



First Cover Plan 1

Schedule of Benefits

+ The legume family, which includes peas, is the vegetarian's best friend. Protein, minerals, fibre – you get them all.

This Policy provides 80% reimbursement of expenses (unless otherwise stated) for Medically Necessary procedures based on Reasonable Charges, up to the Policy Limits stated below.



SURGICAL AND MEDICAL TREATMENT

Policy type FC1

Surgery performed in a Private Hospital or other Southern Cross approved facility

Surgery performed by a Medical Practitioner Band II, III or IV, an Oral Surgeon or a Medical Practitioner vocationally registered in diagnostic and interventional radiology in private practice.

Surgeon Fees, Anaesthetist Fees, Intensivist Fees

Hospital Charges: Accommodation, Operating Theatre Fee

Ancillary Hospital Charges – includes: anaesthetic supplies, dressings, pathology tests, medication (prescribed and taken in hospital), special in-hospital nursing, x-ray examination, ECG, in-hospital post-operative physiotherapy.

Disposable Laparoscopic Equipment

Prostheses

Reimbursement for oral surgery relates to all procedures undertaken during the one Operation.

Removal of teeth is restricted to impacted and unerupted teeth only. No cover is provided for implants, and also excludes periodontal, orthodontic and endodontal procedures.

MAXIMUM PAYABLE PER PERSON

\$75,000 per Operation

Prosthesis Schedule applies

Cardiac Surgery performed in a Private Hospital or other Southern Cross approved facility

Cardiac surgery performed by a Medical Practitioner Band IV in private practice.

Surgeon Fees, Anaesthetist Fees, Intensivist Fees

Perfusionist Fees – including bypass machine supplies and octopus system.

Hospital Charges: Accommodation, Operating Theatre Fee

Intensive Post-operative Care – including special nursing

Ancillary Hospital Charges – including anaesthetic supplies, ECG and specialised x-ray, intravenous fluids, irrigating solutions, dressings, in-hospital post-operative physiotherapy and medication (prescribed and taken in hospital)

Prostheses

\$75,000 per Operation

Prosthesis Schedule applies

Home Nursing

For the cost of care by a registered nurse recommended by a Medical Practitioner Band IV or Oral Surgeon immediately following general, oral or cardiac surgery.

\$100 per day

\$2,000 per Claims Year

Overseas Treatment

Reimbursement is available for receipted medical expenses (not accommodation or transport) for the cost of Medically Necessary treatment not available in the public or private sector within New Zealand, following approval from Southern Cross' Chief Medical Officer, based on a medical report you provide before treatment takes place. The treatment must be recommended by a Medical Practitioner Band III or IV in private practice. Ordinary Policy Exclusions apply.

\$10,000 per Claims Year

Angioplasty

Coronary angioplasty performed by a Medical Practitioner Band III in private practice, and in a Private Hospital or other Southern Cross approved facility.

Cardiologist/Radiologist**Hospital Charges: Accommodation, Operating Theatre Fee**

Ancillary Hospital Charges – including anaesthetic supplies, angioplasty catheters, ECG and specialised x-ray, intravenous fluids, irrigating solutions, dressings, medication (prescribed and taken in hospital).

Stent - conventional

- drug eluting, no cover unless angioplasty procedure performed by an Affiliated Provider or other provider nominated by Southern Cross to provide coronary angioplasty services.

\$75,000 per Operation
(including stents)

\$2,000 per stent

CT Coronary Angiograms

No cover for CT coronary angiogram (CTA) unless the treatment is provided by an Affiliated Provider.

Policy Limits will apply.
Prior to receiving treatment your Affiliated Provider will advise the balance payable by you.

Varicose Veins (legs)

No cover for varicose veins unless the treatment is provided by an Affiliated Provider. Please be aware that not all procedures are available from all Affiliated Providers or in all areas, and that a limited range of procedures for leg varicose veins are funded. In order to receive cover the treatment must be Medically Necessary as determined by the agreed clinical guidelines, and not for Cosmetic Treatment. This benefit is inclusive of any consultations, treatment and/or follow up assessment or treatment that may be required.

2 Varicose Vein Procedures per leg, per Lifetime.
Policy Limits will apply.
Prior to receiving treatment your Affiliated Provider will advise the balance payable by you.

Prostate Brachytherapy

No cover for Prostate Brachytherapy unless the treatment is provided by an Affiliated Provider.

Policy Limits will apply.
Prior to receiving treatment your Affiliated Provider will advise the balance payable by you.

Medical Hospitalisation

Referred by and under the control of a Medical Practitioner Band III or IV in private practice for treatment, convalescence or observation in a Private Hospital. Includes reimbursement for hospital accommodation (on a single room basis, excluding suites) and ancillary hospital charges.

Note: Excludes hospice, geriatric and psychiatric hospital care.

\$25,000 per admission
\$60,000 per Claims Year

Psychiatric Hospitalisation

Referred by and under the control of a Medical Practitioner vocationally registered in psychiatry for treatment, convalescence or observation in a Private Hospital. Includes reimbursement for hospital accommodation and ancillary hospital charges.

\$330 per night
\$200 for drugs/ancillary
\$1,650 per admission
(including accommodation drugs/ancillary)

Out-of-hospital Specialists

Following a referral from a Medical Practitioner Band I or II, pre and post operative consultations 4 months before and after hospitalisation with a Medical Practitioner Band III or IV in private practice.

Pre operative consultation

\$175

Post operative consultation

\$125

Cover is excluded where the consultation does not relate to hospitalisation.

Out-of-hospital Tests

On referral from a Medical Practitioner Band III or IV, pre and post operative tests 4 months before and after hospitalisation, and in an approved facility.

Myocardial perfusion scan

\$1,500 per test

Cardiac Tests

\$5,000 per Claims Year

Diagnostic Tests

\$3,000 per Claims Year

Cover is excluded where the test does not relate to hospitalisation.

Minor Surgery

Performed by a Medical Practitioner Band I in private practice including removal of cysts, moles and toenails.

\$350 per Operation

Oncology**Chemotherapy**

Performed by a Medical Practitioner vocationally registered in radiation oncology or internal medicine, either as an out-patient or in a Private Hospital or other Southern Cross approved facility within New Zealand, including the cost of materials and prescription Chemotherapy Drugs, hospital accommodation (on a single room basis, excluding suites) and ancillary hospital charges.

\$25,000 per Course of Treatment
\$60,000 per Claims Year

Radiotherapy treatment

Cover for radiotherapy treatment is only available when the procedure is provided by an Affiliated Provider.

Please be aware that not all procedures are available from all Affiliated Providers or in all areas, and that a limited range of radiotherapy treatments are funded. This benefit is inclusive of any radiotherapy planning and radiation treatment (does not include cover for initial or follow-up oncologist consultations, prescriptions, drugs, hospital accommodation, other Healthcare Services, or follow-up CT scans).

Policy Limits will apply.
Prior to receiving treatment your Affiliated Provider will advise the balance payable by you.

Lithotripsy

Performed by a Medical Practitioner Band IV in a Private Hospital or other Southern Cross approved facility.

\$25,000 per admission
\$75,000 per Claims Year

Loyalty Benefit**Sterilisation**

After two years of continuous cover, reimbursement for treatment from a Medical Practitioner for sterilisation.

Surgery reimbursement levels apply

Bilateral Breast Reduction Allowance

After three years of continuous cover. Payable at the discretion of the Chief Medical Officer on receipt of a medical report prior to surgery by a Medical Practitioner Band IV, (this benefit also includes any subsequent treatment that may be required).

50% of actual costs up to \$3,000 one-off payment

Gastric Banding/Bypass Allowance

After three years of continuous cover. Payable at the discretion of the Chief Medical Officer on receipt of a medical report prior to surgery by a Medical Practitioner Band IV, (this benefit also includes any subsequent treatment that may be required).

\$7,500 one-off payment

OTHER BENEFITS**Public Hospital Cover****Public Hospital**

If specifically accepted in writing by the Chief Medical Officer prior to treatment, treatment in a District Health Board (DHB) facility or under the direct or indirect control of a DHB will be covered up to the stated maximums in this Policy.

Public Hospital – Cash Grant

For overnight admissions for other than Accident, Treatment Injury or maternity conditions.

Child

\$25 per night
up to \$250 per admission
up to \$1,200 per Claims Year

Adult

\$50 per night
up to \$500 per admission
up to \$2,400 per Claims Year

Note: The above cash grants do not apply if the treatment in a DHB facility is reimbursed under another section in this Policy.

Hospice Cover

For overnight admissions for other than Accident or Treatment Injury conditions.

Child

\$25 per night
up to \$250 per admission
up to \$1,200 per Claims Year

Adult

\$50 per night
up to \$500 per admission
up to \$2,400 per Claims Year

Waiver Of Premium

Upon the death of the Policyholder from a cause not excluded under the Policy before age 60 years, the surviving husband/wife or partner and Dependants named on the Policy will continue to qualify for the cover provided by the existing Policy free of charge for 24 months, from the date of the Policyholder's death.

Parent Accommodation Allowance

For hospital expenses incurred when accompanying children 5 years or under where accommodation is provided in a Private Hospital.

\$50 per night
\$500 per Claims Year

Travel and Accommodation Allowance

When private treatment is not available in your hometown or city and you have to travel more than 100km from home for treatment. Payable to cover the person covered by this Policy requiring the Healthcare Service and a support person. Payable for public transport costs and hotel/motel rooms only.

\$500 per Claims Year

Accident and Treatment Injury Cover

If the Accident Compensation Corporation (ACC) refuses to cover the cost of treatment in a Private Hospital or in the event that your ACC refunds are less than those that apply for non-Accident or non-Treatment Injury conditions under this Policy, we may make up the difference, if any, between the ACC contribution to the cost of treatment and the maximum payable under this Policy. The total refunded by Southern Cross, together with the payment made by ACC will not exceed the maximum payable under this Policy.

Imaging

Reimbursement for Imaging procedures as listed below upon referral by a Medical Practitioner Band III or IV in private practice and carried out in a Private Hospital or other Southern Cross approved facility. Includes reimbursement for hospital accommodation.

Computerised Axial Tomography (CT/CAT Scan)

\$60,000 per Claims Year

Magnetic Resonance Imaging (MRI Scan)

\$60,000 per Claims Year

Angiography

\$60,000 per procedure

(Includes MRI angiograms, CT angiograms, fluorescein angiograms, cardiac catheterization and all coronary and peripheral angiograms. No cover for CT coronary angiogram (CTA) unless procedure performed by an Affiliated Provider.)

