



Southern Cross  
Health Society

## BENEFIT SUMMARY

# HospitalCare and Hospital & SpecialistCare

Plans for those who want to safeguard themselves and their families against the high costs of surgical treatment.

**Tailoring your cover:** If you are currently on **HospitalCare** and would like further healthcare benefits, consider **Hospital & SpecialistCare** which provides additional benefits for specialist and diagnostic healthcare services whether or not surgery is required. If you would like day-to-day, alternative, optical or dental benefits, consider our Wellbeing plans and optional modules.

# Example of benefits under our **HospitalCare** and **Hospital & SpecialistCare** plans

These are **some of the benefits** that our **HospitalCare** and **Hospital & SpecialistCare** 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	HospitalCare and Hospital & SpecialistCare
Your refund for any eligible healthcare service will be the maximum in this column, the reasonable charge for this healthcare service or your actual costs – whichever is the <b>lower</b> amount.*	
<b>CONSULTATIONS</b>	
Medical Practitioner Band II consultations	\$150 for initial consultation, \$115 for follow-up consultation (no annual limits)
Medical Practitioner Band III consultations	\$300 for initial consultation, \$125 for follow-up consultation (no annual limits)
Oncologist consultations	\$300 for initial consultation, \$125 for follow-up consultation (no annual limits)
Medical Practitioner Band IV consultations	\$175 for initial consultation, \$125 for follow-up consultation (no annual limits)
Oral Surgeon consultations	\$175 for initial consultation, \$125 for follow-up consultation (no annual limits)
Psychiatrist consultations	up to \$750 per claims year
<b>IMAGING AND DIAGNOSTICS</b>	
X-rays (excluding dental or chiropractic)	\$500 per claims year
Scintigraphy	\$700 per claims year
Ultrasound (excluding varicose vein (legs) treatment or obstetrics) / Mammography	\$500 per claims year (each benefit)
CT scan (excludes Calcium Scoring)	\$1,500 per claims year
MRI scan	\$2,000 per claims year
Myocardial Perfusion Scan	\$1,500 per test
Cardiac tests	Some cover for Treadmill ECG, Holter monitoring, Ambulatory blood pressure monitoring, Cardiovascular ultrasound, Dobutamine, Stress and transoesophageal echocardiography (for full details see policy document)
<b>SURGICAL TREATMENT</b>	Up to \$75,000 per procedure (for full details see policy document). See example opposite
<b>RECOVERY AND SUPPORT</b>	
Emergency 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 on referral following surgery)
Post-operative physiotherapy	\$60 per visit, up to \$300 per claims year (must be within 4 months after surgery)
Speech and language therapy	\$70 per visit, up to \$350 per claims year (must be within 4 months after surgery)
<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	Affiliated Provider only. Policy limits will apply. Prior to receiving treatment your Affiliated Provider will advise the balance payable by you
<b>AFTER 3 YEARS OF CONTINUOUS COVER</b>	
Certain non-cardiac pre-existing conditions will qualify for normal benefit refunds.	Refunded under relevant section in policy document
Certain cardiac pre-existing conditions will qualify for lower benefit refunds (as stated in the Pre-existing Cardiac Schedule)	Refunded under relevant section in Pre-existing Cardiac Schedule
<b>Please note:</b> Consultations, imaging and diagnostics and home nursing must occur either four months prior to or following surgery to qualify for refunds under the HospitalCare plan.	

\*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 **HospitalCare** and **Hospital & SpecialistCare** 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 up to \$75,000 based on reasonable charges*</b>	\$2,522	\$0
Anaesthetist's fee	\$762		\$762	\$0
Surgeon's initial consultation	\$150		\$150	\$0
Surgeon's initial consultation (HospitalCare within 4 months of surgery)	\$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 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**;
- 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;
- **Prophylactic healthcare services**, unless approved by the **Chief Medical Officer**;
- Renal dialysis;
- 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;
- 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.