

Summary of Health Plan changes effective 1 August 2025

Major Surgical Plus Modules

This summary of Health Plan changes details benefit changes to your Health Plan and applies to all claims for services on or after 1 August 2025.

You should read this along with your Health Plan Document and the other documents which make up your policy as listed in the covering letter you will have received along with this document. Note your claims anniversary date is unchanged.

You may also notice that we have updated some of our terminology in our Health Plan documents such as “usual and customary charges” which is now referred to as “reasonable charges”. This has been done with a view to making things easier to understand, there has been no change to the meaning of the terminology.

Major Surgical Base Plan

Type of change	Benefit	Per claims year
New limit	<p>Spinal surgery</p> <p>A lifetime limit of \$200,000 has been introduced for any spinal surgeries. This means eligible Members can claim for spinal surgery as needed, however we will only provide a maximum cover of \$200,000 for these procedures for each eligible Member over their lifetime. A list of all surgeries which fall under this benefit can be found under Important Documents on our website.</p> <p>We have seen an increase in the volume and cost of spinal surgeries, which are highly complex and risky surgeries. However, some also come with lower success rates than other procedures and a high likelihood of needing to undertake the procedure again. As a Member-based co-operative, we need to balance the high cost of these types of procedures with the impact on premium across all Members, which is why we believe a lifetime limit is fair. We remain committed to helping Members who require these types of procedures, as well as alternative treatment options.</p>	\$200,000 per lifetime
Updated benefit to improve cover	<p>Oral Surgery</p> <p>Removal of all impacted or un-erupted teeth is now included in cover.</p> <p><i>All Oral Surgery performed by a Registered Oral Surgeon including the removal of impacted and un-erupted teeth. Not included in cover is tooth exposure, implantation of teeth or costs of dental implants.</i></p>	No Maximum
Updated benefit to improve cover	<p>Mental Health</p> <p>This benefit covers the costs of reasonable charges for consultations with a psychiatrist, psychologist, psychotherapist or counsellor.</p> <p>They must be registered either under the psychiatry scope with the Medical Council of New Zealand, as a psychologist with the New Zealand Psychologists Board, as a psychotherapist with the Psychotherapists Board of Aotearoa New Zealand, or as a counsellor with the New Zealand Association of Counsellors or other relevant association.</p> <p><i>This replaces the current mental health offering of three visits per year.</i></p>	\$1,000 per year

Updated benefit to improve cover	Home Nursing Home Nursing will be available following a cycle of chemotherapy or radiation oncology. We are also introducing a six-month period following surgery or a cycle of chemotherapy or radiation oncology. <i>Home Nursing by a Registered Nurse for a six-month period following surgery, a cycle of chemotherapy/radiation treatment in a Private Hospital on referral from a Registered Medical Practitioner.</i>	\$150 per day/\$1,500 per year
Updated benefit to improve cover	Post Operative Therapy The post operative therapy benefit is available for up to six months following chemotherapy and/or radiation oncology: Added to existing benefits: <ul style="list-style-type: none"> Registered Nutritionist (excludes food/food substitutes) 	\$1,500 per surgical event or chemotherapy/radiation oncology cycle
New benefit	Bowel Screening Kit After 3 years of continuous membership in this plan, this benefit provides you with access to an at-home bowel-screening kit. Visit the Members section of our website for terms of the benefit and information on how to access these. Children do not qualify for this benefit.	One bowel screening kit every three claim years

Wording changes to existing benefits

Surveillance following cancer treatment

Clarification has been added to the wording to make it clearer that skin cancer/lesions must be removed in a private hospital to be eligible for this benefit. There is no change to the benefit limit.

Following surgery or treatment for cancer, associated with an eligible claim under your health plan, cover for Registered Specialist consultations and investigations related to the cancer diagnosis. This is not available for skin cancers/lesions removed by a minor surgery procedure performed by a specialist in their specialist room or a general practitioner in their practice room. The benefit applies from the end date of treatment, for a period of five consecutive years, up to a limit of \$3,000 per year.

Minor surgery and minor skin lesions removed by a GP or a Registered Nurse/Nurse Practitioner

Clarification has been added that the preceding consultation will be included in cover.

Performed by a Registered Medical Practitioner, Registered Nurse/ Nurse Practitioner in practice rooms, including preceding consultation.

Modules (these changes only apply if you have added Modules to your Base Plan)

GP/Practitioner (Module 1) (this change only applies if you have this module added to your Base Plan)

Type of change	Benefit	Per policy year
Increased benefit limit	Registered Practice Nurse & Registered Nurse Practitioner The visit limit has been increased.	\$65 per visit/ No annual maximum
Updated benefit to improve cover	GP After Hours Consultations at an after-hours clinic are now included. <i>Home visits or consultations with a Registered Medical Practitioner at an after-hours facility.</i>	\$70 per visit/ No annual maximum

Specialists/Imaging (Module 2) (this change only applies if you have this module added to your Base Plan)

Type of change	Benefit	Per policy year
Updated benefit to improve cover	Dietician/Nutritionist Cover is now included for a registered nutritionist. <i>Consultation by a New Zealand Registered Dietician or Nutritionist on referral from a Registered Medical Practitioner. Excludes food/food substitutes.</i>	\$40 per visit/ \$200 per policy year
Increased benefit limit	Chiropodist/Podiatrist The annual limit has been increased.	\$250 per policy year
Increased benefit limit	Physiotherapist The visit limit has been increased.	\$60 per visit/ \$500 per policy year

Wording changes to existing benefits

Hearing aid grant

Clarification has been added to the wording to make it clearer that a hearing aid must be purchased, and rental or lease fees will not be reimbursed

Benefit applies for the purchase of a hearing aid after three years' continuous membership in the Major Surgical base plan with Specialists/Imaging module. This benefit does not apply to the rental or lease of hearing aids.