

Wellbeing plan pre-existing cardiac coverage table

For those members with pre-existing cardiac conditions

Effective 17 October 2011



Southern Cross Health Society

The following **Coverage Tables** forms part of your **policy** and should be read in conjunction with your policy document.

These **Coverage Tables** apply to members who have cardiac **pre-existing conditions** which have been accepted by **Southern Cross Health Society** in writing. The policy limits below only apply to cardiac **pre-existing conditions**. In some cases your refund will be significantly less than the cost of treatment.

All figures charged include GST charged by the providers.

Wellbeing One and Two - Coverage Tables		
HEALTHCARE SERVICE	MAXIMUM*	OTHER TERMS AND CONDITIONS
SURGICAL TREATMENT		
Coronary artery bypass, single vessel (using vein or artery)		Performed by a Medical Practitioner Band IV on private practice and in an approved facility .
Surgeon's fee	\$5,888 per operation	
Anaesthetist's fee	\$3,516 per operation	
Coronary artery bypass, double vessel (using vein or artery)		
Surgeon's fee	\$6,875 per operation	
Anaesthetist's fee	\$4,075 per operation	
Coronary artery bypass, triple vessel (using vein or artery)		
Surgeon's fee	\$7,675 per operation	
Anaesthetist's fee	\$4,435 per operation	
Coronary artery bypass, quadruple vessel (using vein or artery)		
Surgeon's fee	\$8,276 per operation	
Anaesthetist's fee	\$4,781 per operation	
Aortic Valve replacement		
Surgeon's fee	\$7,176 per operation	
Anaesthetist's fee	\$4,219 per operation	
Mitral Valve replacement		
Surgeon's fee	\$7,176 per operation	
Anaesthetist's fee	\$4,219 per operation	
Pulmonary Valve replacement		
Surgeon's fee	\$7,176 per operation	
Anaesthetist's fee	\$4,219 per operation	
Tricuspid Valve replacement		
Surgeon's fee	\$7,176 per operation	
Anaesthetist's fee	\$4,219 per operation	
Bentalls Procedure (incl Aortic Valve Replacement)		
Surgeon's fee	\$9,795 per operation	
Anaesthetist's fee	\$5,000 per operation	
Atrial Septal Defect (open procedure)		
Surgeon's fee	\$6,675 per operation	
Anaesthetist's fee	\$3,549 per operation	
Valvuloplasty (open)		
Surgeon's fee	\$7,071 per operation	
Anaesthetist's fee	\$3,240 per operation	

*See the chart in your policy document for how your refund will be calculated.

We will pay the lower of the actual cost of the **healthcare service** or the **policy limit** applicable to that **healthcare service**, subject to reasonable charges, less any excess applicable and payable by you. You will be responsible for paying the balance.



Wellbeing One and Two - Coverage Tables		
HEALTHCARE SERVICE	MAXIMUM*	OTHER TERMS AND CONDITIONS
SURGICAL TREATMENT		
Balloon Valvuloplasty - Mitral		
Surgeon's fee	\$4,135 per operation	
Anaesthetist's fee	\$1,375 per operation	
Balloon Valvuloplasty - Aortic		
Surgeon's fee	\$3,999 per operation	
Anaesthetist's fee	\$1,250 per operation	
Maze Arrhythmia Surgery (as an additional procedure)		
Surgeon's fee	\$1,426 per operation	
Anaesthetist's fee	\$500 per operation	
Maze Arrhythmia Surgery (standalone procedure)		
Surgeon's fee	\$5,139 per operation	
Anaesthetist's fee	\$1,500 per operation	
Maze Arrhythmia Surgery (Thoroscopic Limited)		
Surgeon's fee	\$3,810 per operation	
Anaesthetist's fee	\$1,188 per operation	
Maze Arrhythmia Surgery (Thoroscopic Extensive)		
Surgeon's fee	\$5,281 per operation	
Anaesthetist's fee	\$1,625 per operation	
Maze pen prosthesis	\$6,133 per operation	
Pericardiotomy		
Surgeon's fee	\$3,775 per operation	
Pericardiocentesis		
Surgeon's fee	\$563 per operation	
Drainage of Pericardial Effusion		
Surgeon's fee	\$1,676 per operation	
Anaesthetist's fee	\$511 per operation	
Pacemaker Surgery - Initial Implantation (excluding the cost of the pacemaker)		
Surgeon's fee	\$2,494 per operation	
Anaesthetist's fee	\$675 per operation	
Removal of Sternal Wire		
Surgeon's fee	\$1,405 per operation	
Anaesthetist's fee	\$766 per operation	
Removal & Rewiring of Sternal Wire		
Surgeon's fee	\$1,946 per operation	
Anaesthetist's fee	\$788 per operation	

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We will pay the lower of the actual cost of the **healthcare service** or the **policy limit** applicable to that **healthcare service**, subject to reasonable charges, less any excess applicable and payable by you. You will be responsible for paying the balance.

HEALTHCARE SERVICE	MAXIMUM*	OTHER TERMS AND CONDITIONS
SURGICAL TREATMENT		
Hospital fees	\$35,000 per operation	This includes hospital costs for accommodation, parent accommodation with a child in hospital, operating theatre, anaesthetic supplies, intensive care and special in-hospital nursing, in-hospital x-rays, ancillary hospital charges and in-hospital post operative physiotherapy fees from a registered physiotherapist in private practice.
Perfusionist's charges	\$3,500 per operation	Including bypass machine supplies and off-bypass cardiac stabilisation consumables.
Intensivist's fee	\$1,215 per operation	
Heart valve	\$7,000 per operation	
Coronary angiogram	\$3,200 per operation	Performed by a Medical Practitioner Band III in private practice and in an approved facility . Includes hospitalisation, specialist and ancillary hospital charges.
Cardioversion	\$1,306 per procedure	Performed by a Medical Practitioner Band III in private practice and in an approved facility and includes any charges by a Medical Practitioner Band IV vocationally registered in anaesthesia.
Coronary angioplasty**		Coronary angioplasty in an approved facility including hospitalisation, specialist, stent(s) and ancillary fees performed by a Medical Practitioner Band III in private Practice.
Procedure by Affiliated Provider with or without Drug Eluting Stent(s).	Policy limits will apply. Prior to receiving treatment your Affiliated Provider will advise the balance payable by you.	No cover for Drug Eluting Stent(s) unless angioplasty procedure performed by an Affiliated Provider .
Procedure by other provider with or without Drug Eluting Stent(s).	\$11,000 per operation	No cover for Drug Eluting Stent(s).
Coronary angioplasty and angiogram on the same day.		Coronary angioplasty and angiogram performed on the same day in an approved facility including hospitalisation, specialist, stent(s) and ancillary fees performed by a Medical Practitioner Band III in private practice.
Procedure by Affiliated Provider with or without Drug Eluting Stent(s).	Policy limits will apply. Prior to receiving treatment your Affiliated Provider will advise the balance payable by you.	No cover for Drug Eluting Stent(s) unless angioplasty procedure performed by an Affiliated Provider .
Procedure by other provider with or without Drug Eluting Stent(s).	\$11,000 per operation	No cover for Drug Eluting Stent(s).

*See the chart in your policy document for how your refund will be calculated.

We will pay the lower of the actual cost of the **healthcare service** or the **policy limit** applicable to that **healthcare service**, subject to reasonable charges, less any excess applicable and payable by you. You will be responsible for paying the balance.

If you require a coronary angioplasty including a drug eluting stent and you don't go to an Affiliated Provider there will be a significant shortfall you will need to pay. We strongly recommend that you discuss these changes with your **health services provider**.



Wellbeing One and Two - Coverage Tables		
HEALTHCARE SERVICE	MAXIMUM*	OTHER TERMS AND CONDITIONS
IMAGING AND DIAGNOSTICS		
If you are on the Wellbeing One plan, the following imaging and diagnostics must be within 4 months before or after surgery to claim these benefits. Diagnostic imaging performed by a registered radiologist in private practice		
Computed Axial Tomography (CT/CAT scan)	\$650 per CT scan up to \$1,300 per claims year	Excludes calcium scoring
Magnetic Resonance Imaging (MRI)	\$1,200 per claims year	On referral from a Medical Practitioner Band II, III or Band IV and in private practice.
Myocardial perfusion scan	\$1,390 per test	On referral from a Medical Practitioner Band III or IV
TESTS		
If you are on the Wellbeing One plan, Cardiac Tests must be within 4 months before or after surgery to claim these benefits. On referral by a Medical Practitioner Band III or IV and in an approved facility .		
Cardiac Tests	\$1,250 per test up to \$3,750 per claims year	Limited to the procedures listed in section 14 of the List of Surgical Procedures .
CONSULTATIONS		
If you are on the Wellbeing One plan and not having surgery, the following consultations are not covered by your policy .		
Medical Practitioner Band IV		
Initial consultation	\$160 per consultation	Consultations by a Medical Practitioner Band IV vocationally registered in cardiac surgery.
Follow-up consultation	\$110 per consultation	
Cardiologist consultations		
Initial consultation	\$275 per consultation	Consultations with a registered cardiologist in private practice who is a Medical Practitioner Band III.
Follow-up consultation	\$110 per consultation	
DAY-TO-DAY TREATMENT		
These benefits apply only to members on Wellbeing Two with the Day-to-Day module on their policy.		
Medical Practitioner Band I		
Clinical consultation	\$45 per consultation	Treatment and consultations (including dressings, acupuncture and ECG) by a Registered Medical Practitioner .
Home or after hours consultations	\$55 per consultation	
Registered Nurse Practitioner	\$27 per consultation	Only applicable where no Medical Practitioner Band I fee applies. Performed by a Band I Registered Nurse or a Band II Registered Nurse Practitioner.
Prescriptions	\$240 per claims year	Charges for prescription drugs , prescribed by a Medical Practitioner (all Bands) or Band II Registered Nurse Practitioner.

*See the chart in your policy document for how your refund will be calculated.

Your refund for any **eligible healthcare service** will be the lower of the actual cost or the **policy limit** applicable to that **healthcare service**, less any excess applicable and payable by you. You will be responsible for paying the balance.