



Southern Cross
Health Society

BENEFIT SUMMARY

Wellbeing One

A modular plan which provides cover for surgical treatment and related expenses incurred within 4 months of eligible surgery.

Tailoring your cover: An excess option is available. You can include preventative and natural healthcare by adding the **Body Care Module**; or consider **Wellbeing Two** for more extensive cover of day-to-day healthcare costs.

Example of benefits under **Wellbeing One** policy

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

BENEFITS	Wellbeing One
Your refund will be the maximum in this column, the reasonable charge for this healthcare service or your actual costs – whichever is the lowest amount.*	
CONSULTATIONS (4 months before or after surgery)	
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)
Medical Practitioner Band IV consultations	\$175 for initial consultation, \$125 for follow-up consultation (no annual limits)
IMAGING AND DIAGNOSTICS (4 months before or after surgery)	
X-rays (excluding x-rays performed by a dentist, chiropractor or oral surgeon)	\$500 per claims year
Nuclear scanning (scintigraphy)	\$700 per claims year
Ultrasound (excluding varicose vein (legs) treatment or obstetrics)	\$500 per claims year
Mammography	\$500 per claims year
CT/CAT scan (excludes calcium scoring)	\$1,500 per claims year
MRI scan	\$2,000 per claims year
Myocardial perfusion scan	\$1,500 per test
Positron Emission Tomography / Computed Tomography (PET/CT)	\$2,500 per claims year. Affiliated Provider only (for full details see policy document)
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)
Surgical TREATMENT	
Surgery	Up to \$100,000 per operation. See example opposite
Minor skin surgery	\$7,500 per claims year
Minor surgery	\$450 per operation
RECOVERY Limited to within 4 months of eligible surgery	
Home nursing	\$125 per day, up to \$2,000 per claims year (by a Registered Nurse in private practice on referral following surgery)
Post-operative physiotherapy	\$60 per visit, up to \$300 per claims year (must be related to eligible surgery)
Speech and language therapy	\$70 per visit, up to \$350 per claims year (must be related to eligible surgery)
SUPPORT	
Hospital cash allowance	\$50 per night / up to \$500 per admission / up to \$2,400 per claims year (for an adult)
Ambulance	\$180 per claims year (following admission in public facility or an Affiliated Provider in-patient admission)
Waiver of premium	24 months free cover for surviving dependants (as defined in policy document), upon the death of the policyholder prior to the age of 60
NON SURGICAL HOSPITALISATION	
Medical hospitalisation (excludes hospice, geriatric, oncology, psychiatric)	Accommodation \$700 per day, up to \$25,000 per claims year
CANCER CARE	
Chemotherapy treatment	Up to \$60,000 per claims year . Includes payment of 50% of the cost (up to a maximum of \$10,000 per claims year) for non-Pharmac approved MedSafe indicated chemotherapy drugs
Radiotherapy treatment	Affiliated Provider only. Policy limits will apply. Prior to receiving treatment your Affiliated Provider will advise the balance payable by you
SURGICAL ALLOWANCES	
Overseas treatment allowance	\$10,000 per claims year
AFTER 1 YEAR CONTINUOUS COVER	
Sterilisation allowance	\$5,000 one-off payment
AFTER 3 YEARS CONTINUOUS COVER	
Gastric banding/bypass allowance	\$7,500 one-off payment
Bilateral breast reduction allowance	\$5,000 one-off payment

*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 **Wellbeing One**, 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 (Laparoscopic Cholecystectomy)				
Components of surgery:	Assume you were charged the amount stated in this column:		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	Your refund will be your actual costs up to \$100,000 based on reasonable charges*	\$2,522	\$0
Anaesthetist's fee	\$800		\$800	\$0
Surgeon's initial consultation	\$150		\$150	\$0
Hospital accommodation per day maximum per operation	\$712		\$712	\$0
Operating theatre fee	\$1,765		\$1,765	\$0
In-hospital X-ray and ECG	\$90		\$90	\$0
Ancillary hospital charges	\$1,350		\$1,350	\$0
Laparoscopic disposables	\$840		\$840	\$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**;
- **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;
- **Disability support services**;
- Equipment; including but not limited to braces, crutches, mouthguards and orthotics; except as otherwise specifically provided for in the policy document;
- 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 unless specifically provided under the Day-to-day Care Module;
- 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** or the weight management benefit under the Body Care Module;
- 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;
- Pre-existing cardiac conditions, unless otherwise specified on your **Membership Certificate**;
- Pregnancy and childbirth except as specifically provided by the obstetrics **allowance** in Wellbeing Two of 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, except as specifically provided under dental cover in the Vision and Dental Care Module;
- 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**, except as specifically provided under the Body Care and Day-to-day Care Module;
- Unapproved healthcare services;
- Vaccinations, except as specifically provided under the Day-to-day Care Module.