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All TMFNZ Policy Holders

NOW \$200.00 of vouchers

Some of you may not be aware that our December winner did not claim his prize. Therefore the January members have a total winnings of \$200.00!!!

Those who have received birthday cards please ensure you check the TMF website on the 31st January and call us within the first week of February.

Good Luck to you all!



TALKING TO PEOPLE ABOUT PERSONAL RISK INSURANCE

"I've got it sorted, I'm right thanks mate, I'm covered thanks, That's what I pay my taxes for, the waiting lists are all hype, if you really need surgery you get it, I'm like to think positively so negative things like ill health won't be an issue".

YOUR POSSESSIONS

"That's a nice car out there have you got it insured". "Sure have, can never be too careful". "What about the expensive looking stereo in the console". "Oh yeah I took out extra insurance to have it covered as an individual item". "Good looking T.V you've got what size is it". "46". "Is it insured"? "Sure". "What about the gear you have in your house?" "Yep got contents insurance".

Promoting personal insurance cover such as medical , life, trauma, mortgage protection, income continuance insurance to individuals, the bulk of the time I get comments such as the ones in the first paragraph. A lot of people still believe it's the government that should insure them against illness and accident.

This topic of the TMF newsletter looks at what you can expect, (money in the hand) if you were to suffer an illness or accident leaving you unable to work with no personal insurance.

I am truly baffled that when it comes to insuring possessions, generally this is done automatically without question and is accepted as part of the cost of owning these particular items. Earning an income isn't a right of passage for many people who are unable to work because of illness and accident. I have looked at the WINZ payments if you are unfortunate enough to not be able to work. The sustainability of a small family would be a miraculous feat if you could live, feed, pay bills on these

amounts. Some of The more relevant ones are listed on page 2.

What if at the time of your employment your employer makes this statement to you – " Well that's great Joe, welcome on board, this position will be bringing you in \$750.00 Nett per week. I have budgeted at least the next ten years of being able to sustain this position in the business and by then all things working out, you will probably be promoted to a supervisor status. In the 10 years Joe is in this current position, he will earn at least \$390,000.00. With this in mind, do you think it would be a good idea to insure against any loss of this money?"

What would your answer be? Do you have any other assets worth \$390,000.00? If you do, my money would be on you having it insured and you would make sure you never miss any premium payments!!

I also include in this months newsletter excerpts from an article in the paper last week outlining how ACC is reducing by 30% the number of specific surgeries it usually carries out for joint injuries, knees , hips and shoulders. Making it even harder for future claims to be accepted by the ACC.

This is exemplifying the fact with an ageing population and the increased demands on the public health sector for operations is just not being met.

Acute operations are being carried out by DHB's , all other operations are listed and worked through when they have managed the initial workload.

I hope some of these statistics give you something to think about and encourage you to call TMFNZ for a no obligations initial meeting, discussing the options for you to have personal risk insurance.

Regards
Paul Richardson



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TESTIMONY FROM A MEMBER

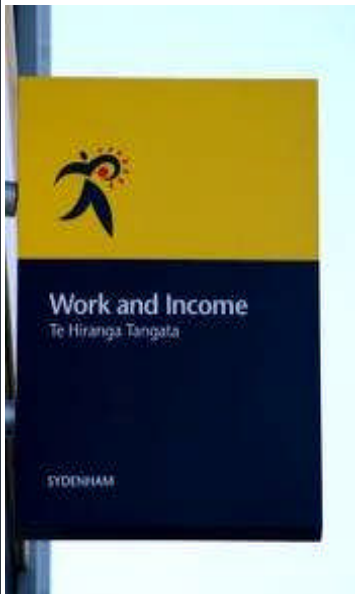
Thanks TMFNZ

I lost three front teeth from an accident at home from the September earthquake. I hadn't made time to get the teeth fixed at that time as I had been flat out at work. I knew the cost of the replacement of the teeth and had started putting some money away to have them replaced. Paul from TMFNZ made an appointment to see me, and I told him about the accident. He reminded me about cover I potentially had in the two insurance policies I had taken out with him. Paul contacted my insurance companies and phoned me back to tell me one of the companies had agreed to pay me \$1,000.00 towards my injury. Also talking to Paul about my medical insurance, there were possibilities that I wasn't aware of. This meant I could get my teeth repaired for FREE. It's definitely worth knowing what cover you have with your insurance and from TMFNZ's visit and positive outcome for me, I'm all the better for it.
Cheers Richard Ahpene

INFORMATION FOR YOU TO KNOW

COMMUNITY SERVICES CARD

The CSC is available to low income individuals or those receiving a benefit, and their dependent family members. Eligibility is based on family size and income. Phone the Community Services Card national centre freephone 0800 999 999 for more information or visit www.workandincome.govt.nz



The below tables are rates at October 2010.

Disability Allowance (current)

Disability Allowance rate at 1 October 2010. This is a weekly, non-taxable rate. Disability Allowance \$58.13

Funeral Grant Payment

The maximum Funeral Grant that can be paid to meet funeral expenses is \$1,855.75 (as at 1 October 2010). However, any assessable estate of the deceased person or surviving partner may reduce the maximum payment.

These weekly rates and the net rates are after tax at "M".

***Temporary GST Assistance (TGA)**

PHARMACEUTICAL SUBSIDY CARD

The Pharmaceutical Subsidy Card (PSC) allows the cardholder and named family members to pay a lower amount on the government prescription charges. There is no income testing. The purpose of the card is to help people who face high prescription costs but who do not have a CSC or a HUHC. Your pharmacist should have a record of your family's prescriptions. Your pharmacist will issue a PSC once a family unit has paid for 20 subsidised prescription items since 1 February of any year. If you use several pharmacies, keep your receipts until they number 20 in total.

ACCIDENT TREATMENT

Treatment for accident-related injuries is subsidised by the Accident Compensation Corporation (ACC), as long as this care is provided by a registered health professional. There may be a user part-charge for visits to GPs, or for physiotherapy, chiropractic and other recommended treatments.

Invalid Benefit (current)

Category		Net	Gross	TGA
Single, 18+ years		\$242.63	\$271.25	\$4.90
Married, civil union or de facto couple (with/without children)	Total	\$404.40	\$451.84	\$8.16
	Each	\$202.20	\$225.92	\$4.08
Sole parent		\$318.75	\$363.52	\$6.44
Hospital rate		\$35.55	\$39.72	\$0.72

Sickness Benefit (current)

Category		Net	Gross	TGA
Single, 18+ years at home		\$129.41	\$144.59	\$2.61
Single 18 - 19 years away from home		\$161.76	\$180.74	\$3.27
Single 20 - 24 years		\$161.76	\$180.74	\$3.27
Single, 25+ years		\$194.12	\$216.89	\$3.92
Married, civil union or de facto couple (with or without children)	Total	\$323.52	\$361.48	\$6.54
	Each	\$161.76	\$180.74	\$3.27
Sole parent		\$278.04	\$314.17	\$5.62
Hospital rate		\$35.55	\$39.72	\$0.72

Unemployment Benefit (current)

Category		Net	Gross	TGA
Single, 18+ years at home		\$129.41	\$144.59	\$2.61
Single 18 - 19 years away from home		\$161.76	\$180.74	\$3.27
Single 20 - 24 years		\$161.76	\$180.74	\$3.27
Single, 25+ years		\$194.12	\$216.89	\$3.92
Married, civil union or de facto couple (with or without children)	Total	\$323.52	\$361.48	\$6.54
	Each	\$161.76	\$180.74	\$3.27
Sole parent		\$278.04	\$314.17	\$5.62
Hospital rate		\$35.55	\$39.72	\$0.72

Domestic Purpose Benefit Care of sick or infirm (current)

Category	Net	Gross	TGA
Sole parent	\$318.75	\$363.52	\$6.44
Half married, civil union or de facto rate	\$202.20	\$225.92	\$4.08



INFORMATION FOR YOU TO KNOW

ELIGIBILITY FOR HIGH USE HEALTH CARD

The HUHC gives an individual access to a higher government subsidy on visits to the doctor. To be eligible for this card an individual needs to have visited the doctor 12 or more times in one year. This card is not means tested. Your doctor will have a record of your visits, and he or she can make an application for your HUHC. Phone the HealthPAC Contact Centre **0800 252 464** for further information. The HUHC Card gives the same amount of subsidy as the Community Services Card on GP visits and prescription charges. (If you already have a CSC, there is no advantage in having a HUHC because the subsidy is the same.) However, if you already have a HUHC, there is an advantage in also having a CSC, because the CSC gives subsidies to all dependent family members, while the HUHC is only for an individual.

- Adults with a HUHC get a subsidy of \$15 for a visit to a doctor.
- Children aged 6 to 18 get a subsidy of \$20 for a visit to a doctor.
- For prescriptions, the government prescription charge is reduced (but when the medicines themselves are only partly subsidised there will still be additional charges).

ACC CUTS SURGERY TO THOUSANDS

The growing number of people declined surgery by the ACC have little chance of getting treatment in the under-resourced public system, Orthopaedic surgeons say. ACC figures released to The Press show the number of surgery requests accepted by the corporation dropped from 42,500 to 35,000 a year between 2008 and 2010, while the number of applications for operations declined has more than doubled in some specialities. The corporation last year denied about 30 per cent of requests for shoulder and spine surgery and nearly 20 per cent of knee-surgery requests. New Zealand Orthopaedic Association president Gary Hooper said patients denied ACC cover were being "left in limbo" because they did not meet Government-set thresholds to be treated in public hospitals. "Because of these problems with ACC, we have now created a different group of patients within New Zealand who can't get their surgery at all".

He said the association had sought meetings with the ACC and health ministers, but they were "extremely reluctant" to meet him. Christchurch Hospital Orthopaedic surgery department clinical director John McKie said the treatment provided to ACC patients and those in the public system was like "chalk and cheese". "If you are on one side of the line and covered and accepted by ACC, you have access to a very good system of care, but if you are on the other side of that line, the service provided by the public hospital system is somewhat inferior." He said that while the public system worked well for trauma patients and those with large-joint arthritis, the kind of patients being denied by the ACC were unlikely to be accepted on the six-month public waiting list for surgery. Orthopaedic surgeons were concerned about the corporation's interpretation of whether a

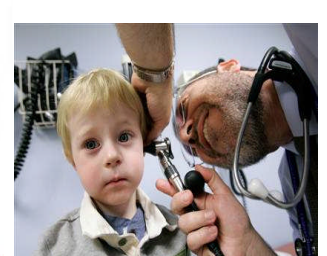
condition was caused by an accident and what was normal wear and tear or degeneration, he said. McKie said there were issues with the medical adviser system, where the corporation used certain doctors to review recommendations made by a patient's surgeon.

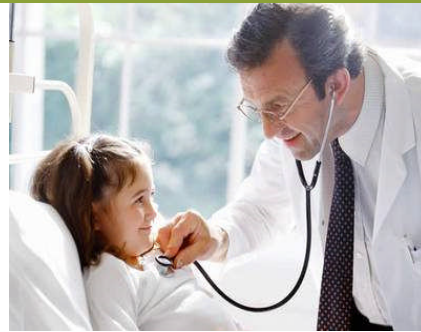
"Unfortunately, some of the people doing the reviews for the corporation aren't involved in active clinical practice or they are advising on areas away from their personal knowledge and expertise," he said.

"There has been some concern about a number of reports by some individual practitioners that could certainly be improved." ACC general manager of claims management Denise Cosgrove said the corporation had put extra

scrutiny on applications for shoulder, knee and spinal surgery because they were areas of the body most likely to be affected by wear and tear. "We have to pick off where are the biggest areas of risk and liability," she said. "We are not saying people don't need surgery, it's just that it's not ACC's responsibility." The corporation was working with surgeons to have a "common understanding" of which patients it was likely to accept, Cosgrove said. The corporation was reviewing its processes for surgery applications, she said.

A Ministry of Health spokeswoman said the ministry expected elective surgery to be provided within six months to patients with the "greatest need and ability to benefit". "District health boards are required to prioritise patients for access to treatment within available resources," she said. A Government health target was to increase the volume of elective surgery, which Canterbury had done by 36 per cent over the past two years, he said.





New Zealand Health System

What you might pay for Healthcare

WHAT YOU PAY FOR VISITING YOUR DOCTOR

The care provided by family doctors or general practitioners (GPs) is partially subsidised by the Government but in most cases you will still need to pay a copayment. This fee is set by the GP and can vary from clinic to clinic. Most New Zealanders are now enrolled with GPs who are part of a [Primary Health Organisation](#) (PHO). Being enrolled in this way usually means the GP can provide cheaper visits and services to those patients. Some practices may also provide free standard consultations for children under six years (after-hours charges may still attract a cost) - ask your local practice if they are part of this scheme. If you are a beneficiary or are on a low income, you may be eligible for a Community Services Card, or CSC. A CSC can entitle you to additional healthcare subsidies. Your doctor or practice nurse can tell you if you qualify, or you can call Work and Income on free phone **0800 999 999**. The same applies to people who use health services often and have long term illnesses. These people may be eligible for a High Use Health Card (HUHC), which allows subsidised healthcare. There is more information on the CSC and HUHC below. The nurse at your GP's practice may provide some services at lower cost than the GP. Ask about cervical screening, blood pressure checks, injections and other procedures that can be carried out by the nurse. Basic dental care for eligible school children is free up to 18 years of age.

DRUGS AND MEDICINES

Some medicines are subsidised for patients in New Zealand. Pharmac, a government organisation, specifies which medicines will be subsidised (ie, these are the medicines on the Pharmaceutical Schedule). Adult New Zealanders will usually pay \$3 per item for subsidised medicines from a community pharmacy, though this may cost up to \$15 if the prescription is from a specialist. Prescription medicine for children under six years is often free. For some medicines you also pay an extra part-charge. Some drugs are not subsidised at all, and must be fully paid for. Your doctor can tell you if a drug has an extra charge or is not subsidised. Non-prescription (over-the-counter) medicines must be paid for in full. People who live in households with low incomes or which have high healthcare needs can apply for a Community Services Card (CSC) or High Use Health Card (HUHC). CSC or HUHC allow adults and older children to pay a lesser charge per item for medicines and nothing for children under six years. A guide to prescription charges and an Interactive Schedule - a prescription cost calculator - for items on the Pharmaceutical Schedule can be found on the Pharmac website www.pharmac.govt.nz

SUPERGOLD CARD

The SuperGold card is available to eligible senior citizens and those on the Veteran's Pension. The SuperGold card entitles the person to the same health subsidies as the Community Services Card. Holders of a SuperGold card need to present this card to receive subsidies (it replaces the CSC for eligible senior citizens.) More information can be found on www.supergold.govt.nz

Other services

- Independent nurse practitioners charge for their services, except when they are contracted to hospitals or DHBs to provide free or partly subsidised services.
- Dentists charge for their services. Limited dental services are available in public hospitals in some areas. Basic dental care for eligible school children is free up to 18 years of age.
- Physiotherapists, osteopaths and chiropractors will charge you. This may be a part-charge if your doctor has referred you.
- Complementary or natural therapy is not subsidised so you must pay for the whole service, unless that care is being provided by a practitioner who is also a doctor or midwife. For example, some doctors provide acupuncture and homeopathy services.
- Long-term residential care for older people is asset-tested. To find out what you are entitled to, contact the local branch of New Zealand Income Support Service.
- Ambulances are provided by non-profit community-based services in most parts of New Zealand, as well as hospitals and private providers. There is a part-charge that ranges from \$45 to \$67.50. However, there is no charge for the Wellington Free Ambulance Service or for patients covered by ACC

LABAROTARY TESTS AND XRAYS

Mostly, laboratory tests and x-rays are free. But private radiology clinics charge for all tests undertaken unless they have been contracted to provide them by a local District Health Board service. **Breast screening** is free for women between the ages of 45 and 69 years of age. **Cervical screening** is free for women aged 20 years or more and under 70 years who have ever been sexually active. Blood tests are mostly funded by the District Health Board and will not cost you any money.

TMFNZ Details

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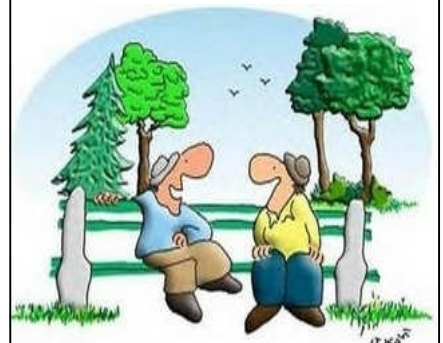
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Office Administrator

Clare Lene
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Joke of the Month



"My doctor told me to avoid any unnecessary stress, so I didn't open his bill."

If you have changed your address or contact number please email Clare Lene at clare@tmfnz.co.nz and your records will be amended accordingly.