



Southern Cross
Health Society

BENEFIT SUMMARY

SuperCare

A comprehensive plan offering limited cover for a wide range of healthcare needs and fixed contribution towards surgical costs.

Tailoring your cover: For a more comprehensive plan consider **UltraCare** which provides for an even wider range of healthcare needs and surgical costs.

Example of benefits under our **SuperCare** plan

These are **some of the benefits** that our **SuperCare** plan offers. For more details on the benefits and maximums for this plan, and any exclusions or conditions that may apply, call 0800 800 181 and request a policy document.

BENEFITS		SuperCare
		Your refund for any eligible healthcare service will be the maximum in this column or your actual costs – whichever is the lower amount.*
DAY-TO-DAY TREATMENT		
Medical Practitioner Band I consultations		\$45 per visit, \$55 for home or after hours visit
Prescriptions		up to \$270 per claims year
Laboratory tests		up to \$63 per claims year
Physiotherapy consultations and treatment		\$55 per visit, up to \$220 per claims year
Psychology		\$95 per visit, up to \$380 per claims year
Audiology consultations		\$72 per visit, up to \$180 per claims year
Hearing tests		up to \$180 per claims year
CONSULTATIONS		
Medical Practitioner Band II consultations		\$135 for initial consultation, \$90 for follow-up consultation (no annual limits)
Medical Practitioner Band III consultations		\$275 for initial consultation, \$110 for follow-up consultation (no annual limits)
Oncologist consultations		\$275 for initial consultation, \$110 for follow-up consultation (no annual limits)
Medical Practitioner Band IV consultations		\$160 for initial consultation, \$110 for follow-up consultation (no annual limits)
Oral Surgeon consultations		\$160 for initial consultation, \$110 for follow-up consultation (no annual limits)
Psychiatrist consultations		\$675 per claims year
IMAGING AND DIAGNOSTICS		
X-rays (excluding dental or chiropractic)		\$450 per claims year
Scintigraphy		\$630 per claims year
Ultrasound (excluding varicose vein (legs) treatment or obstetrics); Mammography		\$450 per claims year (each benefit)
CT Scan (excluding Calcium Scoring)		\$1,350 per claims year
MRI Scan		\$1,800 per claims year
Myocardial Perfusion Scan		\$1,390 per test (\$50 excess applies per test)
Cardiac tests		Some cover for Treadmill ECG, Holter monitoring, Ambulatory blood pressure monitoring, Cardiovascular ultrasound, Dobutamine stress or transoesophageal echocardiography (for full details see policy document)
SURGICAL TREATMENT		
Policy limits apply (for full details see policy document). See example opposite		
CARDIAC SURGERY		
Surgeon's operating fee		\$8,000 per operation
Anaesthetist's fee		\$3,365 per operation
Hospital fees		\$35,000 per operation (as per policy document)
Perfusionist		\$3,500 per operation
Heart valve		\$6,500 per operation
RECOVERY AND SUPPORT		
Hospital cash allowance		\$24 per night adult / \$12 per night child, up to \$600 / \$300 per admission, up to \$2,100 / \$1,050 per claims year
Emergency ambulance allowance		\$162 per claims year (following admission in public facility or an Affiliated Provider inpatient admission)
Home nursing		\$135 per visit, up to \$810 per claims year (by a Registered Nurse following surgery, after 1 year continuous cover)
Speech and language therapy		\$63 per visit, up to \$315 per claims year (following surgery)
NON SURGICAL HOSPITALISATION		
Medical hospitalisation (excludes hospice, geriatric, oncology, psychiatric)		Accommodation \$560 per night or day stay, up to \$15,000 per claims year Ancillary hospital charges \$180 per claims year
Chemotherapy treatment		\$22,500 per course of treatment, \$54,000 per claims year
Radiotherapy treatment		Affiliated Provider only. Policy limits will apply. Prior to receiving treatment your Affiliated Provider will advise the balance payable by you
VISION CARE		
Orthoptist		\$144 per claims year
Optometrist		\$45 per visit, up to \$225 per claims year
DENTAL TREATMENT		
\$100 per claims year		
AFTER 3 YEARS CONTINUOUS COVER		
<ul style="list-style-type: none"> • Certain non-cardiac pre-existing conditions will qualify for normal benefit refunds. Refunded under relevant section in the policy document • Certain cardiac pre-existing conditions will qualify for benefit refunds (as stated in the Pre-existing Cardiac Schedule only). Refunded under relevant section in the Pre-existing Cardiac Schedule 		

Example of surgery cost reimbursement

To give you an idea of how your surgery costs are reimbursed under the **SuperCare** plan, we have chosen a common operation. It involves the removal of the gall bladder by way of 'key hole' surgery (Laparoscopic Cholecystectomy) for a patient suffering from gall stones. Details of this example are highlighted in the table below.

EXAMPLE: Removal of gall bladder				
Components of surgery:	Assume you were charged the amount stated in this column:	Your refund will be the maximum in this column or your actual costs – whichever is the lower amount:*	In this example, your refund from Southern Cross will be:	Your share of the cost in this example will be:
Surgeon's operating fee	\$2,522	\$8,000	\$2,522	\$0
Anaesthetist's fee	\$762	\$2,500	\$762	\$0
Surgeon's initial consultation	\$150	\$160	\$150	\$0
Hospital accommodation per day maximum per operation	\$712	\$560 \$8,960	\$560	\$152
Operating theatre fee	\$1,584	\$5,000	\$1,584	\$0
X-ray and ECG	\$86	\$600	\$86	\$0
Ancillary hospital charges	\$1,350	\$5,000	\$1,350	\$0
Laparoscopic disposables	\$833	\$5,000	\$833	\$0
Intensive care and special in-hospital nursing	\$108	\$1,200	\$108	\$0
In-hospital post operative physiotherapy	\$80	\$400	\$80	\$0

TERMS AND CONDITIONS

All dollar figures include GST charged by providers.

Claims year - This is not a calendar year, but each successive 12 month period from your claims anniversary date.

Claims fall into the period based on the date of treatment, not the date of the claim or receipt.

Other terms and conditions (including limitations and exclusions) apply. This benefit summary should be read in conjunction with the policy documents available on request.

*See the chart in your policy document for how your refund will be calculated.

Exclusions summary

No reimbursement shall be made for the costs of any **healthcare service** which is not specifically listed in the **Coverage Tables**, or in the **List of Surgical Procedures**. No reimbursement shall be made for the costs of any **healthcare services**, equipment, appliances, prescription **drug** or devices which are for or relate to any investigations or treatments related to, or any conditions which have as the underlying cause or are associated with, or are otherwise incurred in relation to, or as a consequence of, any of the following:

EXCLUSIONS

For full details on the benefits, policy limits and any other conditions that may apply please refer to the policy document available on request.

- **Pre-existing conditions** including but not limited to those conditions specifically set out in your **Membership Certificate**;
- **Acute care**;
- Breast reduction, except as specifically provided by the bilateral breast reduction **allowance** in the **Coverage Table**;
- Cardiac pacemakers, implantable defibrillators, nerve appliances, hearing aids and cochlear implants and any other appliances (surgical, medical or dental) other than surgically implanted **prostheses** included in the **prostheses** section of the **List of Surgical Procedures**;
- **Chronic conditions**;
- **Congenital conditions**, except where accepted after 3 years continuous cover on a SuperCare plan;
- Contraception or intrauterine devices (but not including Mirena when used for medical reasons and approved by the **Chief Medical Officer** prior to treatment);
- Correction of refractive visual errors or astigmatism by surgery, surgically implanted intraocular lens(es), or laser treatment;
- **Cosmetic treatment**;
- Dementia;
- Dental titanium implants and/or related surgery;
- Developmental or congenital deformities or abnormalities of the facial skeleton and associated structures;
- **Disability support services**;
- Equipment; including but not limited to braces, crutches, mouthguards and orthotics; except as otherwise specifically provided for by your plan;
- Gender reassignment;
- Gynaecomastia;
- **Health screening**;
- **Healthcare services** at a public facility directly or indirectly controlled by a **DHB** unless specifically accepted in writing by the **Chief Medical Officer** prior to treatment;
- **Healthcare services** provided by a person who is not a **Medical Practitioner** as defined in the **policy** document except as specifically provided in the **Coverage Tables**;
- **Healthcare services** provided in relation to, or as a consequence of, any **accident** or **treatment injury** except as specifically provided in the **policy** document;
- **Healthcare services** provided outside New Zealand, except as specifically provided by the overseas treatment **allowance** in the **Coverage Table**;
- HIV, HIV disorders including AIDS, and any medical condition that arises in any way from HIV infection;
- Hospital charges of a personal convenience nature;
- Hospitalisation which is not **medically necessary**, including, but without limitation, convalescence, respite care and similar types of care;
- Infertility or assisted reproduction;
- Injuries or disability directly or indirectly related to playing professional sport;
- Injury, illness, condition or disability arising from, or caused or contributed to by, substance abuse, intoxication or drug taking whether prescribed or recreational;
- Injury or disability suffered as a result of war or any act of war, declared or undeclared, or of active duty in the military, naval or air forces of any country or international authority, or as a direct or indirect result of terrorism;
- Maintenance examinations or medical check ups;
- Management and treatment of snoring;
- Mental health **healthcare services** for which the public health system is responsible;
- **Mole mapping** or dermatological surveillance;
- Obesity except as specifically provided by the gastric banding/ bypass **allowance** in the **Coverage Table**;
- Organ transplant or any related expenses for both donors and recipients;
- Physical examinations for life insurance, travel insurance, driving license or any other examination or check up as required for a third party, including preparation of reports;
- Pregnancy and childbirth, except as specifically provided by the obstetrics **allowance** in the **Coverage Tables**;
- **Prophylactic healthcare services**, unless approved by the **Chief Medical Officer**;
- Renal dialysis;
- Services performed by a dentist, periodontist, endodontist or orthodontist, except as specifically provided by the dental benefit in the **Coverage Table**;
- Sterilisation (except as specifically provided by the sterilisation benefit in the **Coverage Tables**) or its reversal;
- Self-inflicted illness or injury;
- Surgery designed to assist or allow the implementation of orthodontic **healthcare services**;
- Surgically implanted lens(es) other than monofocal lens(es);
- Termination of pregnancy;
- Treatment of any condition not **detrimental to health** or any **healthcare service** not **medically necessary**;
- **Unapproved healthcare services**;
- Vaccinations.