



Southern Cross
Health Society

BENEFIT SUMMARY

HospitalCare and Hospital & SpecialistCare

HospitalCare provides cover for cancer care, surgical treatment, and consultations, diagnostic imaging and tests within 6 months of related, eligible surgical treatment or cancer care.

Hospital & SpecialistCare provides the same cover as HospitalCare but covers consultations, diagnostic imaging and tests whether or not you undergo surgical treatment or cancer care.

Example of benefits under **HospitalCare** and **Hospital & SpecialistCare**

These are **some of the benefits** that HospitalCare and Hospital & SpecialistCare offer. For more details on the benefits and maximums for this policy, and any exclusions or conditions that may apply, download a policy document from southerncross.co.nz/plans or contact us.

BENEFITS	HospitalCare and Hospital & SpecialistCare
<p>You will be reimbursed for 100% of expenses (unless otherwise stated) for eligible healthcare services based on reasonable charges, up to the below policy limits.* Eligibility criteria may apply and some procedures are Affiliated Provider only. Refer to the policy document for details.</p>	
CANCER CARE	
Chemotherapy treatment	\$60,000 per claims year. Must be performed by an Affiliated Provider. Maximum also includes reimbursement of the actual cost up to \$10,000 per claims year for non-Pharmac approved MedSafe indicated chemotherapy drugs
Radiotherapy treatment	Unlimited. Must be performed by an Affiliated Provider
SURGICAL TREATMENT	
Surgery	\$100,000 per operation (prosthesis maximums apply). Refer to the policy document for the surgical treatment that must be performed by an Affiliated Provider
Minor skin surgery	\$7,500 per claims year. Must be performed by an Affiliated Provider
GP minor surgery	\$1,000 per claims year
SURGICAL ALLOWANCES	
Overseas treatment allowance	\$10,000 per claims year
RECOVERY AND SUPPORT	
Ambulance allowance	\$180 per claims year
Post-operative home nursing	\$175 per day, up to \$2,800 per claims year. Must be within 6 months of related eligible surgical treatment or cancer care
Post-operative physiotherapy	\$60 per visit, up to \$300 per claims year. Must be within 6 months of related eligible surgical treatment or cancer care
Post-operative speech and language therapy	\$70 per visit, up to \$350 per claims year. Must be within 6 months of related eligible surgical treatment or cancer care
Travel and accommodation allowance	\$500 per claims year
Parent accommodation allowance	\$100 per night up to \$500 per operation
Public hospital cash allowance	\$50 per night up to \$2,400 per claims year
Funeral allowance	\$2,400 one-off payment
DIAGNOSTIC IMAGING AND TESTS Must be within 6 months of related eligible surgical treatment or cancer care on HospitalCare	
X-ray; Ultrasound; Mammography; Digital breast tomosynthesis; Nuclear scanning (scintigraphy); Myocardial perfusion scan; CT angiogram; CT coronary angiogram; MR angiogram; CT scan; MRI scan; PET/CT scan	\$10,000 per claims year (in total). Must be performed by an Affiliated Provider
Cardiac tests	\$5,000 per claims year. Must be performed by an Affiliated Provider. Refer to the policy document for a full list of cardiac tests that are covered
Diagnostic tests	\$3,000 per claims year. Refer to the policy document for the diagnostic tests that must be performed by an Affiliated Provider and for a full list of diagnostic tests that are covered
CONSULTATIONS Must be within 6 months of related eligible surgical treatment or cancer care on HospitalCare	
Specialist consultations	\$5,000 per claims year. Must be performed by an Affiliated Provider
Psychiatrist consultations	\$750 per claims year. Not subject to the 6 month rule. Must be performed by an Affiliated Provider
Dietitian consultations	\$100 per consultation, up to \$500 per claims year
NON SURGICAL TREATMENT	
Non-surgical hospitalisation	\$60,000 per claims year
Psychiatric hospitalisation	\$3,500 per claims year
Allergy services	\$750 per claims year. Must be provided by or under the care of an Affiliated Provider or a General Practitioner with an Easy-claim agreement with us
AFTER 1 YEAR OF CONTINUOUS COVER	
Sterilisation	Refunded as per surgical treatment. A vasectomy must be performed by an Affiliated Provider
Obstetrics allowance	HospitalCare: no cover, Hospital & SpecialistCare: \$1,500 per claims year. Specialist consultations and ultrasounds must be performed by an Affiliated Provider
AFTER 3 YEARS OF CONTINUOUS COVER	
Gastric banding/bypass allowance	\$7,500 per lifetime. Specialist consultations and diagnostic imaging must be performed by an Affiliated Provider
Bilateral breast reduction allowance	\$5,000 per lifetime. Specialist consultations and diagnostic imaging must be performed by an Affiliated Provider
Palliative care and treatment allowance	\$2,000 per claims year

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

Exclusions

No reimbursement or payment shall be made for any costs incurred in relation to, or as a consequence of, any of the following:

- **Pre-existing conditions** including but not limited to those conditions specifically set out in your **Membership Certificate**;
- **Unapproved healthcare services** which are specific **drugs**, devices, techniques, tests and/or other **healthcare services** that have not been approved by Southern Cross prior to treatment. Please see the list of **unapproved healthcare services** at southerncross.co.nz/unapprovedservices;
- **Acute care**;
- Appliances or equipment (surgical, medical or dental) for example CPAP machines, crutches;
- Breast reduction except as specifically provided by the bilateral breast reduction **allowance**;
- **Chronic conditions**;
- **Congenital conditions** except for umbilical hernia, inguinal hernia, undescended testes, hydrocele, tongue tie, phimosis and squint;
- Contraception or intrauterine devices except for Mirena when used for medical reasons and approved by us prior to treatment;
- Correction of refractive visual errors or astigmatism by surgery, surgically implanted intraocular lens(es), or laser treatment;
- **Cosmetic treatment/procedures**;
- Dementia;
- Diagnosis, management and treatment of developmental or congenital deformities or abnormalities of the facial skeleton and associated structures;
- Gender reassignment surgery and directly related **healthcare services**;
- Gynaecomastia;
- **Health screening** except as specifically provided by mammography (under diagnostic imaging) and colonoscopy (under gastroenterology in **Affiliated Provider** surgical treatment) benefits;
- **Healthcare services** performed by a dentist, periodontist, endodontist or orthodontist;
- **Healthcare services** provided at a public facility directly or indirectly controlled by a **DHB** unless specifically accepted in writing by **Southern Cross** prior to treatment;
- **Healthcare services** provided by a person who is not a **health services provider** as defined on page 32 of the **policy** document;
- **Healthcare services** provided in relation to, or as a consequence of, any **accident** or **treatment injury** except as specifically provided on page 12 of the **policy** document;
- **Healthcare services** provided outside New Zealand except as specifically provided by the overseas treatment **allowance**;
- **Healthcare services** relating to the management and treatment of snoring and/or upper airways resistance;
- **Healthcare services** that are not **approved treatment**;
- **Healthcare services** using technology such as digital computer images to aid in the monitoring and diagnosis of skin cancers and other skin lesions for example, mole mapping;
- HIV, HIV disorders including AIDS, and any medical condition that arises in any way from HIV infection;
- Hospital charges of a personal convenience nature for example, newspapers, spouse/family meals, alcohol, TV rental;
- Implantation of teeth and/or titanium dental implants;
- Infertility or assisted reproduction;
- Injury, illness, condition or disability arising from, or caused or contributed to by, substance abuse, intoxication or drug taking whether prescribed or recreational;
- Injury or disability suffered as a result of war or any act of war, declared or undeclared, or of active duty in the military, naval or air forces of any country or international authority, or as a direct or indirect result of terrorism;
- **Long term care** including geriatric in-patient care and **disability support services**;
- Maintenance examinations, medical checkups or any examination required for a third party (including preparation of reports) for example physical examinations for life insurance, travel insurance and driver licence;
- Mental health **healthcare services** except as specifically provided by the psychiatrist consultation and psychiatric hospitalisation benefits;
- Obesity except as specifically provided by the gastric banding/ bypass **allowance**;
- Organ transplants, transfusions/injections of autologous blood/ blood products (except cell-saver when related to **eligible** surgical treatment), autologous chondrocyte implantations and stem cell transplants, including related expenses for both donors and recipients;
- Pathology and laboratory tests except as specifically provided by the laboratory tests benefit;
- Pregnancy and childbirth except as specifically provided by the obstetrics **allowance**;
- **Prophylactic healthcare services** unless approved by Southern Cross prior to treatment;
- **Prostheses**, specialised equipment and consumables or donor tissue preparation charges except as specifically listed in the **List of Prostheses and Specialised Equipment**;
- Respite and convalescent care;
- Robotic assisted surgery except as specifically provided by the robotic prostatectomy, robotic partial nephrectomy and transoral robotic surgery benefits;
- Self-inflicted illness or injury;
- Sterilisation except as specifically provided by the sterilisation benefit, or its reversal;
- Subsequent breast reconstruction surgery unless completed within 2 years of the first **eligible** breast reconstruction surgery (following an **eligible** mastectomy);
- Surgery designed to assist or allow the implementation of orthodontic **healthcare services**;
- Surgically implanted lens(es) other than monofocal lens(es);
- Termination of pregnancy;
- Treatment of any condition not **detrimental to health**;
- Vaccinations.

TERMS AND CONDITIONS

All dollar figures include GST.

Claims year - This is not a calendar year, but each successive 12 month period from your claims anniversary date.

Claims fall into the period based on the date of treatment, not the date of the claim or receipt.

Other terms and conditions (including limitations and exclusions) apply. This benefit summary should be read in conjunction with the policy document which is available on request.

INTERESTED IN JOINING?

Call **0800 100 777**, or if your employer has a work scheme call **0800 438 268**

For a free quote, visit southerncross.co.nz/society/quote

Apply online at southerncross.co.nz/apply-now

ALREADY A MEMBER?

FOR MEMBER QUERIES, PLEASE CALL **0800 800 181**