

# VIP Plan 1

## 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. 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](http://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](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

Excess applies to this section. Eligibility Criteria may apply.

### Surgical Procedures

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

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

**Hospital Fees**

### 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.

### 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

MAXIMUM PAYABLE PER PERSON

Unlimited

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

Unlimited

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## AFFILIATED PROVIDER ONLY SURGICAL TREATMENT

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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.

### **Bone lesions**

Radiofrequency ablation of benign bone lesions.

### **Cardiac surgery**

Coronary artery bypass graft surgery (CABG), valve replacement, Bentalls procedure, valvuloplasty.

### **Carpal tunnel release**

### **Catheter based cardiology procedures**

Coronary angiogram and/or angioplasty, electrophysiology studies and ablation of cardiac arrhythmias, percutaneous patent foramen ovale (PFO) closure and percutaneous atrial septal defect (ASD) closure.

### **Cholecystectomy**

### **Corneal crosslinking**

### **CT coronary angiogram**

On referral by a Specialist in private practice.

### **Ear, nose and throat surgery**

Adenoidectomy, balloon sinuplasty, endoscopic modified Lothrop, insertion and/or removal of grommets in theatre, tonsillectomy, laser treatment for pharyngeal, laryngeal and oesophageal conditions.

### **Eye surgery**

Vitreotomy, entropion and ectropion repair, upper eyelid blepharoplasty, ptosis, removal of tarsal cyst, probing/syringing of lacrimal passage, bleb needling, minor eyelid surgery, cataract surgery, excision of pterygium, excision of pinguecula.

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).

### **Gastrointestinal endoscopy**

Gastroscopy, colonoscopy, balloon enteroscopy, wireless pH capsule and wireless capsule endoscopy.

### **Hernia repair**

Femoral, hiatus, inguinal and umbilical hernia repair.

### **Hip joint replacement**

Primary total hip joint replacement.

### **Intravitreal injections**

Cover for Drug costs is limited to \$100 per injection regardless of the type of Drug used.

### **Knee joint replacement**

Primary total knee joint replacement, primary partial (hemi) knee joint replacement.

### **Laparoscopic renal cryotherapy**

### **Laser eye treatment**

YAG laser capsulotomy, laser iridotomy, laser iridoplasty, laser trabeculoplasty, photocoagulation of the retina, pan retinal laser, macular laser.

### **Ligament repair**

Synthetic ligament repair and reconstruction.

### **Minor skin surgery**

Excision, biopsy, cryotherapy, curettage and diathermy of skin lesions without anaesthetic or under local anaesthetic up to \$7,500 per Claims Year. (Excludes Mohs surgery, see below.)

### **Mohs surgery**

Includes cover for excision and closure.

### **Percutaneous medial branch thermal radiofrequency neurotomy**

Cover is limited to two procedures per Lifetime.

### **Peripheral angiography**

Peripheral angiogram and/or angioplasty.

### **Prostate treatment**

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 and robotically assisted laparoscopic prostatectomy.

### **Robotic partial nephrectomy**

### **Skin lesion removal**

Excision, biopsy, cryotherapy, curettage and diathermy of skin lesions under general anaesthetic or IV sedation.

### **Tooth extraction**

### **Treatment of faecal incontinence**

Constrain biofeedback and electrostimulation for faecal incontinence, sacral nerve stimulation. No reimbursement will be made towards the cost of the stimulation device.

### **Varicose vein (legs)**

Endovenous laser treatment, ultrasound guided sclerotherapy, varicose vein surgery, radiofrequency (RF) endovenous ablation and duplex vein mapping. Cover is limited to two Varicose Vein Procedures per leg per Lifetime.

### **Vascular malformation**

Superficial vascular malformation sclerotherapy and embolisation – simple. Cover is limited to two procedures per vascular malformation per Lifetime.

### **Vasectomy**

After two years of continuous cover. This benefit does not include reversals.

## SURGICAL AND MEDICAL TREATMENT CONTINUED

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

MAXIMUM PAYABLE PER PERSON

<p><b>Cancer care</b></p> <p><b>Chemotherapy</b></p> <p>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, less any Excess. Please note that not all procedures are available from all Affiliated Providers or in all areas.</p> <p>Includes the cost of materials, Chemotherapy Drugs, hospital accommodation in a single room and Ancillary Hospital Charges. Also includes the cost of biologics and immunotherapy medicines for the treatment of cancer.</p> <p>Maximum also includes reimbursement of the actual cost up to \$10,000 per Claims Year for non-Pharmac approved MedSafe indicated chemotherapy drugs.</p>	\$60,000 per Claims Year
<p><b>Radiotherapy</b></p> <p>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).</p>	
<p><b>Home nursing</b></p> <p>Post-operative nursing commencing within 14 days of related surgery and performed by a Nurse on the referral of a Specialist in private practice.</p>	\$175 per day up to \$2,800 per Claims Year
<p><b>Post-operative physiotherapy</b></p> <p>Treatment by a physiotherapist registered 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 six months after related eligible surgery.</p>	\$60 per visit up to \$300 per Claims Year
<p><b>Post-operative speech and language therapy</b></p> <p>Post-operative treatment must be performed within six months after related eligible surgery 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.</p>	\$70 per visit up to \$350 per Claims Year
<p><b>Overseas treatment</b></p> <p>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.</p>	\$10,000 per Claims Year
<p><b>Non-surgical hospitalisation</b></p> <p>For non-surgical treatment in a hospital performed by or on referral by a Specialist or Affiliated Provider in private practice and in an Approved Facility. Includes hospital accommodation (single room, excludes suites) and Ancillary Hospital Charges (does not include cover for consultations, imaging and tests). Excludes Long Term Care, rehabilitation, geriatric care, hospice and psychiatric hospitalisation.</p>	\$60,000 per Claims Year
<p><b>Psychiatric hospitalisation</b></p> <p>For admission and care by a Specialist vocationally registered in psychiatry in an Approved Facility.</p>	\$330 per night \$200 for Ancillary Hospital Charges \$1,650 per admission (including accommodation, Drugs/ancillary)
<p><b>Minor surgery</b></p> <p>Performed by a General Practitioner, including removal of cysts, skin lesions and ingrown toenails.</p>	\$450 per Operation
<p><b>Post mastectomy Allowance to achieve breast symmetry</b></p> <p>Payable on receipt of a medical report by a Specialist prior to surgery.</p>	\$2,500 one-off payment per Lifetime
<p><b>Loyalty benefits</b></p> <p><b>Sterilisation</b></p> <p>After two 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.</p>	Surgery reimbursement levels apply
<p><b>Bilateral breast reduction Allowance</b></p> <p>After three years of continuous cover. Payable on receipt of a medical report by a Specialist prior to surgery (this Allowance also includes any subsequent treatment that may be required).</p>	\$5,000 one-off payment
<p><b>Gastric banding/bypass Allowance</b></p> <p>After three years of continuous cover. Payable on receipt of a medical report by a Specialist prior to surgery (this Allowance also includes any subsequent treatment that may be required).</p>	\$7,500 one-off payment
<p><b>Allergy services</b></p> <p>Provided by or under the care of an Affiliated Provider. Cover for allergy related Healthcare Services including allergy testing and desensitisation. Excludes the cost of non-Pharmac approved drugs.</p>	\$750 per Claims Year

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## OTHER BENEFITS

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

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. 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 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 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.

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## SPECIALISTS AND TESTS

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

MAXIMUM PAYABLE PER PERSON

### Imaging

Performed at an Approved Facility and carried out within six months before or after related eligible surgery.

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

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

#### Nuclear scanning (scintigraphy)

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

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

### IMAGING THAT MUST BE PERFORMED BY AN AFFILIATED PROVIDER

The following imaging must be performed by an Affiliated Provider and 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 or in all areas.

#### Mammography

#### CT angiogram

**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.

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## SPECIALISTS AND TESTS CONTINUED

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

MAXIMUM PAYABLE PER PERSON

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### Tests

On referral by a Specialist in private practice and in an Approved Facility. Must be performed within six months before or after related eligible surgery.

#### Cardiac tests

\$5,000 per Claims Year (in total)

#### Diagnostic tests

\$3,000 per Claims Year (in total)

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

The following tests must be performed by an Affiliated Provider and 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 per Claims Year maximum (in total) listed above. Please be aware that not all procedures are available from all Affiliated Providers or in all areas.

#### Cardiac tests

Advanced Electrocardiogram (A-ECG)

#### Diagnostic tests

Optical Coherence Tomography  
Heidelberg Retinal Tomography (HRT)  
GDx Retinal scanning  
Fundus fluorescein angiography  
Fundus photography  
Visual fields  
Corneal topography  
Retinal photography  
Optic disc photos  
Matrix screen  
Intraocular pressure test (IOP)

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### Specialist consultations

\$5,000 per Claims Year (in total)

Consultations with a Specialist or Affiliated Provider. Must be performed within six months before or after related eligible surgery. Consultations with an oncologist are not subject to this restriction. Consultations with a psychiatrist are not covered.

Ophthalmologist, allergy and medical oncology consultations must be with an Affiliated Provider.

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### 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. Must be performed within six months before or after related eligible surgery.

