VIP Plan 1
Schedule of Benefits

This Policy provides 100% reimbursement of expenses (unless otherwise stated) for Approved Treatment based on Reasonable Charges, up to the Policy Limits stated below. An Excess may apply to some procedures per person per Claims Year as specified below. See Membership Certificate for details. Note that all Policy Limits include GST.

This Schedule of Benefits should be read together with the List of Prostheses and Specialised Equipment and Terms and Conditions of Insurance, which are available at southerncross.co.nz/plans or by calling Southern Cross on 0800 800 181. Eligibility Criteria may apply to some procedures, please refer to 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
Some surgical treatment must be performed by an Affiliated Provider to be eligible for cover under this Policy – see page 2 for details. Excess applies to this section. Eligibility Criteria may apply.

<table>
<thead>
<tr>
<th>Surgical Procedures</th>
<th>Maximum Payable Per Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgeon fees, anaesthetist fees, intensivist fees Hospital Fees</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Surgically implanted Prostheses and specialised equipment</td>
<td>Maximums apply. Refer to the List of Prostheses and Specialised Equipment</td>
</tr>
</tbody>
</table>

There is no cover for any costs relating to the implantation of teeth including any cost relating to titanium dental implants.

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

Cherries are rich in cyanidins which may help to prevent cancer.
### AFFILIATED PROVIDER ONLY SURGICAL TREATMENT

**Excess applies to this section.**

The following surgical treatments must be performed by an Affiliated Provider to be eligible for cover under the Policy. Unless advised otherwise by Southern Cross and/or the Affiliated Provider, Southern Cross will pay 100% of the amount charged up to Policy Limits, less any Excess. To receive cover the surgical treatment must meet applicable Eligibility Criteria. Please be aware that not all surgical treatments 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
- Excision, biopsy, cryotherapy, curettage and diathermy of skin lesions (when performed without anaesthetic or under local anaesthetic cover is limited to $7,500 per Claims Year), Mohs surgery including excision and closure.

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

#### Lung and chest
Microvascular 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 needing, 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, cycloide 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
Tooth extraction.

#### 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, aural toilet, 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 canaloplasty, and KTP laser myringotomy.

#### Nose
- Balloon sinuplasty, endoscopic modified Lothrop, functional endoscopic sinus surgery (FESS), septoplasty, nasal cautery.

#### Oculo-rhino-laryngology
- Ear
- Adenoidectomy, tonsillectomy, laser treatment for pharyngeal, laryngeal and oesophageal conditions, transoral robotic surgery.

#### Urology
Vasectomy (is only covered after 2 years of continuous cover, does not include reversals), 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

Excess applies to this section (except for the allergy services benefit). Eligibility Criteria may apply.

<table>
<thead>
<tr>
<th>Cancer care</th>
<th>Maximum Payable Per Person</th>
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<tbody>
<tr>
<td>Chemotherapy</td>
<td>$60,000 per Claims Year</td>
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</tbody>
</table>

Must be performed by an Affiliated Provider. Unless advised otherwise by Southern Cross and/or the Affiliated Provider, Southern Cross will pay 100% 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. Maximum also includes reimbursement of the actual cost up to $10,000 per Claims Year for non-Pharmaceutical approved MedSafe indicated chemotherapy drugs.

<table>
<thead>
<tr>
<th>Radiotherapy</th>
<th>Unlimited</th>
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</table>

Must be performed by an Affiliated Provider. Unless advised otherwise by Southern Cross and/or the Affiliated Provider, Southern Cross will pay 100% of the amount charged less any Excess. Not all procedures are available from all Affiliated Providers or in all areas, and only 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).

<table>
<thead>
<tr>
<th>Post-operative home nursing</th>
<th>$175 per day up to $2,800 per Claims Year</th>
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<tbody>
<tr>
<td>Post-operative physiotherapy</td>
<td>$60 per visit up to $300 per Claims Year</td>
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<tr>
<td>Post-operative speech and language therapy</td>
<td>$70 per visit up to $350 per Claims Year</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Overseas treatment</th>
<th>$10,000 per Claims Year</th>
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</table>

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.

<table>
<thead>
<tr>
<th>Non-surgical hospitalisation</th>
<th>$60,000 per Claims Year</th>
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</thead>
</table>

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, respite and convalescent care, psychiatric hospitalisation and the cost of non-Pharmaceutical approved drugs.

<table>
<thead>
<tr>
<th>Psychiatric hospitalisation</th>
<th>$330 per night $200 for Ancillary Hospital Charges $1,650 per admission (including accommodation, Drugs/ancillary)</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>GP minor surgery</th>
<th>$1,000 per Claims Year</th>
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</table>

Performed by a General Practitioner, including removal of cysts, skin lesions and ingrown toenails. Excludes any related consultations.

<table>
<thead>
<tr>
<th>Post mastectomy Allowance to achieve breast symmetry</th>
<th>$2,500 per Lifetime</th>
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</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Loyalty benefits</th>
<th><em>Surgery reimbursement levels apply</em></th>
</tr>
</thead>
</table>

Sterilisation
- After 2 years of continuous cover. Does not include reversals.
- A vasectomy must be performed by an Affiliated Provider to be eligible for cover under this Policy.

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 any subsequent treatment that may be required. Specialist consultations and diagnostic imaging must be performed by an Affiliated Provider.

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.
**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

**OTHER BENEFITS**
Excess does not apply to this section (except for Accident and Treatment Injury cover).

**Public hospital cover**

**Public hospital**
If specifically accepted in writing by Southern Cross prior to treatment, treatment in a District Health Board (DHB) facility or under the direct or indirect control of a DHB will be covered up to the stated maxims in this Policy.

**Public hospital – cash grant**
For overnight admissions in a public facility. Admission must not relate to a Policy exclusion. A copy of the hospital discharge summary must accompany the claim. Note: The above cash grants do not apply if the treatment in the DHB facility is reimbursed under another section of this Policy.

**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

**Waiver of premium**
Upon the death of the Policyholder from a cause other than an Accident before age 60, the surviving Dependents will continue to qualify for the cover provided by the existing Policy free of charge for 24 months, from the date of the Policyholder’s death.

**Parent accommodation Allowance**
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.

- $100 per day
- $500 per Operation

**Travel and accommodation Allowance**
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.

- $500 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. Excesses apply.

**SPECIALISTS AND TESTS**
Excess does not apply to this section. Eligibility Criteria may apply.

**Imaging**
Must be performed within 6 months of related eligible surgical treatment or cancer care.

- $10,000 per Claims Year (in total)

**ALL 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 100% of the amount charged up to the $10,000 per Claims Year (in total) listed above. Please be aware that not all procedures are available from all Affiliated Providers in all areas.

- **X-rays** includes x-rays performed by an Oral Surgeon. 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

Excess does not apply to this section. Eligibility Criteria may apply.

<table>
<thead>
<tr>
<th>Maximum Payable per Person</th>
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</thead>
<tbody>
<tr>
<td>$5,000 per Claims Year (in total)</td>
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</tbody>
</table>

**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 100% of the amount charged by your Affiliated Provider up to the $5,000 per claims year (in total) listed above. Please be aware that not all procedures are available from all Affiliated Providers or in all areas.

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

### Diagnostic Tests

**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 100% of the amount charged by your Affiliated Provider up to the $3,000 per claims year (in total) listed above. Please be aware that not all procedures are available from all Affiliated Providers or in all areas. For a list of all Diagnostic Tests covered under this benefit see the definition of Diagnostic Tests in the Terms and Conditions of Insurance.

- 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. Must be performed within 6 months of related eligible surgical treatment or cancer care (consultations with an oncologist are not subject to this restriction). Excludes psychiatrist consultations.

<table>
<thead>
<tr>
<th>Maximum Payable per Person</th>
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</thead>
<tbody>
<tr>
<td>$5,000 per Claims Year (in total)</td>
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</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>Maximum Payable per Person</th>
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</thead>
<tbody>
<tr>
<td>up to $500 per Claims Year</td>
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</table>

<table>
<thead>
<tr>
<th>Maximum Payable per Consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>$100 per consultation</td>
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</tbody>
</table>
OPTIONAL COVER: CANCER ASSIST

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 or contact us.