Southern Cross
Health Society

VIP Plan 4

Schedule of Benefits

Cherries are rich in cyanidins which may help to prevent cancer.

This Policy provides 100% reimbursement of expenses (unless otherwise stated) for Approved Treatment based on Reasonable Charges, up to the Policy Limits stated below. This Policy also includes reimbursement for consultations with specified medical Specialists and expenses associated with diagnostic tests and imaging and primary care eg GP consultations, prescriptions, physiotherapy etc. 75% reimbursement of dental and optical expenses are also included. 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.
Eligibility Criteria may apply.

	MAXIMUM PAYABLE PER PERSON
Surgical Procedures Surgery performed by a Specialist or Affiliated Provider in an Approved Facility. **Surgeon fees, anaesthetist fees, intensivist fees** **Hospital Fees**	Unlimited
Surgically implanted Prostheses and specialised equipment There is no cover for any costs relating to the implantation of teeth including any cost relating to titanium dental implants.	Maximums apply. Refer to the List of Prostheses and Specialised Equipment.
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**	Unlimited
Surgically implanted Prostheses and specialised equipment	Maximums apply. Refer to the List of Prostheses and Specialised Equipment.

AFFILIATED PROVIDER ONLY SURGICAL TREATMENT

The following surgical treatments 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 100% of the amount charged up to Policy Limits. 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

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

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 canalplasty, and KTP laser myringotomy.

Nose

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

Throat

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

Eligibility Criteria may apply.	MAXIMUM PAYABLE PER PERSON
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 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-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 100% of the amount charged. 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).	Unlimited
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 with the Physiotherapy Board of New Zealand. Includes cover for treatment by a hand therapist registered with the New Zealand Association of Hand Therapists. 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
Overseas treatment 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
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 respite and convalescent care, 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)
GP minor surgery Performed by a General Practitioner, including removal of cysts, skin lesions and ingrown toenails. Excludes any related consultations.	$1,000 per Claims Year
Post mastectomy Allowance to achieve breast symmetry 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.	$2,500 per Lifetime
Loyalty benefits **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.	Surgery reimbursement levels apply
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.	$5,000 per Lifetime
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 also 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
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
Obstetrics After 1 year of continuous cover. For obstetric care carried out by a Specialist vocationally registered in obstetrics and gynaecology or anaesthesia, and/or for accommodation in an Approved Facility. Specialist consultations and ultrasounds must be performed by an Affiliated Provider.	$1,500 per Policy per Claims Year

OTHER BENEFITS

	MAXIMUM PAYABLE PER PERSON
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 maximums 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.	$50 per night up to $2,400 per Claims Year
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 Dependants 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.	

SPECIALISTS AND TESTS

Excess does not apply to this section. Eligibility Criteria may apply.	MAXIMUM PAYABLE PER PERSON
Imaging 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 $60,000 per Claims Year (in total) listed above. Please be aware that not all procedures are available from all Affiliated Providers or in all areas. **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.	$60,000 per Claims Year (in total)

SPECIALISTS AND TESTS CONTINUED

Eligibility Criteria may apply.

MAXIMUM PAYABLE PER PERSON

Tests

On referral by a Specialist in private practice and in an Approved Facility.

Cardiac tests — $5,000 per Claims Year (in total)

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 — $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 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

Audiology consultations — $200 per Claims Year

Performed by an audiologist registered with the New Zealand Audiological Society.

Hearing tests — $210 per Claims Year

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

Laboratory tests — $70 per Claims Year

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.

Specialist consultations — $5,000 per Claims Year (in total)

Must be performed by an Affiliated Provider. Excludes psychiatrist consultations.

Psychiatrist consultations — $200 per Claims Year

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

Dietitian consultations — $100 per consultation up to $500 per Claims Year

Treatment by a dietitian registered with the New Zealand Dietitian Board. On referral by a Specialist in private practice.

GENERAL MEDICAL

	MAXIMUM PAYABLE PER PERSON
Doctor visits	
General Practitioner	
Clinic consultation	$50 per consultation
Home or after hours consultation	$75 per consultation
Annual general medical check-up (Policyholder only)	$90 per Claims Year
Nurse (where no General Practitioner fee applies)	$22 per consultation
Prescriptions	$600 per Claims Year
Charges for prescription Drugs prescribed by a General Practitioner, Specialist or Nurse. Excludes the cost of non-Pharmac approved drugs.	
Other paramedical services	
Optometrist Consultations by an optometrist registered with the New Zealand Optometrists and Dispensing Opticians Board.	$50 per consultation
Acupuncturist Performed by a General Practitioner or Specialist.	$40 per consultation
Chelation therapy Carried out by a General Practitioner	$40 per consultation
Physiotherapist Performed by a physiotherapist registered with the Physiotherapy Board of New Zealand.	$50 per consultation up to $250 per Claims Year
Orthoptist Treatment by a registered orthoptist.	$200 per Claims Year
Clinical psychologist Performed by a psychologist registered as a clinical psychologist with the New Zealand Psychologists Board.	$300 per Claims Year
Podiatrist Performed by a podiatrist registered with the Podiatrists Board of New Zealand.	$35 per consultation up to $175 per Claims Year
Ambulance Emergency transportation only.	$180 per Claims year
Chiropractor Performed by a chiropractor registered with the New Zealand Chiropractic Board. Excludes the costs of medication.	$50 per consultation up to $250 per Claims Year
Osteopath Performed by an osteopath registered with the Osteopathic Council of New Zealand. Excludes the cost of medication.	$50 per consultation up to $250 per Claims Year
Dietitian or Nutritionist Performed by a dietitian registered with the New Zealand Dietitian Board or a nutritionist registered with the Nutrition Society of New Zealand or Clinical Nutrition Association. Excludes the cost of food and food substitutes.	$300 per Claims Year

DENTAL AND OPTICAL

	MAXIMUM PAYABLE PER PERSON
Dental Performed by an oral health practitioner including a dental hygienist registered with the Dental Council of New Zealand or a Specialist vocationally registered as an oral surgeon.	75% of expenses incurred up to $750 per Claims Year
Optical Prescription glasses/sunglasses (frames and lenses) and contact lenses.	75% of expenses incurred up to $500 per Claims Year

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.