



Southern Cross
Health Society

BENEFIT SUMMARY

KiwiCare

A shared cover plan that provides a contribution towards the cost of diagnostic tests, consultations and surgery.

Tailoring your cover: An excess option is available if you want to share in the cost of your healthcare. If you would like health insurance for day-to-day healthcare, **Regular**Care could be an option to consider.

Example of benefits under our **KiwiCare** plans

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

BENEFITS	KiwiCare
Your refund for any eligible healthcare service will be the maximum in this column or 80% of your actual costs – whichever is the lower amount.*	
DAY-TO-DAY TREATMENT	
Medical Practitioner Band I consultations	No cover
Prescriptions	No cover
Audiology consultations	No cover
Hearing tests	No cover
CONSULTATIONS	
Medical Practitioner Band II consultations	\$125 for initial consultation, \$75 for follow up consultation, up to \$800 per claims year
Medical Practitioner Band III consultations	\$240 for initial consultation, \$100 for follow up consultation, up to \$800 per claims year
Oncologist consultations	\$240 for initial consultation, \$100 for follow up consultation, up to \$800 per claims year
Medical Practitioner Band IV consultations	\$140 for initial consultation, \$100 for follow up consultation, up to \$800 per claims year
Oral Surgeon consultations	\$140 for initial consultation, \$100 for follow up consultation, up to \$800 per claims year
Psychiatrist consultations	\$600 per claims year
IMAGING AND DIAGNOSTICS	
X-rays (excluding x-rays performed by a dentist, chiropractor or Oral Surgeon)	\$400 per claims year
Scintigraphy	\$560 per claims year
Ultrasound (excluding varicose vein (legs) treatment or obstetrics); Mammography	\$400 per claims year (each benefit)
CT Scan (excluding Calcium Scoring)	\$650 per scan, up to \$1,300 per claims year
MRI Scan	\$1,200 per claims year
Myocardial Perfusion Scan	\$1,110 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	See example. Schedule of Surgical Maximums applies (for full details see policy document)
RECOVERY AND SUPPORT	
Parent accommodation	\$80 per night, up to \$400 per operation
Hospital cash allowance	\$24 per night adult / \$12 per night child, \$600 / \$300 per admission up to \$2,100 / \$1,050 per claims year
Speech and language therapy	\$56 per visit, up to \$280 per claims year (must be within 6 months after surgery)
Post operative physiotherapy	\$30 per visit, up to \$180 per claims year (must be within 4 months after surgery)
NON SURGICAL HOSPITALISATION	
Medical hospitalisation (excludes hospice, geriatric, oncology, psychiatric)	Accommodation \$450 per night or day stay, up to \$10,000 per claims year Ancillary hospital charges \$160 per claims year
Chemotherapy treatment	\$20,000 per course of treatment, \$48,000 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

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

Example of surgery cost reimbursement

To give you an idea of how your surgery costs are reimbursed under the **KiwiCare** plans, 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				
A. Components of surgery reimbursed under the Schedule of Surgical Maximums:	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	\$2,020	\$2,020	\$502
Anaesthetist's fee	\$762	\$589	\$589	\$173
B. Components of surgery reimbursed under the Refund Table:	Assume you were charged the amount stated in this column:	Your refund will be the maximum in this column or 80% of your actual costs – whichever is the lower amount:*	In this example, your share of the refund from Southern Cross will be:	Your share of the cost in this example will be:
Surgeon's initial consultation	\$150	\$140	\$120	\$30
Hospital accommodation per day maximum per operation	\$712	\$450 \$7,200	\$450	\$262
Operating theatre fee	\$1,584	\$4,000	\$1,267.20	\$316.80
X-ray and ECG	\$86	\$480	\$68.80	\$17.20
Ancillary hospital charges	\$1,350	\$4,000	\$1,080	\$270
Laparoscopic disposables	\$833	\$4,000	\$666.40	\$166.60
Intensive care and special in-hospital nursing	\$108	\$960	\$86.40	\$21.60
In-hospital post operative physiotherapy	\$80	\$320	\$64	\$16

TERMS AND CONDITIONS

Please note: The maximums set out in the Refund Table and the Schedule of Surgical Maximums are set at a level which reflects the premium charged for the corresponding plan. They do not provide a total refund of the costs of your healthcare nor are they set at a level to ensure that you receive a particular percentage refund of costs. In fact, in some cases your refund may be substantially less than your actual costs.

A budget option is available on this plan where you incur an excess of \$100 on each claim form you submit.

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, or payment made for, any **healthcare service** which is not specifically listed in the **Coverage Tables**, or in the **Schedule of Surgical Maximums**. No reimbursement shall be made for the costs of, or payment made for, 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**;
- Abdominoplasty and/or repair of rectus divarication;
- **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 **Schedule of Surgical Maximums**;
- **Chronic conditions**;
- **Congenital conditions**;
- Contraception or intrauterine devices (but not including Mirena when used for medical reasons and approved by **Southern Cross** 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;
- Equipment; including but not limited to braces, crutches, mouthguards and orthotics; except as otherwise specifically provided for by your plan;
- Extraction of teeth;
- Gender reassignment;
- Geriatric in-patient care and **disability support services**;
- Gynaecomastia;
- **Health screening**;
- **Healthcare services** at a public facility directly or indirectly controlled by a **DHB** unless specifically accepted in writing by **Southern Cross** 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;
- **Prophylactic healthcare services**, unless approved by **Southern Cross** prior to treatment;
- Renal dialysis;
- Self-inflicted illness or injury;
- Services performed by a dentist, periodontist, endodontist or orthodontist;
- Sterilisation (except as specifically provided by the sterilisation benefit in the **Coverage Tables**) or its reversal;
- 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.