

Protection Benefit Sheet

Major Medical Cover Benefit

1. Lives Assured

The lives assured for this major medical cover benefit are detailed in the **Policy Schedule**. All references to life assured or lives assured in this protection benefit sheet refer only to those people.

2. Major Medical Cover Benefit Claims

The major medical cover benefit is payable, if a life assured incurs medical costs covered by this benefit and **ING Life** has accepted the claim. The amount payable to you will be the actual medical costs incurred. However if, in **ING Life's** sole opinion, the medical costs incurred are excessive compared to what is usual for a particular treatment or procedure then **ING Life** will only pay what it believes to be the usual, customary and reasonable costs for the particular treatment or procedure. The amount payable is subject to any excess referred to in Clause 3. of this Protection Benefit Sheet and the maximums and exclusions referred to elsewhere in this Protection Benefit Sheet. Any medical costs incurred must have arisen directly from the recommendation of an appropriate registered medical practitioner as being necessary for the purposes of diagnosing a medical condition or for treatment of a **Non-acute Medical Condition**.

The amount payable will also be reduced by any other payments or benefits which the life assured is eligible to receive from any other persons or organisations as a result of the same medical costs.

3. The Excess

If you have selected an excess to apply to this major medical cover, then that excess is detailed in the **Policy Schedule**. The higher the excess you select the lower the **Protection Premium** will be for this major medical cover benefit.

If you have selected nil excess to apply to this major medical cover and you have also selected to include the Optional Specialist and Diagnostic Tests Benefit under this major medical cover, then an automatic \$250.00 excess will still apply specifically to this optional benefit.

Any excess applies to each treatment cost incurred by each life assured. **ING Life** will reimburse the balance of the treatment cost over and above the excess subject to the maximums and exclusions detailed elsewhere in this Protection Benefit Sheet.

For the purposes of this Protection Benefit Sheet, a treatment cost is defined as:

- All specialist consultations, tests and treatment undertaken within a **Private Hospital** in relation to any one surgery or any one admission, including transport costs to and from the **Private Hospital**, post-surgical home nursing care and support person accommodation costs where these are applicable. This includes specialist consultations and diagnostic procedures undertaken within 6 months of surgery or admission to a **Private Hospital** providing they are directly related to the surgery or admission to a **Private Hospital**; or

If you have selected the Optional Specialist and Diagnostic Tests benefit then the following is also considered a treatment cost:

- All specialist consultations or tests which do not result in admission to or surgery in a **Private Hospital** which occur within the 12 months following a **Policy Anniversary**.

4. Australasian Coverage

Your major medical cover benefit reimburses medical costs for **Non-acute Medical Conditions**, which are incurred and treated in Australia. The amount of reimbursement will be the usual, customary and reasonable costs which would be payable in New Zealand for the same treatment or procedure subject to the excess, maximums and exclusions described elsewhere in this Protection Benefit Sheet. All maximums, excesses and benefit amounts referred to in this Protection Benefit Sheet are in New Zealand dollars.

5. Surgical Hospitalisation Benefit

The maximum surgical hospitalisation benefit payable per life assured is \$200,000 per operation.

This surgical hospitalisation benefit will cover costs which have occurred as a direct result of surgical treatment of a **Non-acute Medical Condition**, subject to the exclusions described elsewhere in this Protection Benefit Sheet. The treatment must have been recommended by an appropriate registered medical practitioner as being necessary to improve the health of the life assured and must be carried out in a **Private Hospital**.

Surgeries included under the surgical hospitalisation benefit are:

- General Surgery
- Cardiac Surgery
- Otolaryngological Surgery
- Urological Surgery
- Gynaecological Surgery
- Ophthalmological Surgery (Not including laser eye surgery.)
- Orthopaedic Surgery
- Peripheral Vascular Surgery
- Plastic Surgery (Non-Cosmetic)
- Oral Surgery (Only if performed by a specialist oral surgeon. Dentists costs not covered.)
- Maxillofacial Surgery
- Weight Reduction Surgery (Not including liposuction)
- Day Surgery performed by a Specialist (Non-Cosmetic)
- Sterilisation Procedures (Only those occurring after 2 years from the **Commencement Date**)

The surgical hospitalisation benefit will cover the following costs associated with the surgery during the period of hospital admission:

- Surgeon's and anaesthetist's fees
- Operating theatre fees
- **Private Hospital** accommodation fees
- Specialists consultations that occurred within 6 months of the admission date and which were directly related to the surgery
- Diagnostic procedures including diagnostic procedures which are directly related to the surgery and which occurred within 6 months of the admission date
- Prostheses
- Outpatient fees for day surgery
- Surgical sundries including intravenous fluids, irrigating solutions, dressings, and prescriptions. This includes prescriptions which are directly related to the surgery for a maximum period of six months following the surgery
- Post-operative physiotherapy including physiotherapy treatment which is directly related to the surgery for a maximum period of six months following the surgery

6. Non-Surgical Hospitalisation

The maximum non-surgical hospitalisation benefit payable per life assured is \$200,000 per annum.

The non-surgical hospitalisation benefit will cover costs which have occurred as a direct result of the diagnosis of any **Non-acute Medical Condition**, subject to the exclusions described elsewhere in this Protection Benefit Sheet, for which non-surgical hospital treatment is recommended by an appropriate registered medical practitioner as being necessary to improve the health of the life assured.

The non-surgical hospitalisation benefit will cover the following costs, which are incurred during the period of hospital admission:

- **Private Hospital** accommodation fees
- Specialists fees including specialist fees directly related to the hospital admission and which have occurred within 6 months of the date of admission
- Treatment costs, whether **Pharmac** subsidised or not, e.g. chemotherapy or radiotherapy. Oral treatment for chemotherapy recommended by an appropriate registered medical practitioner that does not require admission to a **Private Hospital** will also be covered.
- Treatment costs for hyperbaric oxygen treatment when recommended by an appropriate registered medical practitioner that does not require admission to a **Private Hospital** will also be covered.
- Diagnostic procedures including diagnostic procedures directly relating to the hospital admission which occurred within 6 months of the date of admission
- Sundries including intravenous fluids, dressings and prescriptions. This includes prescriptions which are directly related to the hospital admission for a maximum period of six months following the date of discharge

7. Major Diagnostics Benefit

The maximum major diagnostics benefit payable per life assured is \$200,000 per annum.

The major diagnostics benefit will cover the costs of the following diagnostic procedures, subject to the exclusions described elsewhere in this Protection Benefit Sheet, which have been recommended by an appropriate registered medical practitioner, whether they have occurred in relation to a period of private hospitalisation or not:

- MRI Scans
- CT Scans
- Arthroscopy
- Laparoscopy
- Dilation & Curettage
- Cytoscopy
- Myelogram
- Hysteroscopy
- Angiogram
- Colonoscopy
- Gastroscopy

8. Post Admission Home Nursing Care

The maximum post admission home nursing care benefit payable per life assured is \$300.00 per day for up to a maximum of 10 days. The post admission home nursing care benefit will reimburse all costs incurred for home nursing care by a registered nurse following any private hospital admission covered under this major medical cover benefit, subject to the exclusions described elsewhere in this Protection Benefit Sheet. Such care must have been recommended as necessary by the **Private Hospital** where the admission occurred.

No excess applies to this Post Admission Home Nursing Care

9. Transfer Costs Benefit

If the required treatment is not available within the life assured's local community then **ING Life** will reimburse the air or road ambulance costs associated with transferring the life assured to or from a **Private Hospital** within New Zealand, subject to the exclusions described elsewhere in this Protection Benefit Sheet.

10. Support Person Accommodation Grant

The maximum support person accommodation grant payable per life assured is \$300.00 per day for up to a maximum of 10 days.

The support person accommodation grant is payable, subject to the exclusions described elsewhere in this Protection Benefit Sheet, where on the recommendation of an appropriate registered medical practitioner, a support person is required to accompany a life assured outside of their residential region for treatment, which is deemed necessary but cannot be provided locally.

No excess applies to this Support Person Accommodation Grant.

11. Support Person Transfer Benefit

The support person transfer benefit is payable, subject to the exclusions described elsewhere in this Protection Benefit Sheet, where on the recommendation of an appropriate registered medical practitioner, a support person is required to accompany a life assured outside of their residential region for treatment, which is deemed necessary but cannot be provided locally.

ING Life will reimburse the actual transport costs of the support person provided that those costs are the usual, reasonable and customary costs for public transport directly to and from the treatment destination.

12. Overseas Treatment

The maximum overseas treatment benefit payable per life assured is \$30,000.00 per annum.

The overseas treatment benefit will reimburse overseas medical, travel and support person costs, subject to the excess, maximums and exclusions detailed elsewhere in this Protection Benefit Sheet. This benefit will only apply where the recommended treatment cannot be provided in New Zealand. **ING Life** will determine at its sole discretion, the country to which the life assured can travel for medical treatment. Any financial assistance which the life assured is eligible for from any other persons or organisations, as a result of the unavailability of New Zealand treatment options, will be deducted from any benefit payable under this overseas treatment benefit.

13. Overseas Waiting List Benefit

The maximum overseas waiting list benefit payable per life assured is \$200,000.00 per annum.

The overseas waiting list benefit will reimburse overseas medical, travel and support person costs, subject to the excess, maximums, limits and exclusions detailed elsewhere in this Protection Benefit Sheet. This benefit will only apply where the recommended treatment is able to be provided in New Zealand but cannot be provided in New Zealand within six months of the recommended time as a direct result of insufficient medical resources. **ING Life** will determine at its sole discretion, the country to which the life assured can travel for medical treatment. Any financial assistance which the life assured is eligible for from any other persons or organisations, as a result of the delay in accessing New Zealand treatment options, will be deducted from any benefit payable under this overseas waiting list benefit.

The amount of reimbursement for overseas medical costs will be limited to the usual, customary and reasonable costs which would be payable in New Zealand for the same treatment or procedure. All maximums, excesses and benefit amounts referred to in this Protection Benefit Sheet are in New Zealand dollars.

14. Children's Coverage

Children are automatically covered for the first three months after being born, subject to the exclusions described in clause 19 in this Protection Benefit Sheet. If you require coverage for your child after the three month period you must advise **ING Life** of the child's name, gender and date of birth before this free coverage period ends. A premium will be payable for each child you require coverage for at the end of the free coverage period. **ING Life** will advise you what the new **Total Premium** payable will be. All children are subject to an exclusion for congenital disorders as specified in clause 19 in this Protection Benefit Sheet

Children may remain covered under this major medical cover benefit for as long as you continue to pay the required **Total Premium**, irrespective of their age.

If a child covered under this major medical cover benefit wishes to convert their major medical cover to an **ING Life** policy of their own, they may do so by writing to **ING Life**. Their major medical cover will be converted to the new policy on the same terms and conditions that applied to their cover at the date of conversion or they may elect cover under the current policy terms and conditions that **ING Life** are offering at the time of conversion. Once converted no further major medical cover will be provided under this policy for that child.

15. Optional Specialist and Diagnostic Tests Benefit

You are only covered for this optional benefit if it is included on the **Policy Schedule**.

The maximum specialist benefit payable per life assured is \$3,000.00 per annum.

The specialist benefit will cover the costs of any specialist consultations, subject to the exclusions described elsewhere in this Protection Benefit Sheet, which have been recommended by an appropriate registered medical practitioner and which do not form part of the costs associated with surgery or **Private Hospital** admission.

For the purposes of this specialists benefit a specialist can include the following:

- Registered Osteopath
- Registered Naturopath
- Registered Homeopath
- Registered Chiropractor
- Registered Acupuncturist

The maximum diagnostic tests benefit payable per life assured is \$3,000.00 per annum.

The diagnostic tests benefit will cover the costs of any specific diagnostic procedures, subject to the exclusions described elsewhere in this Protection Benefit Sheet, which have been recommended by an appropriate registered medical practitioner and which do not form part of the costs associated with surgery, **Private Hospital** admission or the major diagnostic procedures detailed in Clause 7. of this Protection Benefit Sheet.

16. Public Hospital Cash Grant

The maximum **Public Hospital** cash grant payable is \$300.00 per night for up to a maximum of 10 nights.

The **Public Hospital** cash grant will apply where the life assured is admitted to a **Public Hospital** as a non-private fee paying patient, and where the admission lasts for more than 3 nights. The benefit will be payable for each extra night after the third night, subject to the exclusions described elsewhere in this Protection Benefit Sheet.

No excess applies to this Public Hospital Cash Grant.

17. Funeral Support Benefit

ING Life recognises that there will be immediate expenses associated with the death of a life assured. In order to assist with these expenses **ING Life** will pay a funeral support benefit of \$3,000 immediately upon written notification of the death of a life assured who is older than 10 years. Where the life assured is 10 years or younger than **ING Life** will pay a funeral support benefit of \$2,000 immediately upon written notification of their death

No excess applies to this Funeral Support Benefit.

18. Claim Proofs

ING Life has no obligation to pay any claim under this major medical cover benefit until it has received all information it requires to assess the claim and is satisfied that the life assured fulfils the relevant criteria.

Pre-approval of a medical treatment or procedure is encouraged by **ING Life**. If a life assured has been referred for a medical test or procedure, they can apply to **ING Life** for pre-approval of the costs involved. If **ING Life** approves the procedure or treatment then a pre-approval letter will be provided to the life assured and **ING Life** will automatically pay the costs less the excess to the treatment supplier upon receipt of the pre-approved medical bills.

Where pre-approval has not been sought, **ING Life** will need to assess the validity of any claim made before any claim can be paid. To allow this process to be completed **ING Life** will require the information listed below and any other information **ING Life** deems necessary:

- Copies of the medical bills to be reimbursed; and
- Details of any other payments or benefits which the life assured is eligible to receive from any other persons or organisations as a result of the same medical bills; and
- Proof (acceptable to **ING Life**) of the death of a life assured if claiming under the funeral support benefit.

Depending on the individual circumstances surrounding each claim, **ING Life** may also request any other additional claim proof that it determines, at its sole discretion, is necessary to complete its assessment of the claim. From time to time **ING Life** may learn of a specialist or medical practitioner whose methods may not be consistent with what is, in **ING Life's** sole opinion, commonly regarded as good medical practice. If, as a result of this, **ING Life** does not approve of a specialist or medical practitioner from whom the life assured has obtained his/her diagnosis of the condition or a recommended treatment option on which a claim is based, **ING Life** can require that the life assured obtain a second diagnosis or recommended treatment option from another specialist or medical practitioner approved by **ING Life**.

19. Exclusions

ING Life will not pay any claim if a medical condition is either directly or indirectly caused by or results from any of the following:

- Self-inflicted harm including attempted suicide, alcohol or drug abuse; or
- Pregnancy or complications arising from the pregnancy unless complications last more than 90 days after the end of the pregnancy; or
- Participating in a criminal act; or
- HIV and related conditions including AIDS; or
- Mental disease or disorder or psychiatric conditions; or
- Geriatric conditions or senility; or
- Congenital disorders.; or
- War, whether declared or not, civil war, participation in any armed force or peacekeeping activities resulting from an act of war or terrorism.

ING Life will also not pay any claim for any of the following costs:

- Acute admission to a **Public Hospital** or **Private Hospital**; or
- Cosmetic surgery or procedures; or
- General practitioner's costs; or
- Dentists costs; or
- Prescription costs except those covered under the surgical and non-surgical hospitalisation benefits outlined in clauses 5 & 6 of this Protection benefit sheet; or
- Costs incurred outside of New Zealand and Australia except those specifically covered under the overseas treatment and overseas waiting list benefits detailed in clauses 12 and 13 of this protection benefit sheet; or
- Contraception of any kind; or
- Treatment provided by a **Public Hospital** except under the public hospital cash grant detailed in clause 16 of this protection benefit sheet; or
- Preventative treatment; or
- Infertility treatment of any kind; or
- Sterilisation costs incurred within 2 years of the commencement date of this major medical cover benefit; or
- Medical costs which are covered by ACC; or
- Laser eye surgery; or
- Any treatment which has not been approved by the Minister of Health or someone delegated by the Minister of Health to make such decisions for marketing in New Zealand; or
- Any treatment which is not recognised as the appropriate treatment for **Non-acute Medical Conditions**, in the sole opinion of **ING Life**.

ING Life will also not pay any funeral support benefit claim if a life assured dies as a direct or indirect result of self-inflicted harm including suicide or attempted suicide that occurs within the first 13 months following the date this major medical cover benefit commenced. If the policy is cancelled and subsequently re-started by you then this 13-month suicide exclusion will also re-apply from the effective date of the policy reinstatement.