Give your bones a healthy dose of calcium with a delicious breakfast smoothie. Blend half a cup of fruit with low fat yoghurt and milk.
Welcome to your HealthEssentials plan

This policy document shows the benefits of your HealthEssentials plan.

HealthEssentials is a day-to-day health cover plan. It is designed to help you actively manage your healthcare.

Financial strength rating

Southern Cross Medical Care Society (trading as Southern Cross Health Society) has an A+ (Strong) financial strength rating given by Standard & Poor’s (Australia) Pty Limited.

The rating scale is:

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAA (Extremely Strong)</td>
<td>A (Strong)</td>
</tr>
<tr>
<td>BBB (Good)</td>
<td>BB (Marginal)</td>
</tr>
<tr>
<td>CCC (Very Weak)</td>
<td>CC (Extremely Weak)</td>
</tr>
<tr>
<td>R (Regulatory Action)</td>
<td>NR (Not Rated)</td>
</tr>
<tr>
<td></td>
<td>SD or D (Selective Default or Default)</td>
</tr>
</tbody>
</table>

Ratings from ‘AA’ to ‘CCC’ may be modified by the addition of a plus (+) or minus (−) sign to show relative standing within the major rating categories.

Full details of the rating scale are available at standardandpoors.com. Standard & Poor’s is an approved rating agency under the Insurance (Prudential Supervision) Act 2010.
Your policy document

This policy document should be read in conjunction with your Membership Certificate and any subsequent information we send to you regarding changes to this policy document or any related documents.

What is HealthEssentials?

HealthEssentials covers you for healthcare services you use regularly – like GP consultations and dental and optometrist consultations.

You will be reimbursed for 75 per cent of the actual cost of each eligible healthcare service up to the annual limits set out in the Coverage Table on page 9.

By purchasing HealthEssentials you have become a Southern Cross member – there’s more information about this on page 3.

What is My Southern Cross?

After you purchase a HealthEssentials policy you’ll be able to access My Southern Cross, our online service for members, so you can manage your policy easily. The policyholder can update their contact details, change payment options and make claims online using My Southern Cross.

The policyholder is able to choose whether to receive a text message or email when information relating to their policy is available to view in My Southern Cross.

Contacting us

You can easily get in touch with us through My Southern Cross. If you would prefer to talk to us we can be contacted on 0800 800 181, from 8am to 6pm Monday to Friday.

If you do choose to call us (or if we call you), please note that we may record and store telephone calls. We do this to have a record of the information we receive and give over the telephone. This also helps us with quality assurance, continuous improvement and staff training. Your call will be handled in complete confidence, except to the extent we are authorised to discuss any aspect of your policy, any claim or health information relating to a claim or other information relating to your policy with other persons, as described in section 05 on page 13 of this policy document.

Where will Southern Cross send communications about my policy?

Because the policyholder can do everything online we will send most notices or other communications relating to the policyholder, or this policy, or any dependant, to the policyholder at their My Southern Cross account. Such notice shall be considered to have been delivered one day after being sent.

For all other communications (or if the policyholder has chosen to receive all communications in the post) unless you tell us otherwise, or unless you can no longer be contacted at the policyholder’s last known address, we will send every notice or other communication required to be sent by Southern Cross relating to the policyholder, this policy, or any dependant, to the policyholder at the last known address and such notice shall be considered to have been delivered 3 days after having been posted.

The policyholder must immediately notify Southern Cross of any change of email address, postal address or mobile telephone number or update these details in My Southern Cross. Where the policyholder can no longer be contacted at the last known address and has not provided Southern Cross with an up to date address, we will cease to send notices or other communications to the policyholder at that address until they notify us of an up to date address. In these circumstances, the policyholder acknowledges and agrees that Southern Cross will be deemed to have satisfied its requirements regarding the sending of these notices or communications.

How do I make a claim under my HealthEssentials policy?

There are three ways in which you can make a claim under your policy:

• My Southern Cross online claiming at mysoutherncross.co.nz or download the My Southern Cross app from the Apple App Store or Google Play,
• Easy-claim at selected health services providers, or
• Posted claim.

Further details about each method of claiming are set out on page 6.
Terminology used in this policy document

When we have used bold type in this policy document, it means that the word has a special medical or legal meaning. We define some of these terms throughout this policy document, and the remaining terms are defined in section 06 at the end of this policy document. Throughout this policy document, when we refer to we/our/us we mean Southern Cross and when we refer to you/your, we mean the policyholder and any dependant listed on the Membership Certificate (unless otherwise specified). If you do not understand any aspect of your policy, please contact us and we will be pleased to answer your query.

Contents of this policy document

The policy comprises:
- the Membership Certificate,
- this policy document, and
- any amendment or variation made to them from time to time.

The Membership Certificate details:
- the key dates in respect of your policy,
- the people covered under your policy,
- the name of your policy,
- your Southern Cross membership number, and
- any other information specific to your policy.

This policy document details:
- the terms and conditions of your policy, including limitations and exclusions,
- the process involved in making a claim,
- administration details relating to your policy, including how to make a change to it, and
- additional information relevant to your policy.

Certain terms and conditions of your policy are set out in this policy document as easy-to-understand questions and answers. It is important that you read all of this policy document to ensure that you fully understand the terms and conditions of your policy.

Membership of Southern Cross

Your Application Form for this policy is also an application by the policyholder for membership of Southern Cross. Therefore, you should read the Rules of Southern Cross which are available on our website southerncross.co.nz/rules or by calling us.

By applying for membership you agree (both for yourself and on behalf of your dependants) to be bound by the Rules of Southern Cross. On this policy being terminated (for whatever reason) your (and your dependants’) Southern Cross memberships will cease. Likewise, if the policyholder’s membership is terminated, this policy will be cancelled. If you join Southern Cross and cancel your policy during the 14 day period referred to under “How do I cancel my policy?” on page 12 of this policy document, then you will not become a Southern Cross member.
Your HealthEssentials policy

The premiums reflect the benefits included in your HealthEssentials policy and the annual limits set out in the Coverage Table. You will be reimbursed for 75 per cent of the actual cost of the eligible healthcare service up to the annual limits set out in the Coverage Table on page 9.

In return for payment of the premium, we agree to provide you with cover for eligible healthcare services as set out in this policy document. When we say “cover” throughout this policy document, we mean cover for claims calculated in accordance with this policy.

To be eligible to claim under your policy, your premium payments must be up to date.

How does cover work under my policy?

The following checklist helps you establish what is eligible for cover under the policy. In order to be eligible the healthcare service must be:

a) listed in the Coverage Table and comply with any applicable terms and conditions,

b) approved treatment,

c) performed by a health services provider in private practice with registration applicable to that healthcare service,

d) a healthcare service for which costs are actually incurred, and

e) not otherwise excluded under the terms of your policy.

If the healthcare service is eligible then we will reimburse you 75 per cent of the actual cost of the healthcare service up to the annual limits set out in the Coverage Table on page 9.

Please note that this policy is designed to complement the services provided by ACC and the public health service. That is why only limited cover is available for healthcare services related to an accident or treatment injury.

This policy is only for New Zealand citizens, New Zealand residents or those otherwise entitled to publicly funded healthcare for all services as determined by the Ministry of Health from time to time.
Existing medical conditions and commencement of cover

Are pre-existing conditions covered?

For all HealthEssentials benefits we will provide cover for the listed healthcare service even if it relates to a condition that existed before you purchased your policy (subject to exclusions).

If you apply in the future for cover under another Southern Cross health insurance policy, we will not provide cover under that policy for any conditions that exist at the time of your application (regardless of whether we have provided cover for these conditions under your HealthEssentials policy), unless we agree to do so in writing at that time.

When does cover under my policy commence?

Your policy commences on the policy start date. There are stand-down periods which apply to certain benefits. Please refer to the Coverage Table on page 9 for details of these.

Changes to your policy

We may change or update which healthcare services are eligible, the scope of cover, terms and conditions of your policy and premiums for your policy from time to time. If we make any such changes, we will notify the policyholder in writing (including through My Southern Cross, on our website or by email). The policyholder is responsible for advising dependants of any changes to the policy.

If you are not happy with any of the changes we wish to make, the policyholder can contact us within one month of the notification of changes to discuss alternatives or to cancel this policy.

If the policyholder cancels this policy, cover will be provided until the date the policy is paid to.
Making a claim

My Southern Cross online claiming
You can submit a completed claim through My Southern Cross at mysoutherncross.co.nz or by downloading the My Southern Cross app from the Apple App Store or Google Play. Make sure you include legible photographs or scanned copies of the original itemised receipts which include the date treatment was provided. We do not accept EFTPOS or credit card receipts. Please retain your original itemised receipts as we may request these be provided to us in order to assess your claim.

The mandatory claim fields must be fully completed to ensure your claim can be processed promptly.

We’ll pay your claim refund to the bank account number you give us when you submit your claim.

Easy-claim
Simply present your Southern Cross Member card or your app at participating Southern Cross Easy-claim partners when you purchase eligible healthcare products and services. If your policy covers the product or service, we’ll reimburse the provider directly. All you need to do is pay the health services provider any contribution you are responsible for.

Your Southern Cross Member card number is an accepted means of identification for you to request a selected health services provider to claim electronically via Easy-claim for an eligible healthcare service provided to you (or anyone else named on your policy).

By providing your Southern Cross Member card number and requesting the selected health services provider to do so, you authorise:

a) the selected health services provider to claim electronically via Easy-claim on your behalf for an eligible healthcare service provided to you or any other person named on your policy, and

b) us to process the claim in accordance with the terms of your policy and pay the health services provider direct, and you confirm that you are authorised by each person on the policy to authorise the health services provider accordingly.

Please note that not all health services providers offer Easy-claim. To find out more about our Easy-claim partners, go to healthcarefinder.co.nz

If you aren’t able to use Easy-claim for any reason, you will need to pay for your healthcare services and then submit your claim through My Southern Cross or post your claim to us.

Posted claim
You need to submit a completed claim form and original itemised receipts which include the date treatment was provided. We do not accept EFTPOS or credit card receipts.

Claim forms are available to download from our website at southerncross.co.nz/society. The claim form must be fully completed and signed by the policyholder.

We’ll pay your claim refund to the bank account number you give us when you submit your claim.

How long do I have to send in my claim?
To assist in processing please submit claims within 12 months of the healthcare service being provided.

Do I need to provide further information?
Sometimes we may not be able to assess your claim from the documentation you or your health services provider have given us and we may need to contact you, or your health services provider to clarify some details to enable us to assess the claim correctly.
What else do I need to know about my claim?

Regardless of the method which you use to claim for an eligible healthcare service, we deem this to be a claim under your policy. All claims are subject to the provisions of your policy.

We may decline any claim that we reasonably consider to be invalid or unjustified. We may examine any claims and where appropriate investigate any aspect of the healthcare services provided.

If your policy is still in force and your premium is not paid up to date (by you or your employer) for the period in which the healthcare service was provided, then we will not pay your claim until we receive full payment of any arrears.

Does Southern Cross have the right to deduct money owing from the payment of any claims I make?

If the policyholder has been overpaid on any claim, we may seek to recover the amount incorrectly paid out. If we are entitled to recover any money from you in relation to this policy at any time, we can deduct the amount you owe us from any claim payment or other payment we make to you.

If any claim or other payment we are due to make to you by cheque or otherwise remains unclaimed for two years or more, such payment may be applied for the benefit of Southern Cross.

Does Southern Cross not reimburse any health services providers?

We have set out elsewhere in the policy how we reimburse eligible healthcare services and any terms that may apply to such reimbursement. However, there may also be rare occasions where we will not reimburse particular health services providers for any healthcare services, for example in the case of fraud. In the rare circumstances that we do not recognise a health services provider for reimbursement we will first advise you that there would be no cover for any healthcare service if it is carried out by that health services provider. If the healthcare service itself is eligible for reimbursement we will of course be able to approve the healthcare service with another health services provider.

I might have cover under another insurance policy, or I could claim the cost of my treatment from someone else. What should I do?

You should always make claims against the other insurer or other person who may be liable, then complete a claim for the full extent of your claim and send it to us, together with details of the level of payment you have received. We will deduct that payment from the amount we will reimburse to you in accordance with this policy.

It is the policyholder’s responsibility to inform us of the other insurer or other person liable to pay towards the cost of the healthcare service and to make every reasonable effort to obtain payment from them. We have the right to recover from the policyholder any payment made by Southern Cross for a healthcare service where the cost is recoverable from another insurer or other person.

If you have two or more policies with Southern Cross, you are not entitled to claim for, or be reimbursed for, an amount higher than the actual cost of the healthcare service provided.

How does my Southern Cross policy fit with ACC?

Your HealthEssentials policy will not provide cover for healthcare services that relate to an accident or treatment injury that ACC is legally responsible for. In some cases ACC will not pay the full amount charged for your healthcare service. In these cases you may be able to make a claim under your policy.

Where you require a healthcare service related to an accident or treatment injury, you must first make every reasonable effort to obtain ACC approval for payment of the cost of your healthcare service. This includes signing all documents and performing all acts necessary to permit Southern Cross to fully protect and realise any entitlement either on your behalf or in its own right.

In the event that we agree to pay the balance of any amount charged for your treatment which is not payable by ACC, we will not refund you more than 75 per cent of the actual costs of the healthcare service up to the annual limits set out in the Coverage Table on page 9.
Healthcare services this policy applies to

The Coverage Table on page 9 gives details of the healthcare services which are covered under your HealthEssentials policy, along with details of the annual limits and other terms and conditions of cover.

Quality of healthcare services

We are not liable to you for the quality, standard or effectiveness of any healthcare service provided to you by, or any other actions of, any health services provider or any of their employees or agents.

Which health services providers are covered?

Healthcare services must be performed by a medical practitioner with the vocational registration applicable to that healthcare service or by another health services provider with registration applicable to the healthcare service. All health services providers must be in private practice. Please contact us if you are unsure whether any health services provider you are intending to use has appropriate registration or is a member of an appropriate organisation.

GP consultations

Must be performed by a Medical Practitioner who has full general registration or full vocational registration with the Medical Council of New Zealand in the following areas:

- general practice, or
- accident and medical practice.

Dental consultations and treatment

Must be performed by an oral health practitioner including a dental hygienist registered with the Dental Council of New Zealand.

Optometrist consultations

Must be performed by an optometrist registered with the New Zealand Optometrists and Dispensing Opticians Board.

Glasses and contact lenses

Must be prescribed by an optometrist or optician registered with the New Zealand Optometrists and Dispensing Opticians Board.

Self care

Must be performed by a:

- physiotherapist registered with the Physiotherapy Board of New Zealand
- osteopath registered with the Osteopathic Council of New Zealand
- chiropractor registered with the New Zealand Chiropractic Board
- registered massage therapist - level 6 or higher registered with Massage New Zealand
- acupuncturist registered with Acupuncture New Zealand, the NZ Acupuncture Standards Authority (NZASA), or the NZ Chinese Medicine and Acupuncture Society (NZCMAS)
- dietitian registered with the New Zealand Dietitian Board
- nutritionist registered with the Nutrition Society of New Zealand or Clinical Nutrition Association.
The following Coverage Table sets out the healthcare services included under your HealthEssentials policy. The Coverage Table gives annual limits applicable to the listed healthcare services and also specifies additional terms and conditions applicable to the cover.

When reading the Coverage Table you must refer to the explanation of what an eligible healthcare service is on page 4 of this policy document and the required registrations of health services providers on page 8 of this policy document.

You will be reimbursed for 75 per cent of the actual cost of the eligible healthcare service (up to the annual limits set out in the Coverage Table below). All figures include GST.

<table>
<thead>
<tr>
<th>HEALTHCARE SERVICE</th>
<th>ANNUAL LIMITS</th>
<th>STAND DOWN PERIOD</th>
<th>OTHER TERMS AND CONDITIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP consultations</td>
<td>$150 per claims year</td>
<td>Nil</td>
<td></td>
</tr>
<tr>
<td>Dental consultations and treatment</td>
<td>$500 per claims year</td>
<td>3 months</td>
<td>Excludes extraction of wisdom teeth.</td>
</tr>
<tr>
<td>Optometrist consultations</td>
<td>$100 per claims year</td>
<td>3 months</td>
<td></td>
</tr>
<tr>
<td>Glasses and contact lenses</td>
<td>$250 per claims year</td>
<td>3 months</td>
<td>Including prescription glasses (frames and lenses) and contact lenses for change of vision, and replacement for loss or breakage.</td>
</tr>
<tr>
<td>Self care</td>
<td>$250 per claims year</td>
<td>Nil</td>
<td>Excludes the cost of medication.</td>
</tr>
<tr>
<td>– Physiotherapist</td>
<td></td>
<td></td>
<td>Excludes the cost of food and food substitutes.</td>
</tr>
<tr>
<td>– Osteopath</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>– Chiropractor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>– Registered massage therapist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>– Acupuncturist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>– Dietitian or Nutritionist</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
Exclusions

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

- **Cosmetic treatment**/procedures;
- Dermatological surveillance for example mole mapping;
- **Drugs**;
- **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 15;
- **Healthcare services** provided in relation to, or as a consequence of, any **accident** or **treatment injury** except as specifically provided on page 9 of this policy document;
- **Healthcare services** provided outside New Zealand;
- **Healthcare services** that are not approved treatment;
- 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;
- Physical examinations for life insurance, travel insurance, driver licence or any other examination or checkup as required for a third party, including preparation of reports;
- Pregnancy and childbirth;
- Sterilisation or its reversal;
- Self-inflicted illness or injury;
- Termination of pregnancy;
- Treatment of any condition not detrimental to health;
- Vaccinations.
Administrative information

In this section, when we say you/your we refer to the policyholder.

Who is responsible for my policy?

As the policyholder you are ultimately responsible for this policy, for making any changes to it and ensuring the premium is paid. We rely on you to provide complete and accurate information about yourself and your dependants. Your dependants can perform certain functions in respect to the policy however you remain responsible for their acts and omissions.

When does my policy commence?

This policy commences on the policy start date. The policy anniversary date is the anniversary of the policy start date. The policy anniversary date is the same for all persons listed on the Membership Certificate as covered by the policy regardless of the original date of joining. If you change in any way the frequency or the manner in which you pay your premiums under the policy, then the policy year may be reset to start on the date of such change. The new policy anniversary date will be the anniversary of the date of the change.

If your policy is provided through a work scheme or association scheme, your policy anniversary date, however, is aligned to that of your scheme. This could mean that your first policy anniversary date may take place less than 12 months after the policy start date. However, from this time, the policy anniversary date will fall every 12 months unless changes are made to the scheme or you leave the scheme.

When can I add dependants on to my policy?

You can add dependants on to the policy at any time, excluding children aged 21 years or older.

Premiums for dependants added will be charged from the date of the addition of the dependant as part of your normal billing cycle. You are responsible for payment of premiums in respect of any dependant added to the policy.

How long can my adult children stay on my policy?

Your children are charged at the child’s rate until they reach 21 years of age. On reaching 21 the premiums payable in respect of your children will be based on their age but they can remain on your policy. Adult children will automatically remain on your policy unless you, your work scheme or association scheme specifically request us to remove them.

If you wish to remove them from your policy, and they would like to continue cover with Southern Cross, they should apply for their own Southern Cross policy.

How do I remove dependants from my policy?

The removal of a dependant can take place at any time – you need to notify us of the request to remove the dependant. It is your responsibility to remove dependants from the policy where circumstances change and you no longer wish the dependant to be covered by the policy (for example, following a marital separation or a death).

Can I change to another Southern Cross health insurance policy?

Yes, but you will need to complete a medical declaration in relation to yourself and all dependants to be covered by the new policy. Under your new policy, we will not provide cover for conditions that exist at the time of your application (regardless of whether we have provided cover for those conditions under your HealthEssentials policy), unless we agree to do so in writing at that time.

The time you spend on your HealthEssentials policy will not be taken into account when calculating ‘continuous cover’ under another Southern Cross health insurance policy.

What is a claims year and how do annual limits work?

You and all of your dependants covered by the policy have the same claims year regardless of when a particular person was added to the policy. Annual limits that apply last for the duration of a claims year and revert to their maximum levels at the start of each new claims year. If any dependant is added to the policy part way through a claims year, that dependant will have the
same annual limits as the people covered under the policy from the start of the claims year.

Annual limits cannot be carried over from one claims year to the next, transferred from one benefit to another, nor can they be transferred to other people covered under the policy.

A claim is allocated against the annual limit based on the date when the healthcare service is provided, and not the date of the invoice or the date a claim is submitted.

What happens to my policy if I give Southern Cross incomplete, false or misleading information?

We may cancel this policy on written notice to you for any non-disclosure, misrepresentation, fraud or material breach of the terms of the policy by you or any dependant and/or we may take legal action against you and/or your dependant (as applicable).

Before we cancel your policy for any of the reasons set out above:

(a) we will notify you in writing of the reasons why we are considering cancellation; and

(b) you will have not less than seven days to provide any written response you wish to be considered by us before we make our decision.

If you are unhappy with our decision to cancel you may consider the matter deadlocked and refer it to the Insurance & Financial Services Ombudsman in accordance with the relevant complaints procedure.

How do I cancel my policy?

If you are joining Southern Cross for the first time and are not satisfied with the policy during the first 14 days after the date you have received this policy document and your Membership Certificate, you can cancel the policy and we will provide a full refund of all premiums paid. You can only do this if you have not made a claim under the policy during this period. If you wish to cancel the policy within the 14 day period please contact us.

You can cancel your policy at any other time but if you do so you will not be entitled to a refund of any premium already paid to us and you will remain liable for premium due up to the date the cancellation takes effect. Cover will be provided until the date the policy is paid to.

Nothing in this policy limits or affects any rights you or any dependant may have under the Consumer Guarantees Act 1993.

What happens if I do not pay my premium?

If you or your employer do not pay your premiums in full we will be unable to pay claims under your policy.

If you or your employer don’t pay premiums in full for three months or more, we will cancel your policy.
Your regulatory protection

PRIVACY STATEMENT

As a member of Southern Cross, your privacy is very important to us. We value the trust you place in us to handle your personal and health information the right way.

Our Member Privacy Statement sets out how we will collect, store, use and disclose your personal and health information, and how you can access and correct your personal information, in accordance with the Privacy Act 1993 and the Health Information Privacy Code 1994.

The Member Privacy Statement is available on our website at southerncross.co.nz/privacy. During the course of our relationship with you, we may also tell you more about how we will handle your information, for example when you make a claim.

If you have any queries about how we handle your personal and health information, or our Privacy Statement, please contact us on 0800 800 181.

FINANCIAL ADVICE

Southern Cross is a Qualifying Financial Entity (QFE). We take responsibility for any financial advice our staff and advisers provide on the Southern Cross range of health insurance products. We are licensed and regulated by the Financial Markets Authority for that financial advice. For more information and a copy of our disclosure statement please visit southerncross.co.nz/disclosure-statement.

INDUSTRY ORGANISATIONS

Southern Cross is registered as a Friendly Society and is a member of the Health Funds Association of New Zealand, the Insurance & Financial Services Ombudsman scheme and the International Federation of Health Plans. We are bound by any industry code issued by the Health Funds Association of New Zealand.
COMPLAINTS PROCEDURE

If you are unhappy with our service, our treatment of your policy or your membership of Southern Cross, you can follow the process outlined below.

Is your complaint about financial advice, a claim or benefit entitlement?
Contact us on 0800 800 181 or southerncross.co.nz. We will refer your complaint to the appropriate part of Southern Cross.

Still not satisfied?
You can write to:
Chief Operating Officer
Southern Cross Health Society
Private Bag 99934
Newmarket
Auckland 1149

Still not resolved?
Your complaint has reached deadlock

Is your complaint about our decision to cancel your policy? Your complaint is deemed to be ‘deadlocked’.

Is your complaint about your membership of Southern Cross?
Refer to the Rules of Southern Cross which outline a process to resolve membership disputes. You can get a copy of the Rules from southerncross.co.nz/rules or by calling us.

You can write to the Insurance & Financial Services Ombudsman (Ombudsman) which is a free and independent service.
You must write to the Ombudsman within three months of being notified by us in writing that deadlock has been reached. You can find out more information on the Ombudsman at ifso.nz.
The Ombudsman’s address is:
Insurance & Financial Services Ombudsman
PO Box 10 845
Wellington 6143
Glossary of terms

For explanations of medical terminology please look at the Medical Terms Glossary at southerncross.co.nz/society or contact us.

Some terms used in this policy document have been explained as they arose. Other terms are defined below:

ACC means the Accident Compensation Corporation referred to in the Accident Compensation Act 2001 (or its successor).

accident means an accident as defined in the Accident Compensation Act 2001 (or its successor).

annual limit(s) means the maximum amount in respect of any one person that can be reimbursed in any one claims year as set out in the Coverage Table.

approved treatment means a healthcare service that is necessary for treatment of the health condition involved, is not experimental or unorthodox, and is widely accepted professionally as effective, appropriate and essential based upon recognised standards of the healthcare specialty involved.

child means a person under 21 years of age.

claims anniversary date means the date 12 months following the date the policyholder started on the current plan and the anniversary each 12 months thereafter as specified on the current Membership Certificate.

claims year means the first 12 months following the policy start date and each successive 12 month period from your claims anniversary date.

Complaints procedure means the complaints procedure and process available to you as set out on page 14.

cosmetic treatment means any surgery, procedure or treatment that improves, alters or enhances appearance, whether or not undertaken for medical, physical, functional, psychological or emotional reasons.

Coverage Table means the table set out on page 9 of this policy document, and any subsequent changes we make to that Coverage Table.

dependant means the husband/wife or partner (including any former husband/wife or partner) of the policyholder and any child or any adult dependant (including any stepchildren or adopted children) of the policyholder (or the policyholder’s husband/wife or partner), who are listed on the Membership Certificate.

detrimental to health means a medical condition that is causing significant problems for the physical health of an individual.

DHB means a District Health Board established under the New Zealand Public Health and Disability Act 2000, or its successor.

drugs means prescription and other medicines.

Easy-claim means Southern Cross Health Society Easy-claim which is made available to members via participating health services providers.

eligible means those private healthcare services which are:

a) listed in the Coverage Table and comply with any applicable terms and conditions, and

b) approved treatment, and

c) performed by a health services provider with registration applicable to the healthcare service. All health services providers must be in private practice, and

d) a healthcare service for which costs are actually incurred, and

e) not otherwise excluded under the terms of your policy.

exclusion(s) means conditions, treatments or situations that are not covered by this policy, as listed in this policy document.

health services provider means a medical practitioner or registered practising member of certain professions allied to medicine who we approve for the provision of healthcare services under this policy.

healthcare service(s) means any private minor surgery or other procedure, treatment, investigation or consultation provided by a health services provider.
medical practitioner means a medical practitioner who has a current practising certificate, is practising in accordance with any restrictions placed on them by the Medical Council of New Zealand (MCNZ), is in private practice; and

• has vocational registration with the MCNZ applicable to the relevant healthcare service; or
• has general or provisional general registration and is practising in general practice.

Membership Certificate is the document we issue to the policyholder from time to time which details the key dates in respect of the policy, the people covered and the level of cover applicable, the policyholder’s Southern Cross membership number, and any other information specific to the policy.

original date of joining means the most recent date of joining Southern Cross for each person covered by the policy as shown on your Membership Certificate.

policy means the contract between Southern Cross and the policyholder. The policy comprises the Membership Certificate, this policy document and any amendment or variation made to them from time to time.

policy anniversary date means the date specified in the Membership Certificate, and:

a) in relation to a policy which is not part of a work scheme or association scheme, each anniversary of the policy start date, and is the date from which your policy will be renewed for the following year; and

b) in relation to a policy which is part of a work scheme or association scheme, the anniversary of the commencement date of the scheme under which your policy is provided and the date from which your policy will be renewed for the following year.

policyholder means the person in whose name the policy is issued and who is responsible for the payment of premiums and to whom claims relating to the policyholder and any dependants covered by the policy are paid.

policy start date means the date your policy commences as shown on your Membership Certificate.

policy year means in relation to the first year of the policy the period from the policy start date to the first policy anniversary date and thereafter means the period from one policy anniversary date to the next.

Southern Cross means Southern Cross Medical Care Society trading as Southern Cross Health Society, having its registered office at Level 1, Ernst & Young Building, 2 Takutai Square, Auckland 1010.

treatment injury means a treatment injury as defined in the Accident Compensation Act 2001 (or its successor).

we/us/our means Southern Cross.

you/your means the policyholder and any dependant named on the Membership Certificate (unless otherwise specified).
Visit our website
southerncross.co.nz/society
or call us on 0800 800 181

Southern Cross Medical Care Society
Level 1, EY Building
2 Takutai Square, Auckland 1010
Private Bag 99934, Newmarket, Auckland 1149