical specialist* or *oral surgeon*, or by a *general practitioner*. Prior approval must be obtained before the surgery takes place. The *pre-existing conditions* exclusion does not apply to the Congenital Conditions Surgery benefit. Subject to the *maximum cover* for this benefit, more than one claim may be made under this benefit. No *excess* is payable for any claims under this benefit.	$2,000 per *life assured* per lifetime
MAJOR DIAGNOSTIC IMAGING AND TESTS	Covers the cost up to the *maximum cover* for this benefit of the following diagnostic tests and imaging at an *approved facility* when referred by a *registered medical specialist* irrespective of whether surgery occurs: > Angiogram > Arthroscopy > Capsule endoscopy > Colonoscopy > CT scans > Cystoscopy > Gastroscopy > Hysteroscopy > Laparoscopy > MRI scans > Myelogram > Myocardial perfusion imaging > PET/CT > Scintigraphy The *excess* applies to any claims under this benefit.	$200,000 per *life assured* per *policy year*

SAMPLE

Benefit	Benefit entitlement	Maximum cover
Private Health Cover and Private Health Plus		
HOME NURSING	Covers the cost of home nursing care up to the *maximum cover* for this benefit where the care is provided by a *registered nurse* following a surgical or medical procedure covered by this policy, and such care is recommended by a *registered medical specialist* or *registered medical practitioner.* No *excess* is payable for any claims under this benefit.	$300 per day, up to $5,000 per *life assured* per *policy year*
WAIVER OF PREMIUM ON DEATH	Upon the death of a *policy owner* (where the death is not caused by something excluded under this policy), Sovereign will provide cover under this policy for the surviving *lives assured* covered by the policy at the time of death, free of charge for a period of two years. No *excess* is payable for any claims under this benefit.	Two year's free cover
BEREAVEMENT GRANT	If a *life assured* dies between the ages of 21 and 70 (inclusive), the bereavement grant will be paid to the *policy owner* or to the *policy owner's* estate. No *excess* is payable for any claims under this benefit.	$3,500 per *life assured* per lifetime
PARENTS GRIEVING BENEFIT	If a *child* of a *life assured* dies before the age of 21, the Parents Grieving Benefit will be paid to the *policy owner*. Sovereign will pay a maximum of one claim per *child* under the Parents Grieving Benefit across all *Sovereign policies* for the *life assured(s)* irrespective of how many *lives assured* are covered under this policy. No *excess* is payable for any claims under this benefit.	$2,000 per *child*
TREATMENT AWAY FROM HOME IN NEW ZEALAND	If a treatment covered by one of the other benefits of this policy is not available within 100km of your home or usual place of residence, Sovereign will pay up to the *maximum cover* for this benefit of transport and accommodation for the *life assured* and a support person to travel to obtain that treatment. In any *policy year* you can only claim once under the Treatment Away From Home In New Zealand Benefit or the Parent Accommodation Benefit. No *excess* is payable for any claims under this benefit.	$300 per day, up to $3,000 per *life assured* per *policy year*
PARENT ACCOMMODATION BENEFIT	Covers the cost for accommodation expenses incurred by a parent accompanying a *child* who is listed on the *schedule*. The *child* must be undergoing medical treatment in an *approved facility* in New Zealand. In any *policy year* you can only claim once under the Treatment Away From Home In New Zealand Benefit or the Parent Accommodation Benefit. No *excess* is payable for any claims under this benefit.	$200 per day, up to $3,000 per *life assured* per *policy year*
AMBULANCE TRANSFER BENEFIT	Covers the costs of ambulance transfer expenses incurred by the *life assured* for emergency transportation to or from hospital within New Zealand. This benefit is not payable in respect of any ambulance transfers provided for either personal or social reasons, or where the associated costs would be covered by *ACC* or any other benefit provision under this policy. No *excess* is payable for any claims under this benefit.	$200 per *life assured* per *policy year*

SAMPLE

Benefit	Benefit entitlement	Maximum cover
Private Health Cover and Private Health Plus		
VOLUNTARY TREATMENT OVERSEAS	All payments made under this benefit will be in New Zealand dollars and will be credited directly to the bank account nominated by the *policy owner*. 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. No Medical Misadventure benefit is payable in relation to any treatment, procedure, consultation, test, diagnostic imaging, support or care covered under this benefit. Prior approval must be obtained before the treatment, procedure, consultation, test, diagnostic imaging, support or care takes place. The *excess* applies to any claims under this benefit. **Treatment in Australia** This benefit covers the costs for the approved treatment, procedure, consultation, test, diagnostic imaging, support or care, subject to the *maximum cover* under this policy for the applicable benefit in New Zealand dollars, at a health service facility approved by Sovereign. **Treatment outside Australia** This benefit covers the costs for the approved treatment, procedure, consultation, test, diagnostic imaging, support recommended by a New Zealand *registered medical specialist*. Cover is also provided for the cost of a single return economy class airfare for the *life assured* and one support person. The total amount payable under this benefit is 85% of the *reasonable charges*, subject to the *maximum cover* under this policy for the applicable benefit in New Zealand dollars, at a health service facility approved by Sovereign. **Treatment in and outside Australia** 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. Where applicable, any translation services must be provided by an appropriate registered translator in New Zealand acceptable to Sovereign.	*Maximum cover* for the applicable benefit, subject to the additional limits, exclusions and requirements set out in this section
TRANSLATION COSTS	This benefit covers the cost of any translation services provided by an appropriate registered translator in New Zealand acceptable to Sovereign, where translation of any receipt or information into English is required by Sovereign to support a claim under the Voluntary Treatment Overseas Benefit.	$500 per *life assured*, per *policy year*

SAMPLE

Benefit	Benefit entitlement	Maximum cover
Private Health Cover and Private Health Plus		
TREATMENT OVERSEAS WHERE THE WAITING PERIOD FOR TREATMENT IN AN APPROVED FACILITY IN NEW ZEALAND IS GREATER THAN SIX MONTHS	When a *medically necessary* 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 covers that treatment, procedure, consultation, test, diagnostic imaging, support or care up to the *maximum* cover stated for the applicable benefit in New Zealand dollars. Cover is also provided for the cost of two return economy class airfares for the *life assured* and a support person. Prior approval must be obtained prior to the treatment or procedure taking place. The *excess* applies to any claims under this benefit.	Benefit maximum for the applicable benefit applies
TREATMENT OVERSEAS WHERE THE TREATMENT IS NOT AVAILABLE IN NEW ZEALAND	When a *medically necessary* treatment or procedure is unable to be undertaken in New Zealand, this benefit covers the cost of that treatment or procedure up to the *maximum cover* stated for this benefit in New Zealand dollars. The treatment must be at an overseas facility acceptable to Sovereign and is only provided for those treatments, procedure, consultation, test, diagnostic imaging, support or care that a *registered medical specialist* has recommended. Cover is also provided for the cost of two return economy class airfares for the *life assured* and a support person. Cover for airfares is included within the *maximum cover* stated for this benefit. Prior approval must be obtained prior to the treatment or procedure taking place. The *excess* applies to any claims under this benefit.	$30,000 per *life assured* per *policy year*
PUBLIC HOSPITAL CREDIT	Where a *life assured* has a publicly funded treatment or procedure in a *public hospital* that would otherwise have been covered by a benefit in this policy and that treatment or procedure includes overnight admission of two or more nights' stay, Sovereign will credit the amount of the *life assured's premium* to this policy for 12 months in line with the *premium due date.* A copy of the hospital discharge summary must accompany the claim form. Excludes hospital admissions for treatment of accidents or injuries or maternity admissions. No *excess* is payable for any claims under this benefit.	One year's free cover
PUBLIC HOSPITAL CASH GRANT	Provides a lump sum payment up to the *maximum cover* for this benefit for any *life assured* who has an overnight admission of three or more nights in a *public hospital* and where the hospitalisation is publicly funded. This benefit is payable from the third night of admission. A copy of the hospital discharge summary must accompany the claim form. Excludes maternity admissions. No *excess* is payable for any claims under this benefit.	$300 per day up to $3,000 per *life assured* per *policy year*

SAMPLE

Benefit	Benefit entitlement	Maximum cover
Private Health Cover and Private Health Plus		
OBSTETRIC CARE ALLOWANCE	Covers the cost up to the *maximum cover* for this benefit of *medically necessary* obstetric care referred by the *life assured's registered medical practitioner, registered medical specialist* or registered lead maternity carer (Midwife) for assessment and monitoring of a recognised risk factor(s) in respect of complications during pregnancy. This benefit includes cover for reasonable accommodation costs incurred by the *life assured* for related stays in an *approved facility*. Cover under this benefit is not provided if: > the *life assured* is admitted to a *public hospital*; > related to a pregnancy that is conceived prior to the *risk commencement date;* > related to conditions arising post birth. Caesarean Sections are specifically excluded. No *excess* is payable for claims under this benefit.	Up to $2,000 per *life assured* per *policy year*
MEDICAL MISADVENTURE	If, during the course of any medical procedure or treatment in an *approved facility,* a *life assured* 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 in that *approved facility,* the *maximum cover* of this benefit will be paid, provided: > the death occurs within 30 days of such a recorded and proven incident > the incident is verified and confirmed by the relevant *Government authority*, a court of law, coroner's inquest or the Medical Council of New Zealand 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 *life assured* per lifetime
STERILISATION	Covers the cost up to the *maximum cover* for this benefit of sterilisation procedures including vasectomy, tubal ligation and hysteroscopic sterilisation. Prior approval must be obtained prior to the treatment or procedure taking place. This benefit is available to a *life assured* after one year of *continuous cover* under this policy. The *excess* applies to any claims under this benefit.	Up to $5,000 per *life assured* per life of the policy

SAMPLE

Benefit	Benefit entitlement	Maximum cover
Private Health Cover and Private Health Plus		
BARIATRIC SURGERY	Provides a contribution towards the cost, up to the *maximum cover* for this benefit, of *medically necessary* sleeve gastrectomy, gastric banding or bypass surgery including the costs of the related consultations, tests and diagnostics imaging for the *life assured*, where surgery is recommended by a *registered medical specialist* because the *life assured* has all of the following, > a BMI of: a. 40 or more, or b. 35 or higher and at least one of the following obesity-related diseases that is expected to be improved: – coronary heart disease; – type 2 diabetes; – obstructive sleep apnoea; – osteoarthritis in a weight bearing joint (radiological evidence required); or – blood pressure greater than 140/90 that cannot be effectively controlled via medication; and > completed physical growth; and > previously failed attempts to lose weight. Excludes any other type of bariatric surgery, such as banded gastroplasty (stomach stapling). Prior approval must be obtained prior to the treatment or procedure taking place. Cover under this benefit is only available to a *life assured* after three years of *continuous cover* under this policy. The *excess* applies to any claims under this benefit.	$7,500 per *life assured,* per lifetime for the Bariatric Surgery and Bilateral Breast Reduction benefits combined
BILATERAL BREAST REDUCTION	Provides a contribution towards the cost, up to the *maximum cover* for this benefit, of bilateral breast reduction surgery including the costs of the related consultations, tests and diagnostics imaging for the *life assured*. Excludes any surgery to correct any traumatic or post- surgical asymmetry, or to remove breast implants. Prior approval must be obtained prior to the treatment or procedure taking place. Cover under this benefit is only available to a *life assured* after three years of *continuous cover* under this policy. The *excess* applies to any claims under this benefit.	

SAMPLE

If you have cover under Private Health Plus then the following additional benefits are available for each *life assured*. Your *schedule* will confirm if you have cover under Private Health Plus.

Benefit	Benefit entitlement	Maximum cover
Private Health Plus		
SPECIALIST CONSULTATIONS	Cover for the cost up to the *maximum cover* for this benefit of consultations (including second opinions) with a *registered medical specialist* where the consultation is referred by a *registered medical practitioner*. The *excess* applies to any claims under this benefit.	$10,000 per *life assured*, per *policy year*.
DIAGNOSTIC IMAGING AND TESTS	Covers the cost up to the *maximum cover* for this benefit of the following diagnostic imaging and tests at an *approved facility* when referred by a *registered medical practitioner* or a *registered medical specialist:* > Allergy testing > Audiology tests > CT scans > Capsule endoscopy > Colonoscopy > Colposcopy > Cystoscopy > Electroencephalography (EEG) > Electromyography (EMG) > Exercise/Stress ECG > Gastroscopy > Holter monitoring/24 Hour Ambulatory monitoring > Laboratory tests > Mammography > MRI scans > Myelogram > Myocardial perfusion imaging > PET/CT scans > Scintigraphy > Sleep studies > Ultrasound > Urodynamic assessments > X-rays Cover is available for the cost of other diagnostic imaging and tests, subject to Sovereign's prior approval. The *excess* applies to any claims under this benefit.	$100,000 per *life assured* per *policy year*

SAMPLE

Benefit	Benefit entitlement	Maximum cover
Private Health Plus		
PREGNANCY, MATERNITY AND INFERTILITY ALLOWANCE	Covers the cost up to the *maximum cover* for this benefit of obstetric care (including scans), infertility diagnosis and treatment carried out by a *registered medical practitioner* or a *registered medical specialist* at an *approved facility.* This benefit includes cover for reasonable accommodation costs incurred by a *life assured* for maternity, pregnancy or infertility related stays in an *approved facility*. Pregnancy and maternity care is available to a pregnant *life assured* only. Cover under this benefit is only available to a *life assured* who has had two years of *continuous cover* under Private Health Plus. No *excess* is payable for any claims under this benefit.	$1,500 per pregnancy, per *life assured,* per *policy year*
HEALTH SCREENING ALLOWANCE	Covers the cost up to the *maximum cover* for this benefit of the following procedures performed at an *approved facility*: > 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 Cover under this Private Health Plus benefit is only available to a *life assured* after three years of *continuous cover*, or after two years of *continuous cover* if the *life assured* is a member of *AIA Vitality*. The health screening test does not need to be *medically necessary* but the procedure must be performed by or referred by a *registered medical practitioner.* The *pre-existing conditions* exclusion and the congenital conditions exclusion do not apply to the Health Screening Allowance benefit. 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 *maximum cover* for this benefit will be reinstated. No *excess* is payable for any claims under this benefit.	$500 per *life assured* for each three year period or $750 if the *life assured* is a member of *AIA Vitality*

SAMPLE

I. Exclusions – what you are not covered for

1. There is no cover under any of the benefits for costs that exceed the *reasonable charges* for the applicable treatment, procedure, consultation, test, diagnostic imaging, support or care.

2. There is no cover under any of the benefits for costs arising from, or related in any way to, any of the exclusions listed below.

3. There is no cover under the Waiver of Premium on Death, Bereavement Grant, Public Hospital Credit, Public Hospital Cash Grant or Medical Misadventure benefits arising from, or related in any way to, any of the exclusions listed below.

EXCLUSION NAME	EXCLUSION WORDING
Accommodation, Flights and/or Transport costs	Any accommodation, flight and/or transport, except where expressly covered by a benefit in this policy.
Acute care	Care provided for a sign, symptom, condition or disease that requires immediate or same day hospital admission for treatment or monitoring.
Additional surgery	Any additional surgery performed during an operation, which is not directly related to the medical condition or treatment for which cover is claimed under the terms of this policy.
Allied health	Any treatment by a physiotherapist, chiropractor, osteopath, naturopath, homeopath, acupuncturist, podiatrist, dietitian, counsellor or speech therapist except where expressly covered by a benefit in this policy.
Bariatric surgery	Bariatric surgery for any condition including but not limited to obesity, diabetes and sleep apnoea, except where expressly covered by a benefit in this policy.
Breast reduction surgery and gynaecomastia	Breast reduction surgery (except where expressly covered under a benefit in this policy) and gynaecomastia.
Chronic conditions	Cystic fibrosis, polycystic kidney, Marfans syndrome, Loeys-Dietz syndrome, spina bifida, scoliosis, kyphosis, pectus excavatum and pectus carinatum.
Circumcision	Circumcision except where *medically necessary.*
Congenital conditions	Any *congenital condition* except where expressly covered under the Congenital Condition Surgery Benefit in this policy.
Contraception	Contraception of any type.
Cosmetic	Any elective or cosmetic procedure or any surgery, procedure or treatment that improves, alters or enhances appearance, whether or not undertaken for medical, physical, functional, psychological or emotional reasons.
Criminal activities	Any injury or condition arising from participation in a criminal activity.
Dental/oral surgery	Dental repair or implants, orthodontic treatment, orthognathic, periodontal, or endodontic procedures, implants and related surgery of any kind except where expressly covered under a benefit in this policy.
Drugs	The misuse of prescribed or non-prescribed drugs, including where they have not been taken in accordance with the manufacturer's or *registered medical practitioner's* directions.
Equipment/appliances	Any appliances, aids, implants or equipment including but not limited to implantable defibrillators, nerve appliances, hearing aids, cochlear implants, braces, crutches, mouth-guards, orthotics, insulin pumps, CPAP machines and any other appliances or equipment (surgical, medical or dental) except cardiac pacemakers, implantable loop recorders or where expressly covered under a benefit in this policy.

SAMPLE

Illness arising from drugs/alcohol	Any injury, illness, condition or disability arising from, caused or contributed by, drug taking, intoxication or misuse of alcohol.
Infertility	Diagnosis, management and treatment of infertility except as specifically provided by the Pregnancy, Maternity and Infertility Allowance benefit under Private Health Plus.
Mental illness	Psychiatric, psychological and/or neurodevelopment disorders including treatment or counselling for but not limited to pre-senile dementia, senile illness or dementia, geriatric care including geriatric in-patient care and disability support services, intellectual disability (intellectual development disorder), autism spectrum disorder, attention deficit/hyperactivity disorder, specific learning disorders, motor disorders (including but not limited to Tourette's disorder) or dyslexia.
New treatments and techniques	New medical treatments and procedures including any prescription drugs, medical devices, treatment techniques and/or procedures, tests and/or other healthcare services that have not been approved by Sovereign in its sole discretion.
Non-Pharmac subsidised drugs	Drugs required for your particular treatment that are not subsidised by Pharmac, except for the drugs required for the chemotherapy benefit under Cancer Care in Private Health Cover.
Nuclear contamination	Any injury, illness, condition or disability arising from nuclear contamination.
Nursing	Nursing care, except where expressly covered under a benefit in this policy.
Obesity	Treatment of obesity (including treatment of complications arising from any treatment for obesity; any disease or disorder of the skin or psychological treatment), except where expressly covered by a benefit in this policy.
Obstetrics	Obstetric visits, pregnancy, childbirth or any associated conditions or complications except as specifically provided by the Obstetric Care Allowance or, Pregnancy, Maternity and Infertility Allowance benefit under Private Health Plus.
Organ donation	Organ donation and receipt.
Out of scope treatment	Treatments or procedures not provided by a *registered medical practitioner* practising within his or her scope of practice except where expressly covered under a benefit in this policy.
Palliative care	Palliative care, except where expressly covered by a benefit in this policy.
Pre-existing conditions	Any *pre-existing condition*, unless the symptom or condition was disclosed to Sovereign at the time of your application and accepted as covered by Sovereign in writing.
Prescriptions	Prescriptions, except where expressly covered by a benefit in this policy.
Preventative treatment and routine screening	Preventative treatment, health surveillance screening or treatment or investigation (including as a result of family history) where the *life assured* has no medical symptoms or where the condition will not cause significant problems for the health of the *life assured* if medical treatment is not received, except as provided under the Health Screening benefit under Private Health Plus.
Public hospital treatment	Treatment provided in a *public hospital*, except where expressly covered by a benefit in this policy or approved by Sovereign prior to receipt of the treatment.
Reconstructive surgery relating to previous surgery	Reconstructive or reparative treatment associated with a surgical procedure performed before the *risk commencement date*.
Refractive visual errors	Correction of refractive visual errors or astigmatism by surgery, surgically implanted intraocular lens(es), or laser treatment.
Renal dialysis	Renal dialysis.

SAMPLE

Self-inflicted	Suicide, or self-inflicted injuries of any kind. For the Waiver of Premium on Death benefit and Bereavement Grant benefit, this exclusion only applies for the first 13 months from the *risk commencement date*.
Snoring	Diagnosis, management and treatment of snoring.
Sterilisation	Sterilisation, except as specifically provided by the Sterilisation benefit in this policy.
Termination of pregnancy	Termination of pregnancy.
Treatment outside of New Zealand	Treatment carried out outside of New Zealand, except where expressly covered by a benefit in this policy.
War/terrorism	Injuries of war or resulting from any terrorist act (whether war is declared or not).

SAMPLE

J. Defined terms

DEFINED TERM	DEFINITION
ACC	The Accident Compensation Corporation of New Zealand (or its successor).
AIA Vitality	Means AIA Vitality, a health and wellbeing programme offered by AIA New Zealand Limited.
ancillary hospital charges	Anaesthetic supplies, dressings, pathology tests, ECG, intravenous fluids and irrigating solutions, post-operative physiotherapy, medication prescribed and taken while in hospital (except for drugs that are not subsidised by Pharmac).
appendix	An appendix to your Private Health policy, which contains the terms of an optional benefit you have chosen.
approved facility	Any one of the following: > A privately owned hospital; or > A *public hospital* which allows privately funded treatment to be carried out; or > A private medical or diagnostic facility, where minor surgery, treatments, consultations or diagnostic procedures are carried out; or > Otherwise a medical facility approved by Sovereign.
anniversary date	The anniversary of the *risk commencement date* of this policy.
cancer	Disease caused by the uncontrolled growth of abnormal cells which is histologically diagnosed and characterised by a *registered medical specialist* as cancer. Pre-cancerous conditions, such as cervical, vaginal or prostatic intraepithelial neoplasia (dysplasia) of any grade, are not considered cancer for the purposes of the Cancer Care benefit.
child/children	Any biological child/children, adopted child/children or child/children under the legal guardianship of: > the policy owner(s); or > the spouse or de facto partner of the *policy owner* (if that person is a *life assured*).
claim event	The treatment, procedure, specialist consultation or diagnostic tests that you are claiming for under your Sovereign Private Health policy.
congenital condition	A health anomaly or defect which is present at birth and for which the *life assured* either had signs or symptoms prior to becoming a *life assured,* or signs or symptoms within 3 months of birth.
continuous cover	A continuous period of cover from the *risk commencement date* during which the *premium* is paid for the *life assured*.
dental practitioner	A recognised health professional, who is registered with the Dental Council of New Zealand (or its successor).
excess	The excess is the amount that you will be responsible to pay for any treatment or procedure before you are entitled to claim for, or be reimbursed for, any benefits that are payable under this policy.
general practitioner	A recognised health professional, who holds a current annual practising certificate and is a member of the Medical Council of New Zealand (or its successor).
Government authority	A Government agency, department or organisation including without limitation, *ACC* and Work and Income New Zealand (or its successor).

SAMPLE

life/lives assured	Each person who is eligible for cover under this policy and is listed on the *schedule* as a *life assured*.
maximum cover	The maximum amount Sovereign will pay for each benefit or combination of benefits, as specified for the benefit(s).
medically necessary	A service or supply provided by a *registered medical practitioner* or *registered medical specialist* that Sovereign deems on reasonable grounds is necessary for the diagnosis, care or treatment of the disease or illness involved. Under no circumstances will the following services or supplies be considered medically necessary: > those services or supplies that do not require the skills or services of a *registered medical practitioner* or *registered medical specialist*; > those services or supplies furnished mainly for the comfort or convenience of the *life assured*. > those services or supplies that do not relate to the medical treatment being provided (for example alcohol, toiletries, pay TV, car parking and take away meals).
occupational therapy	Treatment provided by a registered occupational therapist who is: > in private practice and holds a current annual practicing certificate; and > a member of the Occupational Therapy Board of New Zealand (or its successor).
oral surgeon	An oral surgeon, oral medicine specialist or oral and maxillofacial surgeon registered with the Dental Council of New Zealand (or its successor) or a *registered medical specialist* vocationally registered in OralMaxillofacial surgery.
pass back date	The date that the relevant change to Sovereign's Private Health policy comes into effect, as determined by Sovereign.
physiotherapy	Treatment by a physiotherapist registered with the Physiotherapy Board of New Zealand (or its successor).
policy fee	The administration fee portion of your *premium*.
policy owner(s)	The person(s) listed on the *schedule* as the Policy Owner(s).
policy year	The 12 month period from the *risk commencement date* through to (but excluding) the first *anniversary date* and each successive 12 month period from an *anniversary date* through to the next *anniversary date*.
premium(s)	The amount payable by you as consideration for this policy.
premium due date	The date on which a *premium* is payable under this policy, as agreed between you and Sovereign.
pre-existing condition	Any disease, injury or medical condition for which, prior to the *risk commencement date*, the *life assured* knew they had or ought on reasonable grounds to have known they had, or for which they had experienced a symptom, consulted a *registered medical practitioner*, received treatment or services from a *registered medical practitioner* or took prescribed drugs or medication.
prophylactic procedures	Procedures undertaken as preventative measures.
prostheses	The artificial parts used to replace body parts when specific types of surgery are undertaken.
public hospital	A “hospital care institution” as defined by section 58 of the Health and Disability Services (Safety) Act 2001 (or its amendment or replacement), that is directly or indirectly owned or funded by the New Zealand Government.

SAMPLE

reasonable charges	Charges, costs and fees that Sovereign has determined are reasonable for the treatment, procedure, consultation, test, diagnostic imaging, support or care when carried out or taking place in New Zealand (irrespective of whether the treatment, procedure, consultation, test, diagnostic imaging, support or care is in fact carried out or takes place in New Zealand or overseas). For further details about how these charges are calculated and how they impact on your claims see the section 'Part D: How to make a claim' on pages 4–6.
registered medical practitioner	A person who holds a current practicing certificate in compliance with the Health Practitioners Competence Assurance Act 2003 (or its successor) and is a member of the appropriate registration body, for example, the Medical Council of New Zealand, the Dental Council of New Zealand, the Pharmacy Council of New Zealand, or any successor organisations.
registered medical specialist	A *registered medical practitioner* who is a member of an appropriately recognised specialist college and has authority granted under the Health Practitioners Competence Assurance Act 2003 (or its successor) to perform that health service and has Medical Council of New Zealand (or its successor's) vocational registration for that health service.
registered nurse	A person who holds a current practicing certificate in compliance with the Health Practitioners Competence Assurance Act 2003 (or its successor) and is a member of the Nursing Council of New Zealand (or its successor).
related surgery	A subsequent surgery performed within 3 months of an initial surgery for the purpose of treating the same medical condition, where the *life assured* has had an accepted Surgery Benefit claim and paid any applicable *excess*. For example, if surgeries are staggered on the advice of an appropriate *specialist* for best medical practice.
risk commencement date	The risk commencement date stated in the *schedule.*
schedule	The latest schedule issued by Sovereign to you which confirms the *policy owner*(s), the *lives assured*, important policy details about the policy and any specific endorsements or exclusions that Sovereign has applied to the policy and: > any notice of a change to *premiums*; and any policy alteration or endorsement documents recording a change to the policy.
Sovereign criteria	A set of criteria Sovereign uses to consider and approve chemotherapy or radiotherapy treatments under the Cancer Care benefit in order to ensure the treatment falls within *reasonable charges*. The criteria is determined by: > Whether the medicine is recommended for public funding by the Pharmaceutical Therapeutics Advisory Committee (or its successor); > The medical advice of the treating oncologists; > International evidence of clinical effectiveness; Other factors that Sovereign reasonably assesses as relevant.
Sovereign policies	Any policy or policies where Sovereign is the insurer.
transfer of ownership form	Sovereign's standard form for an assignment of a policy by way of ordinary transfer.

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