

HealthBenefit Scheme

NEW ZEALAND RAILWAYS STAFF WELFARE TRUST



GROUP A • APRIL 2021

MEDICAL BENEFITS

The medical benefit is payable in respect of a member, his/her spouse and/or children under the age of 18 years. Any other person even if they are a nominated person for privilege travel is NOT covered.

A collective refund of \$1,575.00 (GST incl) per Group A member per current benefit year (1 April to 31 March) is available.

Entitlements under the medical benefit scheme are available to all qualifying Group A members, irrespective of any participation in the extended health plans. Details of the Extended Health Plans are available from the Wellington Office or on the website for those who are interested.

Any claimant must have been a financial member of the Trust for a period of **three months** prior to commencement of treatment or service for which a claim is made.

If members incur "Accident Compensation" surcharges following a work accident they should consult with their manager regarding assistance from their employer in meeting the surcharges incurred. Any surcharges that are not refunded by the employer will be covered by the Trust provided a copy of the advice declining liability by the employer is forwarded with the claim.

WHAT IS COVERED

Eighty (80) per cent refunds will be made for the following services:

- General Practitioner
- Medical Specialist
- Chiropractic
- Osteopathic
- X Rays
- Physiotherapy
- Prescription charges
- Hearing aids
- Eye tests
- Hearing tests
- Ambulance charges

The work must be performed by a general practitioner and/or specialist recognised by the Trust and located in New Zealand subject to -

- (a) the Trust being satisfied that the service provided was in the medical interests of the recipient before making any payment; and
- (b) only medical services as defined above when performed by medical clinics will be accepted for reimbursement.

Prescriptions

Members are advised that each and every prescription receipt presented for reimbursement must clearly display **ALL OF THE FOLLOWING:**

1. Name and address of the pharmacy supplying the medication;
2. Name and address to whom the medication has been prescribed;
3. Official prescription number;
4. Prescribing doctor's name;
5. That the document is an official tax invoice (GST number must be shown where the total charge is in excess of \$50.00)

Chemists who do not operate a computerised receipting system should be requested to provide written confirmation of the above details.

Any receipts displaying any of the following will automatically be declined -

- (i) dates in place of the prescription number;
- (ii) labels displaying direction re dosage.

Home Aid

Where help is required due to a spouse's illness or death the Trust will pay costs limited to \$50.00 per week for a period of 4 weeks. Payment will not be made if a relative of the member provides this help.

Optical

Refund of charges up to a maximum of \$400 (GST incl.) per person per annum (up to the combined medical benefit cap of \$1575 per member) towards prescription glasses or contact lenses.

Benefit applies to member, his/her spouse and/or children under the age of 18 years.

Disposable contact lenses are covered.

Claims must indicate the name of the individual receiving the optical support and the service must be provided in New Zealand.

EXTRA BENEFITS

Orthodontic Treatment for Children

Eighty (80) per cent with a maximum of \$900.00 (GST incl) payment per child per lifetime, irrespective of the time needed for the treatment to be completed. All treatment undertaken after the child has reached the age of 18 years will NOT be eligible.

Documentation presented to the Trust is to show the name of the child receiving treatment.

Bereavement Benefit

- \$1,500.00 paid in respect of a member
- \$1,500.00 paid in respect of a spouse of a member
- \$800.00 paid in respect of a child under the age of 18 years of a member
- \$800.00 paid in respect of a single member's parent who resided with the member (for this benefit a single member is a member who has no husband/wife, partner, or children)

Sick Pay

Members, who have no employer paid sick leave left when off sick, will receive a payment of \$10.00 per day with a maximum of \$50.00 per week for up to 52 weeks. Payments are not made if members receive other paid leave, ACC, or Sickness Benefit.

To qualify for this payment a member will have to be absent from work because of sickness for a minimum period of 5 continuous working days (with or without pay). Once the minimum period has been reached the grant will apply to all days absent without pay.

Child Adoption Benefit

Refund of charges incurred up to a maximum of \$100.00 (GST incl).

Birth Benefit

A grant of \$100.00 on the birth of each child.

Proof of the birth must be provided. Claim must be lodged before the child attains the age of 1 year.

MAKING A CLAIM

Claim forms (RWS10) are available from the Wellington Office or can be printed from the Trust's website. Claims cannot be emailed or faxed as the original supporting papers must be supplied.

Exclusions

The following are not covered:

- Over the counter pharmacy sales
- Dental treatment
- Podiatry (unless accompanied by a letter of referral from a GP)
- Acupuncture treatment
- Travel vaccinations and consultations
- Prescriptions authorised by dentists
- Alternative medicine
- Immigration medicals
- Massage therapy

Conditions

1. Any claimant must have been a financial member of the Trust for a period of three months prior to commencement of treatment or service for which a claim is made.
2. All claims must be sent to the Trust's Wellington Office. Each claim must include details of the member's postal address and bank account number (including the bank and branch code). All payments under the Benefit Schedule by the Trust are made using direct credit banking facilities. Claims cannot be emailed.
3. Claims must be supported by accounts plus receipts showing GST tax invoice details (GST number for the doctor/specialist etc). Proof that payment for the service provided has been made by the claimant MUST be supplied. EFTPOS receipts on their own are not sufficient evidence to support a claim as they do not show details of who received the service, what service was provided nor identifiable details of who paid the charge.
4. In all cases, except as provided in 4 immediately hereunder, all receipts must be original - photocopies will NOT be accepted.

5. Members who belong to a private “Medical Insurance Scheme” other than the Trust are required to provide either of the following -
 - a) cancelled original receipts returned to the claimant by the “Medical Insurance Scheme”; or
 - b) photocopies of the original receipts submitted to the “Medical Insurance Scheme”.
Members MUST supply in addition to the above documents, a statement from the Medical Insurance Scheme showing the amount received by the member from that source in respect of the claim that was lodged.
6. No claim under the Medical Benefit for reimbursement of any service/expense incurred by a member in the preceding benefit year will be accepted on or after 1 July immediately after the close of the last benefit year. Claims MUST reach the Trust’s office prior to 1700 hours on 30 June and MUST meet all criteria specified by the Trust to be accepted as a legitimate claim.
7. Before making a claim for any benefit provided by the Trust a member shall exhaust any claim for reimbursement or any other entitlement for which he/she may be eligible from any other source (Government or private).
When a member signs the RWS10 claim form to finalise their claims they are certifying that all other avenues have been exhausted.
8. Where a member contributes to an outside medical care society or insurer etc, that has paid or would pay 20% or more of the original

account that qualifies under the Medical Benefit, the Trust will reimburse the member the total amount remaining up to a maximum of \$1,575.00 (GST incl) for any benefit year. If the outside medical care society or insurer etc, has paid or will pay less than 20% of the original account the Trust will reimburse the member 80% of the original account subject to a maximum of \$1,575.00 (GST incl) in any benefit year.

9. Members MUST, in all cases, fully complete the RWS10 claim form including names and relationship of person within their family (plus ages of dependant children where appropriate), postal address and bank account numbers. Failure to fully complete the claim form will result in the claim being declined and returned to the member where this is possible.

CONTACT US

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