



Southern Cross
Health Society

BENEFIT SUMMARY

KiwiCare

KiwiCare provides a contribution towards cancer care, surgical treatment, consultations, diagnostic imaging, tests and non-surgical treatment 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 |
|---|--|---|
| | | Your refund will be either the maximum in the column below or 80% of the actual cost (whichever is lower).* Eligibility criteria may apply and some procedures are Affiliated Provider only. Refer to the policy document for details. |
| CANCER CARE excess applies | | |
| Chemotherapy treatment | | \$48,000 per claims year. Must be performed by an Affiliated Provider. Maximum also includes reimbursement of 80% of the actual cost up to \$8,000 per claims year for non-Pharmac approved MedSafe indicated chemotherapy drugs |
| Radiotherapy treatment | | Unlimited. Must be performed by an Affiliated Provider |
| SURGICAL TREATMENT excess applies | | |
| Surgical procedures | | \$100,000 per operation (prosthesis 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 |
| SUPPORT | | |
| Travel and accommodation allowance | | \$400 per claims year |
| Parent accommodation allowance | | \$80 per night up to \$400 per operation |
| RECOVERY excess applies | | |
| Post-operative speech and language therapy | | \$56 per visit, up to \$280 per claims year. Must be within 6 months of related surgical treatment or cancer care |
| Post-operative physiotherapy | | \$30 per visit, up to \$180 per claims year. Must be within 6 months of related surgical treatment or cancer care |
| DIAGNOSTIC IMAGING AND TESTS | | |
| X-ray; Ultrasound; Mammography; Digital breast tomosynthesis; Nuclear scanning (scintigraphy); Myocardial perfusion scan; CT angiogram; CT coronary angiogram; MR angiogram; CT scan; MRI scan; PET/CT scan | | \$8,000 per claims year (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 | | 5 visits per claims year up to \$4,000 per claims year (in total). 5 visit limit does not apply to oncologist consultations. 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 |
| Orthoptist consultations | | \$128 per claims year |
| Dietitian consultations | | \$80 per consultation, up to \$400 per claims year |
| NON SURGICAL TREATMENT excess applies (except for allergy services) | | |
| Non-surgical hospitalisation | | \$48,000 per claims year |
| Psychiatric hospitalisation | | \$2,250 per claims year |
| Allergy services | | \$600 per claims year. Must be provided by or under the care of an Affiliated Provider or a General Practitioner with an Easy-claim agreement with us |
| 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**;
- **Congenital conditions** except for umbilical hernia, inguinal hernia, undescended testes, hydrocele, tongue tie, phimosis and squint;
- Contraception or intrauterine devices except for Mirena 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 deformities or abnormalities of the facial skeleton and associated structures;
- Extraction of teeth;
- 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 on page 11 of the **policy** document;
- **Healthcare services** provided outside New Zealand;
- **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;
- HIV, HIV disorders including AIDS, and any medical condition that arises in any way from HIV infection;
- 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;
- 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 checkups 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;
- Obesity except as specifically provided by the gastric banding/ bypass **allowance**;
- 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;
- 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 except as specifically provided by the robotic prostatectomy, robotic partial nephrectomy and transoral robotic surgery benefits;
- Self-inflicted illness or injury;
- Sterilisation, or its reversal
- Subsequent breast reconstruction surgery 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 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 southerncross.co.nz/apply-now

ALREADY A MEMBER?

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