



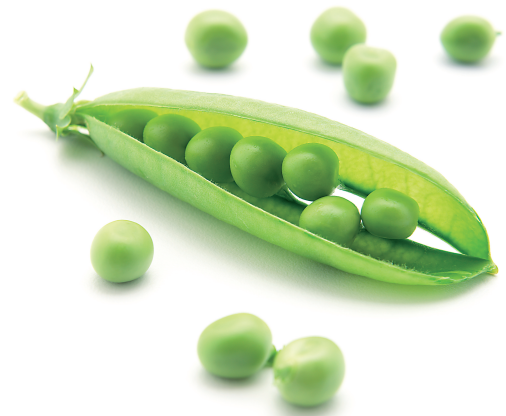
# First Cover Plan 2

## 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. This Policy also includes reimbursement for consultations with specified medical specialists and expenses associated with diagnostic tests and imaging.

Note that all Policy Limits include GST charged by the providers.



### SURGICAL AND MEDICAL TREATMENT

### Policy type FC2

MAXIMUM PAYABLE PER PERSON

**Surgery performed in a Certified Private Facility 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, Drugs (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.

There is no cover for subsequent breast reconstruction surgery (including procedures related to, associated with, or as a consequence of your first Medically Necessary breast reconstruction surgery) unless it is completed within two years of your first Medically Necessary breast reconstruction surgery (following a Medically Necessary mastectomy).

\$100,000 per Operation

Prosthesis Schedule applies

**Cardiac Surgery performed in a Certified Private Facility 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 off-bypass cardiac stabilisation consumables.

**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 Drugs (prescribed and taken in hospital)

**Prostheses**

\$100,000 per Operation

Prosthesis Schedule applies

**Home Nursing**

For the cost of care by a registered nurse in private practice 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, 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 or peripheral vascular angioplasty performed by a Medical Practitioner Band III or IV or a Medical Practitioner vocationally registered in diagnostic and interventional radiology in private practice, and in a Certified Private Facility or other Southern Cross approved facility.

\$100,000 per Operation  
(including stents)**Cardiologist/Radiologist Fee****Hospital Charges: Accommodation, Operating Theatre Fee**

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

**Stent** - conventional

\$2,000 per stent

- drug eluting, no cover unless angioplasty procedure performed by an Affiliated Provider.

**CT Coronary Angiograms**

No cover for CT coronary angiogram 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. The treatment must be Medically Necessary, as determined by the eligibility criteria.

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 eligibility criteria, 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 Treatment**

No cover for Laparoscopic Prostatectomy, Prostate Brachytherapy, External Beam Radiotherapy and Prostate Cryotherapy, Radical Retropubic Prostatectomy, Perineal Prostatectomy, Transurethral Resection of Prostate (TURP) and Laser Prostatectomy procedures 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.

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

**Colonoscopy**

No cover for a colonoscopy unless the procedure is carried out by an Affiliated Provider. Please be aware that not all procedures are available from all Affiliated Providers or in all areas. In order to receive cover the procedure must be Medically Necessary, as determined by the eligibility criteria and not for Health Screening.

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

**Gastroscopy**

No cover for a gastroscopy unless the procedure is carried out by an Affiliated Provider. Please be aware that not all procedures are available from all Affiliated Providers or in all areas. In order to receive cover the procedure must be Medically Necessary, as determined by the eligibility criteria and not for Health Screening.

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

**Cataract surgery**

No cover for cataract surgery unless the procedure is carried out by an Affiliated Provider. Please be aware that not all procedures are available from all Affiliated Providers or in all areas. Cover is limited to the surgical insertion of a monofocal intraocular lens only (there is no cover for the cost of any other type of surgically implanted intraocular lens). This benefit includes cover for follow up consultations within 6 weeks of Medically Necessary cataract surgery.

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

**Intravitreal injections**

No cover for Intravitreal injections unless carried out by an Affiliated Provider, if there is an Affiliated Provider within 100km of your home. Please be aware that not all procedures are available from all Affiliated Providers or in all areas. Cover is limited to Intravitreal injections for the treatment of Age Related Macular Degeneration (AMD).

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

**Mohs surgery**

No cover for Mohs surgery unless carried out by an Affiliated Provider. Please be aware that not all procedures are available from all Affiliated Providers or in all areas. In order to receive cover the treatment must be Medically Necessary and not for Cosmetic Treatment, as determined by the eligibility criteria. This benefit includes cover for excision and closure and follow up consultations within 6 weeks of eligible Mohs surgery.

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 Certified Private Facility. 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 Certified Private Facility. 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 with a Medical Practitioner Band II, 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.

**Minor skin surgery**

Excision of skin lesions performed by a Medical Practitioner Band III or IV in private practice under a local anaesthetic. Excludes Mohs surgery - refer to the benefit above.

\$7,500 per Claims Year

**Minor surgery**

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

\$450 per Operation

**Oncology****Chemotherapy**

Treatment provided by a Medical Practitioner Band III or IV vocationally registered in oncology in private practice, either as an out-patient or in a Certified Private Facility or other Southern Cross approved facility in New Zealand. Includes the cost of materials, Chemotherapy Drugs, hospital accommodation (on a single room basis, excluding suites) and ancillary hospital charges.

Maximum also 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**

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.

**Renal lithotripsy**

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

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

**Post mastectomy Allowance to achieve breast symmetry**

Payable at the discretion of Southern Cross on receipt of a medical report prior to surgery performed by a Medical Practitioner Band IV. Surgery must be completed within 2 years of initial reconstruction following eligible mastectomy.

\$2,500 one off payment per  
Lifetime

**Loyalty Benefit****Sterilisation**

After two years of continuous cover, reimbursement for surgery by a Medical Practitioner for sterilisation.

Surgery reimbursement levels apply

**Bilateral Breast Reduction Allowance**

After three years of continuous cover. Payable at the discretion of Southern Cross 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

**Gastric Banding/Bypass Allowance**

After three years of continuous cover. Payable at the discretion of Southern Cross 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 Southern Cross 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.

A copy of hospital discharge summary must accompany claim form.

**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 other than an Accident before age 60 years, the surviving Dependants 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 Certified Private Facility.

\$50 per night  
\$500 per Claims Year

**Travel and Accommodation Allowance**

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

\$500 per Claims Year

**Accident and Treatment Injury Cover**

If the ACC refuses to cover the cost of treatment in a Certified Private Facility 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, Southern Cross 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.

## SPECIALISTS AND TESTS

### Medical Practitioner Band II

<b>Initial consultation</b>	\$150
<b>Follow-up consultation</b>	\$115

### Medical Practitioner Band III

Consultation following referral from a Medical Practitioner Band I or II.

<b>Initial consultation</b>	\$300
<b>Follow-up consultation</b>	\$125

The above reimbursements have no yearly limits on the number of consultations.

### Oncologist

Consultation following referral from a Medical Practitioner Band I or II.

<b>Initial consultation</b>	\$300
<b>Follow-up consultation</b>	\$125
<b>Maximum per year</b>	\$1,500 per Claims Year

### Psychiatrist

Consultation following referral from a Medical Practitioner Band I or II.

<b>Maximum per year</b>	\$200 per Claims Year
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### Surgeons

Consultation following referral from Medical Practitioner Band I or II to a Medical Practitioner Band IV or an Oral Surgeon. Including consultations by a Medical Practitioner Band IV vocationally registered in Anaesthesia for chronic pain or pre-operative clinic consultations only.

<b>Initial consultation</b>	\$175
<b>Follow-up consultation</b>	\$125
<b>Consultation with minor surgery</b> (including preceding consultation)	Surgery reimbursement levels apply

The above reimbursements have no yearly limits on the number of consultations.

### Imaging

Carried out in a Certified Private Facility or other Southern Cross approved facility.

<b>X-ray</b>	\$500 per Claims Year
<b>Mammography</b>	\$500 per Claims Year
<b>Ultrasound</b>	\$500 per Claims Year
<b>Nuclear Scanning*</b>	\$700 per Claims Year
<b>Computed Axial Tomography (CT/CAT Scan)</b>	\$60,000 per Claims Year
<b>Magnetic Resonance Imaging (MRI Scan)*</b>	\$60,000 per Claims Year
<b>Positron Emission Tomography / Computed Tomography (PET/CT)</b>	\$2,500 per Claims Year

No cover for PET/CT unless the service is provided by an Affiliated Provider. Cover is limited to cancer indications only and eligibility criteria will apply. Please be aware that not all procedures are available from all Affiliated Providers or in all areas.

<b>Myocardial perfusion scan*</b>	\$1,500 per test
<b>Angiography</b>	\$60,000 per procedure

Includes MRI angiograms, CT angiograms, fluorescein angiograms, cardiac catheterisation and all coronary and peripheral angiograms.

\*Must be referred by a Medical Practitioner Band II, III or IV in private practice.

### Tests

<b>Cardiac Tests*</b>	\$5,000 per Claims Year
<b>Diagnostic Tests*</b>	\$3,000 per Claims Year

Optical Coherence Tomography is only available following a referral by a Medical Practitioner Band IV and must be performed by an Affiliated Provider, if there is an Affiliated Provider within 100km of your home. Please be aware that not all procedures are available from all Affiliated Providers or in all areas.

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

### Audiologist

Performed by a member of the NZ Audiological Society.

<b>Audiometric Tests Including: Brain Stem Evoked Response*</b>	\$210 per Claims Year
<b>Allergy Testing</b>	\$175 per Claims Year
<b>Laboratory Tests</b> (incurred charges)	\$70 per Claims Year

\*Tests must be carried out following referral by a Medical Practitioner Band III or IV in private practice.

### Loyalty Benefit

<b>Obstetrics</b>	\$1,250 per Claims Year
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After three years of continuous cover, reimbursement for obstetric care carried out by a Medical Practitioner vocationally registered in obstetrics and gynaecology or anaesthesia and/or for accommodation in a Southern Cross approved facility.