

# UltraCare

## Benefit summary



**UltraCare** provides cover for cancer care, surgical treatment, Specialist consultations, diagnostic imaging, tests and day-to-day treatment.

### TAILORING YOUR COVER

UltraCare 400 is available if you want to add optical and dental cover.

# Example of benefits under UltraCare

These are **some of the benefits** that UltraCare 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](https://southerncross.co.nz/plans) or contact us.

BENEFITS	UltraCare
<p>We will pay 100% of expenses (unless otherwise stated) for eligible healthcare services based on reasonable charges, up to the below policy limits.* Eligibility criteria may apply.  <b>Refer to the policy document for details.</b></p>	
<p><b>CHEMOTHERAPY FOR CANCER</b>            Effective from 9 November 2020</p>	
Chemotherapy for cancer (Base)	\$60,000 per claims year for Pharmac approved chemotherapy drugs. Maximum also includes \$10,000 per claims year for non-Pharmac approved Medsafe indicated chemotherapy drugs
<p><b>Cancer Cover Plus - Optional chemotherapy for cancer upgrades</b>            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.</p>	
Chemotherapy 100	\$100,000 per claims year for Pharmac approved chemotherapy drugs and non-Pharmac approved, Medsafe indicated chemotherapy drugs
Chemotherapy 300	\$300,000 per claims year for Pharmac approved chemotherapy drugs and non-Pharmac approved, Medsafe indicated chemotherapy drugs
<p><b>RADIOTHERAPY</b></p>	
Radiotherapy	Unlimited
<p><b>SURGICAL TREATMENT</b></p>	
Surgical procedures	Unlimited
Skin surgery under general anaesthetic or sedation, and Mohs	Refunded as per surgical procedures
Skin surgery with local or no anaesthetic	\$10,000 per claims year. Includes \$1,000 per claims year when performed by a GP. Must be performed by a Specialist, Affiliated Provider or General Practitioner. Includes all consultations related to skin lesions
GP minor surgery	\$1,000 per claims year. Excludes consultations and skin lesion services
<p><b>SURGICAL ALLOWANCES</b></p>	
Post mastectomy allowance to achieve breast symmetry	\$6,500 per lifetime
Overseas treatment allowance	\$30,000 per claims year
<p><b>RECOVERY AND SUPPORT</b></p>	
Ambulance allowance	\$180 per claims year
Travel and accommodation allowance	\$500 per claims year
Obstetrics allowance	\$1,000 per claims year (after 1 year continuous cover)
Post-operative home nursing	\$175 per day, up to \$2,800 per claims year (following related eligible surgical treatment, chemotherapy or radiotherapy)
Post-operative speech and language therapy	\$80 per visit, up to \$400 per claims year (following related eligible surgical treatment, chemotherapy or radiotherapy)
Post-operative physiotherapy	\$60 per visit up to \$300 per claims year (within 6 months of related eligible surgical treatment, chemotherapy or radiotherapy)
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 100% of the remaining balance of the eligible healthcare service, after the ACC contribution has been deducted

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

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## DIAGNOSTIC IMAGING AND TESTS

	\$100,000 per claims year (in total)
Cardiac tests	\$5,000 per claims year. Refer to the policy document for a full list of cardiac tests that are covered
Diagnostic tests	\$3,000 per claims year. Refer to the policy document for a full list of diagnostic tests that are covered

## CONSULTATIONS

Specialist consultations	\$10,000 per claims year. Excludes psychiatrist and all skin lesion consultations
Psychiatrist consultations	\$750 per claims year
Dietitian consultations	\$125 per consultation, up to \$625 per claims year

## NON SURGICAL TREATMENT

IV infusions (non-cancer)	\$1,000 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	\$3,500 per claims year
Allergy services	\$1,000 per claims year

## DAY-TO-DAY TREATMENT

General Practitioner	\$100 per visit
Annual health check	\$100 per claims year
Flu vaccination	One vaccination per claims year
Nurse	\$30 per visit
Prescriptions	\$600 per claims year
Laboratory tests	\$70 per claims year
Physiotherapist	\$60 per visit, up to \$300 per claims year
Chiropractor or Osteopath	\$60 per visit, up to \$300 per claims year for each benefit
Audiologist	\$200 per claims year
Hearing tests	\$210 per claims year
Dietitian or Nutritionist	\$440 per claims year
Podiatrist	\$400 per claims year
Clinical psychologist	\$150 per visit, up to \$600 per claims year

## VISION CARE

Orthoptist	\$200 per claims year
Optometrist	\$70 per visit, up to \$350 per claims year
Prescription glasses and contact lenses	UltraCare Base: No cover. UltraCare 400: \$500 per claims year

## DENTAL TREATMENT

Dental treatment	UltraCare Base: No cover. UltraCare 400: \$750 per claims year
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## AFTER 3 YEARS CONTINUOUS COVER

Gastric banding/bypass allowance	\$7,500 per lifetime
Bilateral breast reduction allowance	\$5,000 per lifetime
Prophylactic treatment allowance	\$50,000 per lifetime
Palliative care and treatment allowance	\$2,400 per claims year

\*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](http://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 where accepted after 3 years **continuous cover** on an UltraCare 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 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 except as specifically provided by extraction of unerupted or impacted teeth (under surgical procedures) and dental benefits;
- **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 surgical procedures) 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 34 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 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 check-ups (except as specifically provided by the annual health check benefit 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;
- 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** 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 except as specifically provided by the sterilisation benefit, 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** except as specifically provided by the dental benefit;
- 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**;
- Treatment of cleft palate;
- Vaccinations except as specifically provided by the flu vaccination benefit.

## 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](http://southerncross.co.nz/society/quote)

Apply online at

[southerncross.co.nz/apply-now](http://southerncross.co.nz/apply-now)

## Already a member?

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



**Southern Cross  
Health Insurance**