SURGICAL PLAN Cover applies to all plans

Note: Surgery requires prior approval - see "Terms & Conditions for all Plans" page 6.

COVER	BENEFIT	MAXIMUM	
Surgery with a GP	\$750 per visit (voluntary excess does not apply)	\$750 per visit	
General, Laparoscopic and Day Surgery (must be performed in a licenced private surgical hospital) Cost of private surgical hospital admission fees Daily bed charge	Up to \$750 per night	Maximum of 15 nights for any one admission and up to \$11,250 per operation	
Post Operative Physiotherapy	\$500 per admission	\$500 per admission	
Surgeon and Anaesthetic Fees • Surgeon's fees including pre and post-operative visits • Anaesthetist fee • Surgically implanted prostheses	100% refund of Usual Reasonable and Customary charges (URC). Refer to 'Conditions of Membership' for further definition.	1	
Other Hospital Fees	100% refund of Usual Reasonable and Customary charges (URC). Refer to 'Conditions of Membership' for further definition.		
Cardiac Surgery (must be performed in a licenced private surgical hospital) Surgeon's fee including pre and post-operative visits Anaesthetist fee Surgically implanted prostheses/stents All "in hospital fees" (a maximum of \$700 per night for bed charges applies)	100% refund of Usual Reasonable and Customary charges (URC). Refer to 'Conditions of Membership' for further definition.	A total maximum of \$200,000 a year	
Angiogram	100% refund of Usual Reasonable and Customary charges (URC). Refer to 'Conditions of Membership' for further definition.		
Angioplasty	100% refund of Usual Reasonable and Customary charges (URC). Refer to 'Conditions of Membership' for further definition.		
Private Medical Hospital (Non-surgical admissions) Admission daily bed charge (excludes geriatric hospitalistion)	Up to \$6,000 per year (voluntary excess does not apply)	Up to \$6,000 per year	
Oral Surgery Surgical treatment performed by an oral or maxillofacial surgeon (must be a member of the Australian and New Zealand Society of Oral Surgeons) for medical conditions only, provided that there was a referral by a Registered Dental or Medical Practitioner, and that the procedure is not required for a dental condition and does not include extraction of any teeth (compacted or otherwise). For wisdom teeth extraction see Loyalty Benefits below.	\$7,500 per event	\$7,500 per event	
Public Hospital Cash Benefit Covers all nature of admissions	Adults \$20 per night Children \$10 per night (voluntary excess does not apply)	Adults \$500 per year Children \$250 per year With a maximum of 15 nights per admission	
LOYALTY BENEFITS available after 1 year of continu	ous cover under Police Health Plan		
Sterilisations	Contact Health Plan for prior approval	Limited to one procedure only	
Wisdom Teeth Extraction	Covers extraction of impacted wisdom teeth. The stand-down is waived if the member has joined at first opportunity.	Lifetime maximum \$2,500	
FUNERAL BENEFIT payable on the death of a Police	Health Plan member	\$2,500	
BIRTH BENEFIT payable when child joins Health Plan	\$200 (conditional on child remaining in plan for 5 years)		

For more information or premium details visit: policeassn.org.nz or call Member Services on 0800 500 122

BASIC AND COMPREHENSIVE PLANS Both plans include the benefits provided under Surgical Plan

	BASIC		COMPREHENSIVE	
COVER	80% refund to maximum per visit of	Annual Maximums	100% refund to maximum per visit of	Annual Maximums
Family GP Includes injury treatment part paid by ACC	\$48	none	\$60	none
Registered Nurse includes all services provided under the supervision of a registered GP, or conducted by a Nurse Practitioner	\$24	none	\$30	none
Pharmaceutical Prescriptions for prescription drugs excluding contraceptives or drugs available without a prescription	\$240	\$240	\$300	\$300
ECG	\$40	none	\$50	none
Laboratory Test	\$40	\$40	\$50	\$50
Cardiac/Diagnostic Procedures e.g. treadmill, Holter monitor, echocardiogram tests		\$800		\$1000
Imaging (Must be read by a registered radiologist) Includes x-ray, ultrasound, mammogram and scintigraphy	\$1,200	\$1,200	\$1,500	\$1,500
CT / MRI scan	\$1,600	\$1,600	\$2,000	\$2,000
PET Scan	\$2,000	\$2,000	\$2,500	\$2,500
Psychiatric Treatment (Must be performed by a NZ registered Psychiatrist) Does not cover examination or reports for medical discharge from Police or for insurance claims				
Initial consultation	\$200	\$800	\$250	\$1,000
Follow-up consultation	\$120		\$150	
Psychological Treatment (Must be performed by a NZ registered Psychologist) Does not cover examination or reports for medical discharge from Police or for insurance claims	\$80	\$800	\$100	\$1,000
Physiotherapist		\$360		\$450
Osteopathic (Osteopaths must be a member of OCNZ)	not covered	n/a		\$450
Chiropractic (X-rays are excluded)	not covered	n/a		\$450
Acupuncture (Must be provided by a GP, physiotherapist, or NZ Registered Acupuncturist)	not covered	n/a		\$450
Podiatrist	not covered	n/a	\$200	\$200
Dietician	not covered	n/a	\$50	\$300
Home Aid after Surgery	not covered	n/a		\$3,000
Ambulance	\$80	\$80	\$100	\$100
Specialist Services (Must be performed by a member on the NZ Register of Medical Specialists, following a referral from GP)		\$2,800		\$3,500
DENTAL / OPTICAL / AUDIOLOGY				
Dentistry Covers all treatment provided by a registered dental practitioner, including orthodontists, peridontists, dentures and ACC-related treatment				
Under 19yrs	not covered	n/a		\$400
19yrs & over	not covered	n/a		\$200
Optician				
Cost of frames is excluded	mak anyoned	I-	670	¢7Ω
Consultation	not covered	n/a	\$70	\$70
Lenses including Contact Lenses Hearing Aid/Consultation	not covered	n/a n/a	\$300 \$50 per hearing test	\$300 \$1,000
(New hearing aids must be recommended by an Audiologist. If unclaimed, annual maximum can be accumulated for up to 5 years.)	not covered	IIIa	\$500 per Aid	ψ1,000
LOYALTY BENEFITS available after 1 year of continuo	ous cover under Compreh	ensive Plan		
Prenatal/Antenatal (Must be performed by a member of the NZ Register of Medical Specialists)	not covered	n/a	\$1,000 per confinement	
Infertility Treatment Covers invitrofertilisation but not vasectomy or tubal-ligation reversals. Both members must be in the Comprehensive Plan.	not covered	n/a	One-off provision of up to \$10,000 Contact Health Plan for prior approval	
Sleep Study (On a referral from a registered Medical Specialist)	not covered	n/a	\$1,500 per	annum