

KiwiCare

Benefit summary



KiwiCare provides a contribution towards cancer care, surgical treatment, Specialist consultations, diagnostic imaging and tests where you share the costs with Southern Cross.

TAILORING YOUR COVER

An excess option is available. If you would like cover for day-to-day healthcare, RegularCare could be an option to consider.

Example of benefits under KiwiCare

These are **some of the benefits** that KiwiCare offers. For more details on the benefits and maximums for this policy, and any exclusions or conditions that may apply, download a policy document from southerncross.co.nz/plans or contact us.

BENEFITS		KiwiCare
		We will pay 80% of the actual cost of the healthcare service, up to the policy limit for that eligible healthcare service.* Eligibility criteria may apply and some procedures are Affiliated Provider only. Refer to the policy document for details.
CHEMOTHERAPY FOR CANCER excess applies		
Effective from 9 November 2020		
Chemotherapy for cancer (Base)		\$48,000 per claims year. Cover for Pharmac approved chemotherapy drugs. Maximum also includes \$8,000 per claims year for non-Pharmac approved Medsafe indicated chemotherapy drugs. Must be performed by an Affiliated Provider
Cancer Cover Plus - Optional chemotherapy for cancer upgrades		
You can choose to upgrade your chemotherapy for cancer benefit from the base cover set out above. If you do not upgrade, Chemotherapy for cancer (Base) will apply		
Chemotherapy 100		\$100,000 per claims year for Pharmac approved chemotherapy drugs and non-Pharmac approved Medsafe indicated chemotherapy drugs. Must be performed by an Affiliated Provider
Chemotherapy 300		\$300,000 per claims year for Pharmac approved chemotherapy drugs and non-Pharmac approved Medsafe indicated chemotherapy drugs. Must be performed by an Affiliated Provider
RADIOTHERAPY excess applies		
Radiotherapy		Unlimited. Must be performed by an Affiliated Provider
SURGICAL TREATMENT excess applies		
Surgical procedures		\$100,000 per operation (prostheses maximums apply). Refer to the policy document for the surgical procedures that must be performed by an Affiliated Provider
Skin surgery under general anaesthetic or sedation, and Mohs		Refunded as per surgical procedures. Must be performed by an Affiliated Provider
Skin surgery with local or no anaesthetic		\$5,000 per claims year. Includes \$800 per claims year when performed by a GP. Must be performed by an Affiliated Provider or General Practitioner. Includes all consultations related to skin lesions
GP minor surgery		\$800 per claims year. Excludes consultations and skin lesion services
SURGICAL ALLOWANCES excess applies		
Post mastectomy allowance to achieve breast symmetry		\$6,500 per lifetime. Specialist consultations and diagnostic imaging must be performed by an Affiliated Provider
Overseas treatment allowance		\$5,000 per claims year
SUPPORT		
Travel and accommodation allowance		\$400 per claims year
Parent accommodation allowance		\$80 per night up to \$400 per operation
Ambulance allowance		\$144 per claims year
Accident and treatment injury top-up		For accident or treatment injury related healthcare services where ACC have not provided full cover, Southern Cross will provide cover under the applicable benefit and associated annual limits and terms and conditions of cover will apply. We will refund up to 80% of the remaining balance of the eligible healthcare service, after the ACC contribution has been deducted
RECOVERY excess applies. Must be within 6 months of related eligible surgical treatment, chemotherapy or radiotherapy		
Post-operative home nursing		\$150 per day, up to \$900 per claims year (after one year of continuous cover)
Post-operative speech and language therapy		\$56 per visit, up to \$280 per claims year. Must be within 6 months of related surgical treatment, chemotherapy or radiotherapy
Post-operative physiotherapy		\$30 per visit, up to \$180 per claims year. Must be within 6 months of related surgical treatment, chemotherapy or radiotherapy

*See the chart in your policy document for how your refund will be calculated.

DIAGNOSTIC IMAGING AND TESTS

	\$8,000 per claims (in total). Must be performed by an Affiliated Provider
Cardiac tests	\$3,000 per claims year. Must be performed by an Affiliated Provider. Refer to the policy document for a full list of cardiac tests that are covered
Diagnostic tests	\$2,000 per claims year. Refer to the policy document for the diagnostic tests that must be performed by an Affiliated Provider and for a full list of diagnostic tests that are covered

CONSULTATIONS

Specialist consultations	\$4,000 per claims year. Excludes psychiatrist and all skin lesion consultations. Must be performed by an Affiliated Provider
Psychiatrist consultations	\$600 per claims year. Must be performed by an Affiliated Provider
Dietitian consultations	\$80 per consultation, up to \$400 per claims year

NON-SURGICAL TREATMENT excess applies (except for allergy services and IV infusions)

IV infusions (non-cancer)	\$600 per claims year. For IV infusions of Medsafe indicated drugs provided by or under the care of a Specialist in an approved facility. Excludes consultations and the cost of non-Pharmac approved drugs
Psychiatric hospitalisation	\$2,250 per claims year
Allergy services	\$600 per claims year

AFTER 3 YEARS CONTINUOUS COVER excess applies

Gastric banding/bypass allowance	\$5,000 per lifetime. Specialist consultations and diagnostic imaging must be performed by an Affiliated Provider
Bilateral breast reduction allowance	\$3,200 per lifetime. Specialist consultations and diagnostic imaging must be performed by an Affiliated Provider
Prophylactic treatment allowance	\$30,000 per lifetime. Specialist consultations and diagnostic imaging must be performed by an Affiliated Provider

*See the chart in your policy document for how your refund will be calculated.

Exclusions

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

- **Pre-existing conditions** including but not limited to those conditions specifically set out in your **Membership Certificate**;
- **Unapproved healthcare services** which are specific drugs, devices, techniques, tests and/or other **healthcare services** that have not been approved by Southern Cross prior to treatment. Please see the list of **unapproved healthcare services** at southerncross.co.nz/unapprovedservices;
- **Acute care**;
- Appliances or equipment (surgical, medical or dental) for example CPAP machines, cochlear implants, nerve stimulators, orthotics, crutches;
- Breast reduction, except as specifically provided by the bilateral breast reduction **allowance**;
- Chronic conditions; cystic fibrosis, polycystic kidney, marfans syndrome, Loeys-Dietz syndrome, spina bifida, scoliosis, kyphosis, pectus excavatum and pectus carinatum;
- **Congenital conditions** except for umbilical hernia, inguinal hernia, undescended testes, hydrocele, tongue tie, phimosis and squint;
- Contraception or insertion/removal of intrauterine devices except when used for medical reasons and approved by us prior to treatment;
- Correction of refractive visual errors or astigmatism by surgery, surgically implanted intraocular lens(es), or laser treatment;
- **Cosmetic treatment/procedures**;
- Dementia;
- Diagnosis, management and treatment of developmental or congenital abnormalities of the facial skeleton and associated structures;
- Extraction of teeth;
- **Family history of cancer** in relation to **Cancer Cover Plus**;
- Gender reassignment surgery and directly related **healthcare services**;
- Gynaecomastia;
- **Health screening** except as specifically provided by mammography (under diagnostic imaging) and colonoscopy (under gastroenterology in **Affiliated Provider** surgical procedures) benefits;
- **Healthcare services** performed by a dentist, periodontist, endodontist or orthodontist;
- **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 31 of the **policy** document;
- **Healthcare services** provided in relation to, or as a consequence of, any **accident** or **treatment injury** except as specifically provided by the **accident** and **treatment injury** top-up in the **Coverage Tables** set out in section 06 of the **policy** document;
- **Healthcare services** provided outside New Zealand, except as specifically provided by the overseas treatment **allowance**;
- **Healthcare services** relating to the management and treatment of snoring and/or upper airways resistance;
- **Healthcare services** that are not **approved treatment**;
- **Healthcare services** using technology such as digital computer images to aid in the monitoring and diagnosis of skin cancers and other skin lesions for example, mole mapping;
- Hospital charges of a personal convenience nature for example, newspapers, spouse/family meals, alcohol, TV rental;
- Implantation of teeth and/or titanium dental implants;
- 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;

Exclusions continued

- 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;
- **Long term care** including geriatric in-patient care and **disability support services**;
- Maintenance examinations, medical check-ups or any examination required for a third party (including preparation of reports) for example physical examinations for life insurance, travel insurance and driver licence;
- Mental health **healthcare services** except as specifically provided by the psychiatrist consultation and psychiatric hospitalisation benefits;
- Organ transplants, transfusions/injections of autologous blood/ blood products (except cell-saver when related to **eligible** surgical treatment), autologous chondrocyte implantations and stem cell transplants, including related expenses for both donors and recipients;
- Pathology and laboratory tests, except as specifically provided by the laboratory tests benefit;
- Pregnancy and childbirth;
- **Prophylactic healthcare services** except as specifically provided by the prophylactic treatment **allowance**;
- Prostheses, specialised equipment and consumables or donor tissue preparation charges except as specifically listed in the **List of Prostheses and Specialised Equipment**;
- Respite and convalescent care;
- Robotic assisted surgery, other than when used to perform a hysterectomy (including myomectomy, oophorectomy, salpingectomy and sacrocolpopexy), sacrocolpopexy, ventral hernia repair, prostatectomy, partial nephrectomy or transoral surgery;
- Self-inflicted illness or injury;
- Sterilisation, or its reversal;
- Subsequent breast reconstruction surgery (including the replacement of **prostheses**) or symmetry surgery unless completed within 2 years of the first **eligible** breast reconstruction surgery (following an **eligible** mastectomy);
- Surgery designed to assist or allow the implementation of orthodontic **healthcare services**;
- Surgically implanted lens(es) other than monofocal lens(es);
- Termination of pregnancy;
- Treatment of HIV;
- Treatment of obesity including weight loss surgery except as specifically provided by the gastric banding/ bypass **allowance**;
- Treatment of any condition not **detrimental to health**;
- Vaccinations.

TERMS AND CONDITIONS

All dollar figures include GST.

Claims year – This is not a calendar year, but each successive 12 month period from your claims anniversary date. Claims fall into the period based on the date of treatment, not the date of the claim or receipt.

Other terms and conditions (including limitations and exclusions) apply. This benefit summary should be read in conjunction with the policy document which is available on request.

Interested in joining?

Call **0800 100 777**, or if your employer has a work scheme call **0800 438 268**.

For a free quote, visit

southerncross.co.nz/society/quote

Apply online at

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Already a member?

For member queries, please call **0800 800 181**.



Southern Cross
Health Insurance