

Excess on KiwiCare Budget and RegularCare Budget Plans

What the excess is

KiwiCare Budget and RegularCare Budget have an excess of \$500. The excess is the amount you're required to pay each claims year before we'll pay towards the cost of eligible healthcare services.

Benefits the excess applies to

- 'Surgical procedures' benefit
- 'Chemotherapy for cancer (base)' benefit including the 'Cancer Cover Plus' options
- 'Radiotherapy' benefit.

Your excess does not apply to any other benefits. Please see your policy document for full terms and conditions.

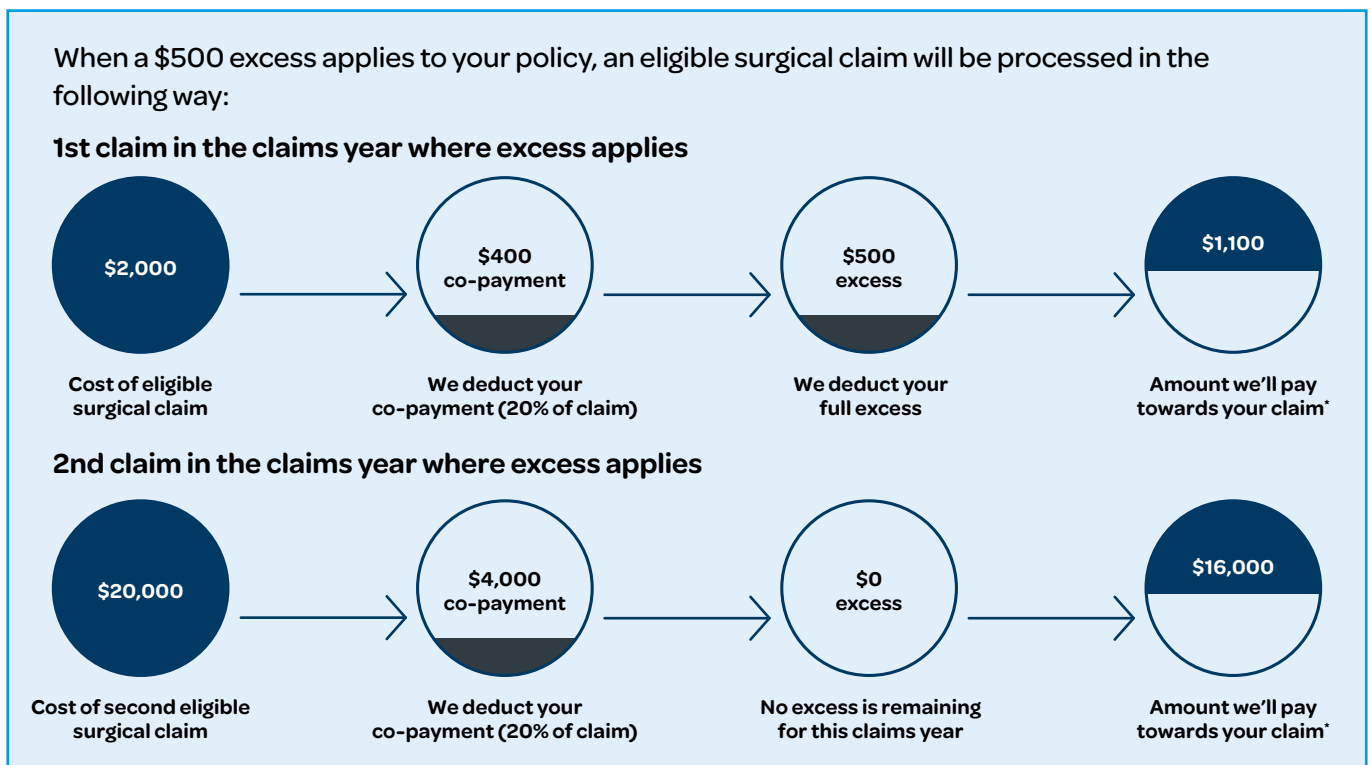
How the excess applies

The excess applies to each person covered under the policy once each claims year. You're responsible for paying this amount directly to your health services provider. Once the excess amount for the claims year has been paid for a person covered under this policy, you won't need to pay it again towards any other eligible claims under those benefits for that person until the next claims year.

What a claims year is

Your claims year is the first 12 months after the policy start date and after that every 12 months from your claims anniversary date. You can check these dates in MySouthernCross and on your Membership Certificate. The claims year that applies to a particular claim is based on the date you received the healthcare service, not the date when you send us your claim or when we pay your health services provider. When a new claims year starts, each person's excess will return to its full value.

How the excess works



Talk to us

Adding, removing, or making changes to your excess level may impact your level of cover. We recommend talking to us before making changes to your policy. That way, we can provide you with financial advice about any proposed plan changes and make sure you're fully aware of any important details.

Contact us at **southerncross.co.nz/contact**

You can also find policy information including a copy of the policy document at **southerncross.co.nz/plans**