



Southern Cross  
Health Society

# Pre-existing cardiac schedule

For those members with pre-existing cardiac conditions

Effective from 1 October 2010

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

This **coverage table** applies to members who have been on one of the following plans for three years or more: RegularCare Plus, SuperCare, SureCare, UltraCare Base, UltraCare 100, UltraCare 400, HospitalCare, and Hospital and SpecialistCare and 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.

HEALTHCARE SERVICE	MAXIMUM*	OTHER TERMS AND CONDITIONS
<b>SURGICAL TREATMENT</b>		\$600 excess applies to SureCare surgical treatment benefits.
Cardiac Surgery		Performed by a by a <b>Medical Practitioner</b> Band IV in private practice and in an <b>approved facility</b> .
Coronary artery bypass, single vessel		
Surgeon's fee	\$5,724 per <b>operation</b>	
Anaesthetist's fee	\$3,516 per <b>operation</b>	
Coronary artery bypass, double vessel		
Surgeon's fee	\$5,939 per <b>operation</b>	
Anaesthetist's fee	\$3,639 per <b>operation</b>	
Coronary artery bypass, triple vessel		
Surgeon's fee	\$6,266 per <b>operation</b>	
Anaesthetist's fee	\$3,854 per <b>operation</b>	
Coronary artery bypass, quadruple vessel		
Surgeon's fee	\$6,481 per <b>operation</b>	
Anaesthetist's fee	\$3,966 per <b>operation</b>	
Cardiac valve replacement		
Surgeon's fee	\$6,675 per <b>operation</b>	
Anaesthetist's fee	\$3,537 per <b>operation</b>	
Cardiac Atrial Septal Defect (Open Closure)		
Surgeon's fee	\$6,675 per <b>operation</b>	
Anaesthetist's fee	\$3,537 per <b>operation</b>	
Cardiac Valvuloplasty		
Surgeon's fee	\$5,346 per <b>operation</b>	
Anaesthetist's fee	\$3,240 per <b>operation</b>	
Maze Arrhythmia Surgery Surgeon's fee	\$767 per <b>operation</b>	
Maze pen <b>prostheses</b>	\$6,133 per <b>operation</b>	
Pericardiectomy Surgeon's fee	\$2,484 per <b>operation</b>	
Pericardiocentesis Surgeon's fee	\$562 per <b>operation</b>	
Drainage of Pericardial Effusion		
Surgeon's fee	\$1,676 per <b>operation</b>	
Anaesthetist's fee	\$511 per <b>operation</b>	
Pacemaker Surgery - Implantation (Excluding The Cost Of The Pacemaker)		
Surgeon's fee	\$2,494 per <b>operation</b>	
Anaesthetist's fee	\$675 per <b>operation</b>	
Removal of Sternal Wire		
Surgeon's fee	\$1,406 per <b>operation</b>	
Anaesthetist's fee	\$767 per <b>operation</b>	

\* 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.

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 charges with your **health services provider**.

HEALTHCARE SERVICE	MAXIMUM*	OTHER TERMS AND CONDITIONS
<b>SURGICAL TREATMENT</b>		\$600 excess applies to SureCare surgical treatment benefits.
Hospital fees	\$35,000 per <b>operation</b>	This includes hospital costs for accommodation, parent accommodation with a child in hospital, operating theatre fees, anaesthetic supplies, intensive care and special in-hospital nursing, in-hospital x-rays, <b>ancillary hospital charges</b> and in-hospital post operative physiotherapy fees from a registered physiotherapist in private practice.  Including bypass machine supplies and octopus system.  For heart valve replacement surgery only.
Perfusionist's charges	\$3,500 per <b>operation</b>	
Intensivist's fee	\$1,215 per <b>operation</b>	
Heart valve	\$6,500 per <b>operation</b>	
Coronary angiogram	\$3,200 per <b>operation</b>	Performed by a <b>Medical Practitioner</b> Band III in private practice and in an <b>approved facility</b> . No cover for CT coronary angiogram (CTA) unless procedure performed by an <b>Affiliated Provider</b> .  Includes hospitalisation, specialist and ancillary fees.
Cardioversion	\$1,306 per procedure	Includes any charges by a <b>Medical Practitioner</b> Band IV vocationally registered in anaesthesia.
Coronary angioplasty		Coronary angioplasty in an <b>approved facility</b> including hospitalisation, specialist, stent(s) and ancillary fees performed by a <b>Medical Practitioner</b> Band III in private practice.
Procedure by <b>Affiliated Provider</b> <u>with or without</u> Drug Eluting Stent(s).	<b>Policy limits</b> will apply. Prior to receiving treatment your <b>Affiliated Provider</b> will advise the balance payable by you.	No cover for Drug Eluting Stent(s) unless angioplasty procedure performed by an <b>Affiliated Provider</b> .
Procedure by other provider <u>with or without</u> Drug Eluting Stent(s).	\$11,000 per <b>operation</b>	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 <b>approved facility</b> including hospitalisation, specialist, stent(s) and ancillary fees performed by a <b>Medical Practitioner</b> Band III in private practice.
Procedure by <b>Affiliated Provider</b> <u>with or without</u> Drug Eluting Stent(s).	<b>Policy limits</b> will apply. Prior to receiving treatment your <b>Affiliated Provider</b> will advise the balance payable by you.	No cover for Drug Eluting Stent(s) unless angioplasty procedure performed by an <b>Affiliated Provider</b> .
Procedure by other provider <u>with or without</u> Drug Eluting Stent(s).	\$11,000 per <b>operation</b>	No cover for Drug Eluting Stent(s).

\* 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.

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 charges with your **health services provider**.

HEALTHCARE SERVICE	MAXIMUM*	OTHER TERMS AND CONDITIONS
<b>SURGICAL TREATMENT</b>		\$600 excess applies to SureCare surgical treatment benefits.
<b>IMAGING AND DIAGNOSTICS</b>		If you are on a HospitalCare plan, the following imaging and diagnostics must be within 4 months before or after surgery to claim these benefits. \$50 excess applies to SureCare imaging and diagnostic benefits. Diagnostic imaging performed by a registered radiologist in private practice
Computer Axial Tomography (CT/CAT Scan)	\$650 per CT Scan up to \$1,300 per <b>claims year</b>	Excludes calcium scoring
Magnetic Resonance Imaging (MRI)	\$1,200 per <b>claims year</b>	On referral from a <b>Medical Practitioner</b> Band II, III or Band IV and in private practice.
Myocardial perfusion scan	\$1,390 per test	On referral from a <b>Medical Practitioner</b> Band III or IV.
<b>TESTS</b>		If you are on a HospitalCare plan, Cardiac Tests must be within 4 months before or after surgery to claim these benefits. \$50 excess applies to SureCare cardiac tests benefits. On referral by a <b>Medical Practitioner</b> Band III or IV and in an <b>approved facility</b> .
Cardiac Tests	\$1,250 per test up to \$3,750 per <b>claims year</b>	Limited to the procedures listed in section 14 of the <b>List of Surgical Procedures</b> .
<b>CONSULTATIONS</b>		If you are on a HospitalCare plan and not having surgery, the following consultations are not covered by your <b>policy</b> . \$50 excess applies to SureCare consultation benefits.
<b>Medical Practitioner</b> Band IV Initial consultation Follow-up consultation	\$160 per consultation \$110 per consultation	Consultations by a <b>Medical Practitioner</b> Band IV vocationally registered in cardiothoracic surgery.
Cardiologists consultations Initial consultation Follow-up consultation	\$275 per consultation \$110 per consultation	Consultations (including resting ECG) with a registered cardiologist in private practice who is a <b>Medical Practitioner</b> Band III.
<b>DAY-TO-DAY TREATMENT</b>		If you are on a HospitalCare, Hospital and SpecialistCare or SureCare plan, day-to-day treatment is not covered by your <b>policy</b> .
<b>Medical Practitioner</b> Band I Clinical Consultation Home or after hours consultations	\$45 per consultation \$55 per consultation	Treatment and consultations (including dressings, acupuncture and ECG) by a Registered <b>Medical Practitioner</b> .
Registered Nurse Practitioner	\$27 per consultation	Only applicable where no <b>Medical Practitioner</b> Band I fee applies.  Performed by a Band I Registered Nurse or a Band II Registered Nurse Practitioner
Prescriptions	\$240 per <b>claims year</b>	Charges for prescription <b>drugs</b> , prescribed by a <b>Medical Practitioner</b> (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.

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 charges with your **health services provider**.