

Wellbeing plan pre-existing cardiac coverage table

For those members with pre-existing cardiac conditions

Effective from 1 October 2010

The following **coverage tables** form part of your **policy** and should be read in conjunction with your Wellbeing Plan guide.

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.

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

* See the chart on page 6 of 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 charges with your **health services provider**.

Wellbeing One and Two – Coverage Table		
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 fees, 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 octopus system.
Intensivist's fee	\$1,215 per operation	
Heart valve	\$6,500 per operation	For heart valve replacement surgery only.
Coronary angiogram	\$3,200 per operation	Performed by a Medical Practitioner Band III in private practice and in an approved facility . No cover for CT coronary angiogram (CTA) unless procedure performed by an Affiliated Provider . Includes hospitalisation, specialist and ancillary fees.
Cardioversion	\$1,306 per procedure	Includes any charges by a Medical Practitioner Band IV vocationally registered in anaesthesia.
Coronary angioplasty Procedure by Affiliated Provider <u>with or without</u> Drug Eluting Stent(s).	Policy limits will apply. Prior to receiving treatment your Affiliated Provider will advise the balance payable by you.	Coronary angioplasty in an approved facility including hospitalisation, specialist, stent(s) and ancillary fees performed by a Medical Practitioner Band III in private practice. No cover for Drug Eluting Stent(s) unless angioplasty procedure performed by an Affiliated Provider .
Procedure by other provider <u>with or without</u> Drug Eluting Stent(s).	\$11,000 per operation	No cover for Drug Eluting Stent(s).
Coronary angioplasty and angiogram on the same day Procedure by Affiliated Provider <u>with or without</u> Drug Eluting Stent(s).	Policy limits will apply. Prior to receiving treatment your Affiliated Provider will advise the balance payable by you.	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. No cover for Drug Eluting Stent(s) unless angioplasty procedure performed by an Affiliated Provider .
Procedure by other provider <u>with or without</u> Drug Eluting Stent(s).	\$11,000 per operation	No cover for Drug Eluting Stent(s).

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Wellbeing One and Two – Coverage Table		
HEALTHCARE SERVICE	HEALTHCARE SERVICE	HEALTHCARE SERVICE
IMAGING AND DIAGNOSTIC PROCEDURES		
If you are on a 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		
Computer 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 Band IV, in private practice.
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 a Wellbeing One plan, consultations 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 .		
Medical Practitioner Band IV Initial consultation Follow-up consultation	\$160 per consultation \$110 per consultation	Consultations by a Medical Practitioner Band IV vocationally registered in cardiothoracic surgery.
Cardiologist's 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 Medical Practitioner Band III

Day to Day Care Module		Can be added to Wellbeing Two plan only.
HEALTHCARE SERVICE	MAXIMUM*	OTHER TERMS AND CONDITIONS OF COVER
DIAGNOSIS		
Medical Practitioner Band I Clinical Consultation Home or After Hours consultation	\$45 per consultation \$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 Band II Registered Nurse Practitioner.
Prescriptions	\$240 per claims year	Charges for drugs prescribed by a Medical Practitioner (all Bands) or Registered Nurse Band II.

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Healthy Workplace Module		Can be added to either Wellbeing One or Wellbeing Two plans in selected employer subsidised groups only.
HEALTHCARE SERVICE	MAXIMUM*	OTHER TERMS AND CONDITIONS OF COVER
DIAGNOSIS		
Medical Practitioner Band I or Optometrist or Audiologist or Dentist (or any combination of the above) Clinical Consultation Home or After Hours consultation	3 consultations per claims year \$45 per consultation \$55 per consultation	Must be performed by an Optometrist registered with the New Zealand Opticians Board or by a Dental Practitioner registered with the Dental Council of New Zealand or an Audiologist registered with the New Zealand Audiological Society and in private practice.
Prescriptions	\$100 per claims year	Charges for drugs prescribed by a Medical Practitioner (all Bands) or Registered Nurse Band II.

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