



Southern Cross
Health Society

BENEFIT SUMMARY

SuperCare

SuperCare provides a contribution towards cancer care, surgical treatment, diagnostic imaging, tests, consultations, non-surgical treatment and day-to-day treatment.

Tailoring your cover: For a more comprehensive plan consider **UltraCare** which provides higher reimbursement for an even wider range of healthcare services.

Example of benefits under SuperCare

These are **some of the benefits** that SuperCare 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		SuperCare
		Your refund will be the maximum in the below column or 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		
Chemotherapy treatment		\$54,000 per claims year. Must be performed by an Affiliated Provider. Maximum also includes includes reimbursement of the actual cost up to \$9,000 per claims year for non-Pharmac approved MedSafe indicated chemotherapy drugs
Radiotherapy treatment		Unlimited. Must be performed by an Affiliated Provider
SURGICAL TREATMENT		
Surgery		Policy limits apply. Refer to the policy document for the surgical treatment that must be performed by an Affiliated Provider
Minor skin surgery		\$6,750 per claims year. Must be performed by an Affiliated Provider
GP minor surgery		\$900 per claims year
SURGICAL ALLOWANCES		
Overseas treatment allowance		\$5,000 per claims year
RECOVERY AND SUPPORT		
Public hospital allowance		\$30 per night, up to \$2,100 per claims year
Ambulance allowance		\$162 per claims year
Travel and accommodation allowance		\$450 per claims year
Parent accommodation allowance		\$100 per night, up to \$500 per operation
Obstetrics allowance		\$800 per claims year. After 1 year of continuous cover. Specialist consultations and ultrasounds must be performed by an Affiliated Provider
Funeral allowance		\$2,160 one-off payment
Post-operative home nursing		\$150 per day, up to \$900 per claims year. After 1 year of continuous cover
Post-operative speech and language therapy		\$63 per visit, up to \$315 per claims year
Post-operative physiotherapy		\$54 per visit up to \$270 per claims year. Must be within 6 months of related eligible 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		\$9,000 per claims year (in total). Must be performed by an Affiliated Provider
Cardiac tests		\$3,750 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		\$2,500 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		\$4,500 per claims year. Must be performed by an Affiliated Provider
Psychiatrist consultations		\$675 per claims year. Must be performed by an Affiliated Provider
Dietitian consultations		\$90 per consultation, up to \$450 per claims year
NON SURGICAL TREATMENT		
Non-surgical hospitalisation		\$54,000 per claims year
Psychiatric hospitalisation		\$2,800 per claims year
Allergy services		\$675 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
DAY-TO-DAY TREATMENT		
General Practitioner		\$45 per visit (clinic) \$55 per visit (home or after hours)
Nurse		\$27 per consultation
Prescriptions		\$500 per claims year
Laboratory tests		\$63 per claims year
Physiotherapist		\$55 per visit, up to \$220 per claims year
Clinical psychologist		\$95 per visit, up to \$380 per claims year
Audiologist		\$72 per visit, up to \$180 per claims year
Hearing tests		\$180 per claims year
Chiropractor or osteopath		\$38 per visit, up to \$150 per claims year. After 1 year of continuous cover
VISION CARE		
Orthoptist		\$144 per claims year
Optometrist		\$45 per visit, up to \$225 per claims year
DENTAL TREATMENT		
Dental		\$100 per claims year
AFTER 3 YEARS CONTINUOUS COVER		
Gastric banding/bypass allowance		\$6,000 per lifetime. Specialist consultations and diagnostic imaging must be performed by an Affiliated Provider
Bilateral breast reduction allowance		\$3,600 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, crutches;
- Breast reduction except as specifically provided by the bilateral breast reduction **allowance**;
- **Chronic conditions**;
- **Congenital conditions** except where accepted after 3 years **continuous cover** on the SuperCare plan. The following conditions are not considered **congenital conditions** by us: 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;
- 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 treatment) benefits;
- **Healthcare services** performed by a dentist, periodontist, endodontist or orthodontist except as specifically provided by the dental benefit;
- **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 30 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 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;
- 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, except as specifically provided by the dental benefit;
- 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, psychiatric hospitalisation and clinical psychology 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 except as specifically provided by the laboratory tests benefit;
- Pregnancy and childbirth except as specifically provided by the obstetrics **allowance**;
- **Prophylactic healthcare services** unless approved by **Southern Cross** prior to treatment;
- **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 except as specifically provided by the sterilisation benefit, or its reversal;
- Subsequent breast reconstruction 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** except as specifically provided by the dental benefit;
- Surgically implanted lens(es) other than monofocal lens(es);
- Termination of pregnancy;
- Treatment of any condition not **detrimental to health**;
- Treatment of cleft palate;
- 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**