



# First Cover Plans

## Schedule of Benefits

### First Cover Plan 1, First Cover Plan 1 Plus, First Cover Plan 2 and First Cover Plan 2 Plus

**+** The legume family, which includes peas, is the vegetarian's best friend. Protein, minerals, fibre – you get them all.

This Policy provides 80% reimbursement of expenses (unless otherwise stated) for Approved Treatment based on Reasonable Charges, up to the Policy Limits stated below. The Policy Limits set out below reflect the premium charged for the corresponding First Cover Plan 1, First Cover Plan 1 Plus, First Cover Plan 2 and First Cover Plan 2 Plus. It is important to note that some benefits are not available on some First Cover plans. Where a benefit is only available under some First Cover plans it will specifically state this. If this Schedule of Benefits doesn't specifically state that a benefit is only available under specific First Cover plans then it is available under all First Cover plans included in this Schedule of Benefits. Note that all Policy Limits include GST.

This Schedule of Benefits should be read together with the Membership Certificate, the List of Prostheses and Specialised Equipment and Terms and Conditions of Insurance, which are available at [southerncross.co.nz/plans](http://southerncross.co.nz/plans) or by calling Southern Cross on 0800 800 181. The Membership Certificate details the plan selected in the application. Eligibility Criteria may apply to some procedures, please refer to [southerncross.co.nz/eligibilitycriteria](http://southerncross.co.nz/eligibilitycriteria).

Where capitalised terms are used in this Schedule of Benefits, it means that the word has a special medical or legal meaning set out in the Terms and Conditions of Insurance.

## SURGICAL AND MEDICAL TREATMENT

Southern Cross will reimburse 80% of actual costs up to Policy Limits. Eligibility Criteria may apply.

MAXIMUM PAYABLE PER PERSON

### Surgical Procedures

Unlimited

(includes cardiac and cancer surgery)

Surgery performed by a Specialist or Affiliated Provider in an Approved Facility.

Some surgical procedures must be performed by an Affiliated Provider to be eligible for cover under this Policy – see page 2 for details.

**Surgeon fees, anaesthetist fees, intensivist fees**

**Perfusionist fees – including bypass machine supplies and off-bypass cardiac stabilisation consumables.**

**Hospital Fees**

### Surgically implanted Prostheses and specialised equipment

Maximums apply. Refer to the List of Prostheses and Specialised Equipment.

### Skin surgery

Skin lesion removal under general anaesthetic or sedation, and Mohs surgery

Surgery reimbursement levels apply

For excision, biopsy, cryotherapy, curettage and diathermy of skin lesions when performed under general anaesthetic or sedation and Mohs surgery (including excision and closure). Must be performed by an Affiliated Provider.

Skin lesion services under local anaesthetic or with no anaesthetic

\$5,000 per Claims Year (includes \$1,000 per Claims Year when performed by a General Practitioner).

For excision, biopsy, cryotherapy, curettage and diathermy of skin lesions when performed without anaesthetic or under local anaesthetic. Must be performed by an Affiliated Provider or General Practitioner. Includes all consultations related to skin lesions.

### GP minor surgery

Performed by a General Practitioner. Excludes consultations and skin lesion services.

\$1,000 per Claims Year

---

## AFFILIATED PROVIDER ONLY SURGICAL PROCEDURES

---

The following surgical procedures must be performed by an Affiliated Provider to be eligible for cover under this Policy. Unless advised otherwise by Southern Cross and/or the Affiliated Provider, Southern Cross will pay 80% of the amount charged up to Policy Limits. To receive cover the surgical procedure must meet applicable Eligibility Criteria. Please be aware that not all surgical procedures are available from all Affiliated Providers or in all areas.

---

### Cardiac

Coronary artery bypass graft surgery (CABG), valve replacement, valvuloplasty, Bentall's procedure, coronary angiogram and/or angioplasty, electrophysiology studies, ablation of cardiac arrhythmias, percutaneous patent foramen ovale (PFO) closure, percutaneous atrial septal defect (ASD) closure, transcatheter aortic valve implantation/replacement (TAVI/TAVR), left atrial appendage occlusion.

---

### Gastroenterology

Gastroscopy, colonoscopy, balloon enteroscopy, wireless pH capsule and wireless capsule endoscopy, endoscopic ultrasound, contrain biofeedback and electrostimulation for faecal incontinence, sacral nerve stimulation for faecal incontinence (no reimbursement will be made towards the cost of the stimulation device used to treat faecal incontinence).

---

### General surgery

#### Cholecystectomy

Open and laparoscopic cholecystectomy.

---

#### Hernia

Femoral, hiatus, inguinal and umbilical hernia repair.

---

#### Skin lesion removal

See skin surgery benefit.

---

#### Interventional radiology

Percutaneous medial branch thermal radiofrequency neurotomy (cover is limited to two procedures per Lifetime).

---

#### Lung and chest

Microwave ablation of lung tumours, endoscopic ultrasound.

---

#### Neurosurgery

Endoscopic third ventriculostomy.

---

#### Ophthalmology

Posterior vitrectomy, entropion and ectropion repair, upper eyelid blepharoplasty, correction of ptosis, removal of tarsal cyst, probing/syringing of lacrimal passage, bleb needling, minor eyelid surgery, cataract surgery (cover is limited to the surgical insertion of a standard monofocal intraocular lens only, there is no cover for the additional cost of any other type of surgically implanted intraocular lens or associated costs), excision of pterygium, excision of pinguecula, YAG laser capsulotomy, laser iridotomy, laser iridoplasty, laser trabeculoplasty, cyclodiode laser cyclophotocoagulation, photocoagulation of the retina, pan retinal laser, macular laser, corneal crosslinking, intravitreal injections (cover for drug costs is limited to \$100 per injection regardless of the type of drug used).

---

#### Oral and maxillofacial

Extraction of unerupted or impacted teeth (cover is available after 1 year of continuous cover on this plan).

---

#### Orthopaedic

Primary total knee joint replacement, primary partial (hemi) knee joint replacement, primary total hip joint replacement, carpal tunnel release, radiofrequency ablation of benign bone lesions, synthetic ligament repair and reconstruction.

---

#### Otolaryngology

##### Ear

Insertion and/or removal of grommets in theatre, KTP laser mastoidectomy, KTP laser revision mastoidectomy, KTP laser tympanoplasty, KTP laser second look tympanoplasty, KTP laser middle ear adhesiolysis, KTP laser stapedectomy, KTP laser medial canalplasty, and KTP laser myringotomy.

---

##### Nose

Balloon sinuplasty, endoscopic modified Lothrop, functional endoscopic sinus surgery (FESS), septoplasty, nasal cauterly.

---

##### Throat

Adenoidectomy, tonsillectomy, laser treatment for pharyngeal, laryngeal and oesophageal conditions, transoral robotic surgery.

---

#### Urology

Resection of bladder tumour, ureteroscopy, laparoscopic renal cryotherapy, circumcision, nephrectomy, robotic partial nephrectomy.

---

#### Prostate

Laparoscopic prostatectomy, prostate brachytherapy, external beam radiotherapy, prostate cryotherapy, radical retropubic prostatectomy, perineal prostatectomy, transurethral resection of prostate (TURP), open enucleation of prostate, laser resection of prostate, robotic assisted laparoscopic prostatectomy, prostate biopsy.

---

#### Vascular

Peripheral angiogram and/or angioplasty, varicose vein (legs) treatment via endovenous laser treatment, ultrasound guided sclerotherapy, varicose vein surgery, endovenous radiofrequency (RF) ablation, duplex vein mapping, (cover is limited to 2 Varicose Vein Procedures per leg per Lifetime), superficial vascular malformation sclerotherapy and embolisation – simple (cover is limited to 2 procedures per vascular malformation per Lifetime).

---

---

## SURGICAL AND MEDICAL TREATMENT CONTINUED

Eligibility Criteria may apply.

Southern Cross will reimburse 80% of actual costs up to Policy Limits.

MAXIMUM PAYABLE PER PERSON

---

### Surgical Allowances

#### Gastric banding/bypass Allowance

After 3 years of continuous cover.

Payable on receipt of a medical report by a Specialist prior to surgery.

This Allowance includes 1 surgical procedure and any subsequent treatment that may be required.

Specialist consultations and diagnostic imaging must be performed by an Affiliated Provider.

\$7,500 per Lifetime

#### Bilateral breast reduction Allowance

After 3 years of continuous cover.

Payable on receipt of a medical report by a Specialist prior to surgery.

This Allowance includes 1 surgical procedure and subsequent treatment that may be required.

Specialist consultations and diagnostic imaging must be performed by an Affiliated Provider.

\$5,000 per Lifetime

#### Post mastectomy Allowance to achieve breast symmetry

Payable on receipt of a medical report by a Specialist prior to surgery. Cover is for symmetry procedures performed on the unaffected breast.

This Allowance includes 1 surgical procedure and any subsequent treatment that may be required.

Specialist consultations and diagnostic imaging must be performed by an Affiliated Provider.

\$2,500 per Lifetime

#### Overseas treatment Allowance

Reimbursement of medical expenses for Approved Treatment not available in the public or private sector within New Zealand. The treatment must be recommended by a Specialist. Southern Cross must approve the treatment based on a medical report the member provides before treatment takes place. Ordinary Policy Exclusions apply.

No reimbursement for accommodation or travel.

\$10,000 per Claims Year

---

### Cancer Care

#### Chemotherapy

Must be performed by an Affiliated Provider. Unless advised otherwise by Southern Cross and/or the Affiliated Provider, Southern Cross will pay 80% of the amount charged up to the \$60,000 per Claims Year maximum.

Please note that not all procedures are available from all Affiliated Providers or in all areas.

Includes the cost of materials, Chemotherapy Drugs, hospital accommodation in a single room and Ancillary Hospital Charges. Excludes consultations.

Maximum also includes reimbursement of 80% of the actual cost up to \$10,000 per Claims Year for non-Pharmac approved MedSafe indicated chemotherapy drugs.

\$60,000 per Claims Year

#### Radiotherapy

Must be performed by an Affiliated Provider. Unless advised otherwise by Southern Cross and/or the Affiliated Provider, Southern Cross will pay 80% of the amount charged. Please note not all procedures are available from all Affiliated Providers or in all areas, and that a limited range of radiotherapy treatments are funded. This benefit is inclusive of any radiotherapy planning and radiation treatment (does not include cover for initial or follow-up Specialist consultations, Drugs, other Healthcare Services, or follow-up imaging).

Unlimited

---

### Recovery

#### Post-operative home nursing

Post-operative home nursing commencing within 14 days of related eligible surgical treatment or cancer care and performed by a Nurse on the referral of a Specialist in private practice.

\$175 per day  
up to \$2,800 per Claims Year

#### Post-operative physiotherapy

Treatment by a physiotherapist registered with the Physiotherapy Board of New Zealand. Includes cover for treatment by a hand therapist registered with Hand Therapy New Zealand. Must be performed within 6 months of related eligible surgical treatment or cancer care.

\$60 per visit  
up to \$300 per Claims Year

#### Post-operative speech and language therapy

Post-operative treatment must be performed within 6 months of related eligible surgical treatment or cancer care and performed by a qualified speech and language therapist who is a member of the New Zealand Speech-language Therapists' Association on the referral of a Specialist in private practice.

\$70 per visit  
up to \$350 per Claims Year

---

### Non-surgical treatment

#### Non-surgical hospitalisation

For non-surgical treatment in a hospital performed by or on referral of a Specialist or Affiliated Provider in private practice and in an Approved Facility (does not include cover for consultations, imaging and tests). Includes hospital accommodation (single room, excludes suites) and Ancillary Hospital Charges. Excludes Long Term Care, accommodation following surgery, rehabilitation, geriatric care, hospice, psychiatric hospitalisation and the cost of non-Pharmac approved drugs.

\$60,000 per Claims Year

#### Psychiatric hospitalisation

For admission and care by a Specialist vocationally registered in psychiatry in an Approved Facility.

\$330 per night  
\$200 for Ancillary Hospital Charges  
\$1,650 per admission  
(including accommodation, Drugs ancillary)

#### Allergy services

Provided by or under the care of an Affiliated Provider or a General Practitioner who has an Easy-claim agreement with Southern Cross. Covers allergy related services including allergy testing and desensitisation.

Excludes consultations and the cost of non-Pharmac approved drugs.

---

\$750 per Claims Year

---

## SUPPORT

Southern Cross will reimburse 80% of actual costs up to Policy Limits.

MAXIMUM PAYABLE PER PERSON

---

### Travel and accommodation Allowance

\$500 per Claims Year

For when private treatment is not available in the member's home town or city and the member has to travel more than 100km from home to receive an eligible Healthcare Service. Payable to cover the person covered by the Policy receiving the eligible Healthcare Service and a support person. Payable for public transport costs (includes buses, trains, taxis, shuttles, planes and ferries) and hotel/motel rooms (or hospital rooming fees for the support person) within New Zealand only. No cover for car hire, mileage or petrol costs.

---

### Parent accommodation Allowance

\$100 per day

For hospital accommodation expenses incurred by a parent when accompanying a Dependant Child. Both parent and Child must be listed on the Membership Certificate. Accommodation must be in an Approved Facility. \$500 per Operation

---

### Hospice cover

For overnight admissions.

#### Child

\$25 per night  
up to \$250 per admission  
up to \$1,200 per Claims Year

#### Adult

\$50 per night  
up to \$500 per admission  
up to \$2,400 per Claims Year

---

### Accident and Treatment Injury cover

If ACC refuses to cover the cost of treatment in a Certified Private Facility or in the event that the member's ACC refunds are less than those that apply for non-Accident or non-Treatment Injury conditions under this Policy, Southern Cross may make up the difference, if any, between the ACC contribution to the cost of treatment and the maximum payable under this Policy. The total refunded by Southern Cross, together with the payment made by ACC will not exceed the maximum payable under this Policy.

---

## DIAGNOSTIC IMAGING

Eligibility Criteria may apply.

Southern Cross will reimburse 80% of actual costs up to Policy Limits.

MAXIMUM PAYABLE PER PERSON

---

### Diagnostic Imaging

\$60,000 per Claims Year (in total)

#### ALL DIAGNOSTIC IMAGING MUST BE PERFORMED BY AN AFFILIATED PROVIDER

Must meet applicable Eligibility Criteria. Unless advised otherwise by Southern Cross and/or the Affiliated Provider, Southern Cross will pay 80% of the amount charged up to the \$60,000 per Claims Year (in total) as listed above. Please be aware that not all procedures are available from all Affiliated Providers or in all areas.

**X-rays** excludes x-rays performed by a dentist or chiropractor.

**Ultrasounds** excludes obstetrics and varicose vein (legs) treatment.

#### Mammography

##### Digital breast tomosynthesis

##### Nuclear scanning (scintigraphy)

**Myocardial perfusion scan** must be referred by a Specialist in private practice.

##### CT angiogram

**CT coronary angiogram** must be referred by a Specialist in private practice.

**MR angiogram** must be referred by a Specialist in private practice.

##### Computed Axial Tomography (CT scan)

**Cone Beam Computed Tomography (CBCT)** must be referred by a Specialist in private practice.

**Magnetic Resonance Imaging (MRI scan)** must be referred by a Specialist in private practice.

**Positron Emission Tomography / Computed Tomography (PET/CT)** must be referred by a Specialist in private practice. Cover is limited to specific diagnosed cancers and cardiac conditions.

---

## TESTS AND CONSULTATIONS

Eligibility Criteria may apply.

Southern Cross will reimburse 80% of actual costs up to Policy Limits.

MAXIMUM PAYABLE PER PERSON

### Tests

On referral by a Specialist in private practice. Must be performed within 6 months of related eligible surgical treatment or cancer care to be entitled to cover under First Cover Plan 1 and First Cover Plan 1 Plus.

#### Cardiac tests **ALL CARDIAC TESTS MUST BE PERFORMED BY AN AFFILIATED PROVIDER**

Must meet applicable Eligibility Criteria. Unless you are advised otherwise by Southern Cross and/or your Affiliated Provider, we will pay 80% of the amount charged by your Affiliated Provider up to the \$5,000 per claims year (in total). Please be aware that not all procedures are available from all Affiliated Providers or in all areas. \$5,000 per Claims Year (in total)

Advanced electrocardiogram (A-ECG)  
Resting ECG  
Exercise ECG  
Holter monitoring  
Echocardiogram  
Stress echocardiogram  
Dobutamine stress echocardiogram  
Transoesophageal echocardiogram (TOE)

#### Diagnostic Tests

For a list of all Diagnostic Tests covered under this benefit see the definition of Diagnostic Tests in the Terms and Conditions of Insurance. \$3,000 per Claims Year (in total)

#### DIAGNOSTIC TESTS THAT MUST BE PERFORMED BY AN AFFILIATED PROVIDER

The following Diagnostic Tests must be performed by an Affiliated Provider and meet applicable Eligibility Criteria. Unless you are advised otherwise by Southern Cross and/or your Affiliated Provider, we will pay 80% of the amount charged by your Affiliated Provider up to the \$3,000 per claims year (in total). Please be aware that not all procedures are available from all Affiliated Providers or in all areas.

Ambulatory blood pressure monitoring  
Breath nitric oxide test  
Corneal topography  
Fundus fluorescein angiography  
Fundus photography  
GDx Retinal scanning  
Heidelberg Retinal Tomography (HRT)  
Intraocular pressure test (IOP)  
Matrix screen  
Optical Coherence Tomography (OCT)  
Optic disc photos  
Visual fields  
Retinal photography

#### Specialist consultations

Must be performed by an Affiliated Provider. Excludes psychiatrist and all skin lesion consultations. Must be performed within 6 months of related eligible surgical treatment or cancer care to be entitled to cover under First Cover Plan 1 and First Cover Plan 1 Plus. 5 visits per Claims Year up to \$5,000 per Claims Year (in total)  
5 visit limit and 6 month rule do not apply to oncologist and radiation oncologist consultations.

#### Dietitian consultations

Treatment by a dietitian registered with the New Zealand Dietitian Board. On referral by a Specialist in private practice. Must be performed within 6 months of related eligible surgical treatment or cancer care to be entitled to cover under First Cover Plan 1 and First Cover Plan 1 Plus. \$100 per consultation up to \$500 per Claims Year

#### First Cover Plan 1 and First Cover Plan 1 Plus

No cover

#### First Cover Plan 2 and First Cover Plan 2 Plus

##### Psychiatrist consultations

Must be performed by an Affiliated Provider vocationally registered in psychiatry.

\$200 per Claims Year

##### Audiology consultations

Performed by an audiologist who is a member of the New Zealand Audiological Society.

\$200 per Claims Year

##### Hearing tests

Including puretone, audiometry, impedance, tympanometry and brain stem evoked responses.

\$210 per Claims Year

##### Laboratory tests

Performed for diagnostic purposes but not funded by a government agency. Performed by an accredited hospital, community based or regional referral laboratory approved by International Accreditation New Zealand.

\$70 per Claims Year

## GENERAL MEDICAL

Southern Cross will reimburse 80% of actual costs up to Policy Limits.

MAXIMUM PAYABLE PER PERSON

#### First Cover Plan 1 and First Cover Plan 2

No cover

#### First Cover Plan 1 Plus and First Cover Plan 2 Plus

##### Doctor visits

Clinic, home or after hours consultation with a General Practitioner or Nurse.

3 consultations per Claims Year  
\$50 per consultation

##### Prescriptions

Charges for prescription Drugs prescribed by a General Practitioner, Specialist or Nurse. Excludes the cost of non-Pharmac approved drugs.

\$100 per Claims Year

---

## OPTIONAL COVER: CANCER ASSIST

Can be added to First Cover Plan 1, First Cover Plan 1 Plus, First Cover Plan 2 or First Cover Plan 2 Plus.

---

Cancer Assist provides a one-off payment following diagnosis of a qualifying cancer. The payment can be used for whatever is needed, for example additional non-Pharmac approved drugs, alternative treatment not covered by this Policy, mortgage payments or travel. Choose from the following maximums:

\$20,000 \$50,000 \$100,000 \$200,000 \$300,000.

Southern Cross will pay the applicable one-off payment selected if:

- there is a confirmed cancer diagnosis;
- the cancer is not excluded by the Cancer Assist policy exclusions, including, but not limited to those cancers specifically listed on your Cancer Assist Certificate;
- the member is still alive 14 days after the confirmed cancer diagnosis. This period of 14 days will be increased by 1 day for every day the member is kept alive on a life support system;
- the confirmed cancer diagnosis (or related health condition symptom, sign or event) first occurs at least 3 months after the Cancer Assist policy start date or the date the Cancer Assist maximum was increased;
- the Southern Cross health insurance policy and Cancer Assist policy are active and premiums are up to date; and
- all terms and conditions of the policy are met.

For a copy of the Cancer Assist policy document, including full terms and conditions, please go to [southerncross.co.nz/plans](https://southerncross.co.nz/plans) or contact us.

There is no cover for pre-existing health conditions on the Cancer Assist policy, even if cover for pre-existing conditions has been granted under this Policy (for whatever reason, including a special concession granted to a group health insurance scheme).