



Southern Cross  
Health Society

## BENEFIT SUMMARY

# UltraCare

A comprehensive plan for a wide range of healthcare needs and surgical costs.

**Tailoring your cover: UltraCare 100 and 400** are available if you want to increase your healthcare in relation to optical and dental benefits.

# Example of benefits under our **UltraCare** plans

These are **some of the benefits** that our **UltraCare** 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	UltraCare
	Your refund for any eligible healthcare service will be the maximum in this column or your actual costs – whichever is the <b>lower</b> amount.*
<b>DAY-TO-DAY TREATMENT</b>	
Medical Practitioner Band I consultations	\$100 per consultation (clinical, home or after hours.)
Prescriptions	\$300 per claims year
Laboratory tests	\$70 per claims year
Physiotherapy consultations and treatment	\$60 per visit, up to \$300 per claims year
Chiropractor / Osteopath	\$60 per visit, up to \$300 per claims year for each benefit
Audiology consultations	\$80 per consultation, up to \$200 per claims year
Hearing tests	\$200 per claims year
Dietitian/Nutritionist	\$110 per visit, up to \$440 per claims year
Podiatrist	\$60 per visit, up to \$300 per claims year
Clinical Psychology	\$150 per visit, up to \$600 per claims year
<b>CONSULTATIONS</b>	Up to \$10,000 per claims year (in total)
Medical Practitioner Band II	
Medical Practitioner Band III	
Oncologist	
Medical Practitioner Band IV	
Oral Surgeon	
Ophthalmologist	
<b>IMAGING</b>	Up to \$100,000 per claims year (in total)
X-rays (excluding x-rays performed by a dentist, chiropractor and Oral Surgeon)	
Scintigraphy	
Mammography	
Ultrasound (excluding varicose vein treatment and obstetrics)	
CT Scan (excluding Calcium Scoring)	
MRI Scan	
Myocardial Perfusion Scan	
<b>TESTS</b>	
Cardiac tests	\$5,000 per claims year (for full details see policy document and List of Surgical Procedures.)
Diagnostic tests	\$3,000 per claims year (for full details see policy document and List of Surgical Procedures.)
<b>SURGICAL TREATMENT</b>	Unlimited (for full details see policy document and List of Surgical Procedures.)
<b>RECOVERY AND SUPPORT</b>	
Hospital cash allowance	\$50 per night adult / \$25 per night child, \$500 / \$250 per admission, up to \$2,400 / \$1,200 per claims year
Ambulance allowance	\$180 per claims year (following admission in public facility or an Affiliated Provider inpatient admission)
Waiver of premium	2 years free cover for surviving spouse/partner and dependant children (under the age of 21) who were members of Southern Cross upon the death of the policyholder prior to the age of 60
Home nursing	\$125 per day, up to \$2,000 per claims year (by a Registered Nurse in private practice on referral following surgery)
Speech and language therapy	\$80 per visit, up to \$400 per claims year (following surgery)
Funeral allowance	\$2,400 one off payment
<b>NON SURGICAL HOSPITALISATION</b>	
Medical hospitalisation (excludes hospice, geriatric, oncology, psychiatric)	Accommodation \$700 per night or day stay, up to \$25,000 per claims year Ancillary hospital charges \$200 per claims year
Chemotherapy treatment	\$25,000 per course of treatment, up to \$60,000 per claims year
Radiotherapy treatment	Up to \$60,000 per claims year
<b>VISION CARE</b>	
Orthopist	\$160 per claims year
Optometrist	\$70 per consultation, up to \$350 per claims year
Spectacles and contact lenses	UltraCare Base and UltraCare 100: No cover. UltraCare 400: \$400 per claims year
<b>DENTAL</b>	
Dental treatment	UltraCare Base: No cover; UltraCare 100: \$100 per claims year; UltraCare 400: \$400 per claims year
Hygienist treatment	UltraCare Base: No cover; UltraCare 100: No cover; UltraCare 400: \$100 per claims year

\*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 **UltraCare** 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.

<b>EXAMPLE: Removal of gall bladder</b>				
<b>Components of surgery:</b>	<b>Assume you were charged the amount stated in this column:</b>		<b>In this example, your refund from Southern Cross will be:</b>	<b>Your share of the cost in this example will be:</b>
Surgeon's operating fee	\$2,522	<b>Your refund will be your actual costs based on reasonable charges.*</b>	\$2,522	\$0
Anaesthetist's fee	\$762		\$762	\$0
Surgeon's initial consultation	\$150		\$150	\$0
Hospital accommodation per day	\$712		\$712	\$0
Operating theatre fee	\$1,584		\$1,584	\$0
X-ray and ECG	\$86		\$86	\$0
Ancillary hospital charges	\$1,350		\$1,350	\$0
Laparoscopic disposables	\$833		\$833	\$0
Intensive care and special in-hospital nursing	\$108		\$108	\$0
In-hospital post operative physiotherapy	\$80		\$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, or payment made for, 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, 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 **List of Surgical Procedures**;
- **Chronic conditions**, except where accepted after 3 years continuous cover on an UltraCare plan;
- **Congenital conditions**, except where accepted after 3 years continuous cover on an UltraCare plan;
- 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;
- 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, except as specifically provided by the obstetrics **allowance** in the **Coverage Table**;
- **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.