

# Westpac First Cover Plan

## Schedule of Benefits

This Policy provides 80% reimbursement of actual charges incurred (unless otherwise stated) for Approved Treatment based on Reasonable Charges, up to the Policy Limits stated below. Note that all Policy Limits include GST.

This Schedule of Benefits should be read together with the Membership Certificate, the List of Prostheses and Specialised Equipment and Terms and Conditions of Insurance, the Eligibility Criteria, the application form, the health insurance medical declaration (where relevant), the list of unapproved healthcare services, the list of Affiliated Provider-only healthcare services, and the list of policy variations and any amendment or variation made to them from time to time, which are available at [southerncross.co.nz/plans](https://southerncross.co.nz/plans) or by calling Southern Cross on 0800 800 181. The following documents that form part of your Policy are regularly updated, so you should always refer to our website at [southerncross.co.nz/plans](https://southerncross.co.nz/plans) for the latest versions: The Eligibility Criteria, the list of Unapproved Healthcare Services, the list of Prostheses and Specialised Equipment, the list of Affiliated Provider-only healthcare services and the list of policy variations.

The Membership Certificate details the plan selected in the application.

Eligibility Criteria may apply to some procedures, please refer to [southerncross.co.nz/eligibilitycriteria](https://southerncross.co.nz/eligibilitycriteria).

To see which Healthcare Services need to be performed by an Affiliated Provider to be eligible for cover, visit [southerncross.co.nz/ap-only](https://southerncross.co.nz/ap-only). You can find an Affiliated Provider that offers services covered by a particular benefit at [healthcarefinder.co.nz](https://healthcarefinder.co.nz)

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

This section reimburses 80% of actual charges incurred up to policy limits. Eligibility Criteria may apply. Some surgical procedures must be performed by an Affiliated Provider to be eligible for cover under this Policy. To see which procedures need to be performed by an Affiliated Provider to be eligible for cover, visit [southerncross.co.nz/ap-only](https://southerncross.co.nz/ap-only) Or you can find an Affiliated Provider that offers services covered by this benefit at [healthcarefinder.co.nz](https://healthcarefinder.co.nz)

	MAXIMUM PAYABLE PER PERSON
<p><b>Surgical Procedures</b> (includes cardiac and cancer surgery) Surgery performed by a Specialist or Affiliated Provider contracted for that Healthcare Service in an Approved Facility. <b>Surgeon fees, anaesthetist fees, intensivist fees</b> <b>Perfusionist fees</b> – including bypass machine supplies and off-bypass cardiac stabilisation consumables. <b>Hospital Fees</b> <b>Surgically implanted Prostheses and specialised equipment.</b></p>	<p>Unlimited</p> <p>Maximums apply. Refer to the List of Prostheses and Specialised Equipment.</p>
<p><b>Breast reconstruction</b> Breast reconstruction procedures of the affected breast following an eligible mastectomy. Any reconstruction procedures after the initial reconstruction procedure are only covered when performed within 2 years from either: - placement of the first permanent implant - the first fat grafting procedure - therapeutic mammoplasty, or - flap surgery. No time limit restrictions apply for nipple reconstruction, including tattooing.</p>	<p>Surgical procedures maximums apply</p>

## Surgical and medical treatment continued

This section reimburses 80% of actual charges incurred up to policy limits. Eligibility Criteria may apply. Some surgical procedures must be performed by an Affiliated Provider to be eligible for cover under this Policy. To see which procedures need to be performed by an Affiliated Provider to be eligible for cover, visit [southerncross/ap-only](http://southerncross/ap-only) Or you can find an Affiliated Provider that offers services covered by this benefit at [healthcarefinder.co.nz](http://healthcarefinder.co.nz)

	MAXIMUM PAYABLE PER PERSON
<p><b>Surgical Procedures continued</b></p> <p><b>Intravitreal injections (eyes)</b> Performed by an Affiliated Provider contracted for that Healthcare Service in an Approved Facility. Includes cover for drug costs limited to \$100 per injection regardless of drug type.</p> <p><b>Varicose Vein Procedures (legs)</b> After 3 years of continuous cover on this plan, this benefit provides cover for Varicose Vein Procedures and related duplex vein mapping. Cover is limited to two Varicose Vein Procedures per leg per Lifetime. The Lifetime limit does not apply to duplex vein mapping. Performed by an Affiliated Provider contracted for that Healthcare Service in an Approved Facility.</p> <p><b>Sclerotherapy or embolisation of simple vascular malformation</b> Performed by an Affiliated Provider contracted for that Healthcare Service in an Approved Facility. This benefit provides cover for up to two sclerotherapy or embolisation procedures for each simple vascular malformation per Lifetime.</p> <p><b>Percutaneous medial branch thermal radiofrequency neurotomy</b> Performed by an Affiliated Provider contracted for that Healthcare Service in an Approved Facility. This benefit provides cover for up to two percutaneous medial branch thermal radiofrequency neurotomy procedures per Lifetime.</p> <p><b>Tooth Extraction</b> This benefit covers the complete extraction or partial removal of teeth if removal is required to be performed before an eligible surgical treatment, chemotherapy, or radiotherapy. You must be referred by the treating Specialist for the eligible surgical treatment, chemotherapy, or radiotherapy.  After 3 years of continuous cover on this plan, this benefit provides cover for complete extraction or partial removal of unerupted or impacted teeth. Performed by an Affiliated Provider contracted for that Healthcare Service in an Approved Facility.</p>	<p>Surgical procedures maximums apply</p> <p>Surgical procedures maximums apply</p> <p>Surgical procedures maximums apply</p> <p>Surgical procedures maximums apply</p> <p>Surgical procedures maximums apply</p>
<p><b>Skin surgery</b></p> <p><b>Skin lesion removal or Mohs closure under general anaesthetic or IV sedation</b> For excision or biopsy of skin lesions and closure of a wound following Mohs surgery when performed under general anaesthetic or IV sedation. Must be performed by an Affiliated Provider contracted for that Healthcare Service in an Approved Facility.</p> <p><b>Skin lesion services under local anaesthetic with no anaesthetic or oral sedation</b> For excision, biopsy, cryotherapy, curettage and diathermy of skin lesions and Mohs surgery (including excision and closure) when performed without anaesthetic, under local anaesthetic, or with oral sedation. Must be performed by an Affiliated Provider contracted for that Healthcare Service or General Practitioner. Includes all consultations related to skin lesions.</p>	<p>Surgical procedures maximums apply</p> <p>\$5,000 per Claims Year (includes up to \$1,000 per Claims Year when performed by a General Practitioner who is not an Affiliated Provider and up to \$150 per Claims Year for cryotherapy of skin).</p>
<p><b>Chemotherapy and Radiotherapy</b></p> <p><b>Chemotherapy for cancer</b> Cover for Pharmac Approved Chemotherapy Drugs  Must be performed by an Affiliated Provider contracted for chemotherapy treatment for cancer. Unless advised otherwise by Southern Cross and/or the Affiliated Provider, Southern Cross will pay 80% of the actual charges incurred up to the \$60,000 per Claims Year maximum. Please note that not all procedures are available from all Affiliated Providers or in all areas.  Includes the cost of the administration of drugs, hospital accommodation in a single room and Ancillary Hospital Charges. Excludes consultations.  Maximum also includes reimbursement of 80% of the actual cost up to \$10,000 per Claims Year for non-Pharmac Approved Medsafe indicated Chemotherapy Drugs.</p> <p><b>Radiotherapy</b> Must be performed by an Affiliated Provider contracted for radiotherapy. Unless advised otherwise by Southern Cross and/or the Affiliated Provider, Southern Cross will pay 80% of the actual charges incurred. 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>\$60,000 per Claims Year</p> <p>Unlimited</p>
<p><b>Post-operative home nursing</b> Post-operative home nursing commencing within 14 days of related eligible surgical treatment, chemotherapy or radiotherapy and performed by a Nurse on the referral of a Specialist in private practice.</p>	<p>\$175 per day up to \$2,800 per Claims Year</p>
<p><b>Post-operative physiotherapy</b> Treatment by a physiotherapist registered with the Physiotherapy Board of New Zealand. Includes cover for treatment by a hand therapist registered with Hand Therapy New Zealand. Must be performed within 6 months of related eligible surgical treatment, chemotherapy or radiotherapy.</p>	<p>\$60 per visit up to \$300 per Claims Year</p>
<p><b>Post-operative speech and language therapy</b> Post-operative treatment must be performed within 6 months of related eligible surgical treatment, chemotherapy or radiotherapy 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>	<p>\$70 per visit up to \$350 per Claims Year</p>

## Surgical and medical treatment continued

This section reimburses 80% of actual charges incurred up to policy limits. Eligibility Criteria may apply. Some surgical procedures must be performed by an Affiliated Provider to be eligible for cover under this Policy. To see which procedures need to be performed by an Affiliated Provider to be eligible for cover, visit [southerncross/ap-only](https://southerncross.ap-only.co.nz) Or you can find an Affiliated Provider that offers services covered by this benefit at [healthcarefinder.co.nz](https://healthcarefinder.co.nz)

	MAXIMUM PAYABLE PER PERSON
<p><b>Overseas treatment</b></p> <p>Reimbursement of medical expenses for treatment that you receive overseas if that treatment is not available in New Zealand. All the following must apply: It's a Healthcare Service that is recommended by a Specialist as necessary for treatment of the health condition involved, is not experimental or unorthodox, is widely accepted professionally as effective, appropriate and essential based upon recognised standards of the healthcare specialty involved, and it's not available in the public or private sector within New Zealand. Southern Cross must approve the treatment based on a medical report the member provides, and prior approval should be requested before treatment takes place. Ordinary Policy Exclusions apply. No reimbursement for accommodation or travel expenses.</p>	\$10,000 per Claims Year
<p><b>IV infusions (non-cancer)</b></p> <p>For IV infusions of Medsafe-indicated drugs for treatment of the condition you've been diagnosed with. The IV infusion must be provided in an approved facility by, or under the care of, a specialist. Excludes consultations and the cost of non-Pharmac Approved drugs.</p>	\$750 per Claims Year
<p><b>Allergy services</b></p> <p>Provided by or under the care of an Affiliated Provider contracted for allergy services or a General Practitioner who has an Easy-Claim agreement with Southern Cross. Covers allergy related services including allergy testing and desensitisation. Excludes consultations and the cost of non-Pharmac Approved drugs.</p>	\$750 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>GP minor surgery</b></p> <p>Performed by a General Practitioner. Excludes consultations and skin lesion services.</p>	\$1,000 per Claims Year
<p><b>Surgical Allowances</b></p> <p><b>Breast symmetry Allowance</b></p> <p>Cover is for symmetry procedures performed on the unaffected breast. This Allowance contributes towards breast symmetry procedures by augmentation or reduction of the unaffected breast following an eligible mastectomy and any subsequent treatment that may be required. Specialist consultations and diagnostic imaging must be performed by an Affiliated Provider.</p>	\$2,500 per Lifetime
<p><b>Breast reduction Allowance</b></p> <p>After 3 years of continuous cover. A medical report by a Specialist is required to assess eligibility for cover. This Allowance contributes towards breast reduction procedures and any subsequent treatment that may be required. Specialist consultations and diagnostic imaging must be performed by an Affiliated Provider.</p>	\$5,000 per Lifetime
<p><b>Gastric banding/bypass Allowance</b></p> <p>After 3 years of continuous cover. A medical report by a Specialist is required to assess eligibility for cover. This Allowance includes 1 surgical procedure and any subsequent treatment that may be required. Specialist consultations and diagnostic imaging must be performed by an Affiliated Provider.</p>	\$7,500 per Lifetime
<p><b>Other benefits</b></p> <p>This section reimburses 80% of charges incurred up to policy limits.</p>	MAXIMUM PAYABLE PER PERSON
<p><b>Hospice cover</b></p> <p>For overnight admissions.</p> <p><b>Child</b></p>	\$25 per night up to \$250 per admission up to \$1,200 per Claims Year
<p><b>Adult</b></p>	\$50 per night up to \$500 per admission up to \$2,400 per Claims Year
<p><b>Accident and Treatment Injury cover</b></p> <p>For Accident or Treatment Injury related Healthcare Services or Work-Related Gradual Process Injury where ACC have not provided full cover, Southern Cross will provide cover under the applicable benefit and associated Policy 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. Where you require a Healthcare Service related to an Accident or Treatment Injury or Work-Related Gradual Process Injury, you must make every reasonable effort to obtain ACC approval for payment of the cost of your Healthcare Service. This includes signing all documents and performing all acts necessary so we can fully protect and realise any entitlement either on your behalf or in its own right.</p>	
<p><b>Parent accommodation Allowance</b></p> <p>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.</p>	\$100 per day \$500 per Operation
<p><b>Travel and accommodation Allowance</b></p> <p>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, ferries and ride sharing services) and hotel/motel rooms, hospital flats (or hospital rooming fees for the support person) and short-term rental accommodation through hosting platforms. All travel and accommodation must be within New Zealand. No cover for hire car, mileage or petrol costs.</p>	\$500 per Claims Year

## Specialists and tests

Eligibility Criteria may apply. This section reimburses 80% of actual charges incurred up to policy limits.

MAXIMUM PAYABLE PER PERSON

### Imaging

Must be performed within 6 months of related eligible surgical treatment, chemotherapy or radiotherapy.

\$60,000 per Claims Year (in total)

#### ALL IMAGING MUST BE PERFORMED BY AN AFFILIATED PROVIDER CONTRACTED FOR IMAGING

Must meet applicable Eligibility Criteria. Unless advised otherwise by Southern Cross and/or the Affiliated Provider, Southern Cross will pay 80% of the amount charged up to the \$60,000 per Claims Year (in total) listed above. Please be aware that not all procedures are available from all Affiliated Providers or in all areas.

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

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

#### 2D and 3D mammography

#### Nuclear medicine scanning (scintigraphy)

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

#### CT angiogram (CTA)

**CT coronary angiogram (CTCA)** must be referred by a Specialist in private practice.

**MR angiogram (MRA)** must be referred by a Specialist in private practice.

#### Computed 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 and cardiac conditions.

### Tests

On referral by a Specialist in private practice and in an Approved Facility. Must be performed within 6 months of related eligible surgical treatment, chemotherapy or radiotherapy.

#### Cardiac tests

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

#### ALL CARDIAC TESTS MUST BE PERFORMED BY AN AFFILIATED PROVIDER CONTRACTED FOR CARDIAC TESTS

Must meet applicable Eligibility Criteria. Unless you are advised otherwise by Southern Cross and/or your Affiliated Provider, we will pay 80% of the actual charges incurred by your Affiliated Provider up to the \$5,000 per Claims Year (in total) listed above. Please be aware that not all procedures are available from all Affiliated Providers or in all areas.

Advanced electrocardiogram (A-ECG)

Echocardiogram

Resting ECG

Stress echocardiogram

Exercise ECG

Dobutamine stress echocardiogram

Holter monitoring

Transoesophageal echocardiogram (TOE)

#### Diagnostic Tests

For a list of all Diagnostic Tests covered under this benefit, see the definition of Diagnostic Tests in the Terms and Conditions of Insurance.

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

#### DIAGNOSTIC TESTS THAT MUST BE PERFORMED BY AN AFFILIATED PROVIDER CONTRACTED FOR DIAGNOSTIC TESTS

Some Diagnostic Tests must be performed by an Affiliated Provider and meet applicable Eligibility Criteria. Unless you are advised otherwise by Southern Cross and/or your Affiliated Provider, we will pay 80% of the actual charges by your Affiliated Provider up to the \$3,000 per Claims Year (in total) listed above. To see which Diagnostic Tests need to be performed by an Affiliated Provider to be eligible for cover, visit [southerncross.co.nz/plans](http://southerncross.co.nz/plans). Please be aware that not all Healthcare Services are available from all Affiliated Providers or in all areas.

Ambulatory blood pressure monitoring (ABPM)

Scanning laser polarimetry (SLP)

Anorectal physiology studies

Intraocular pressure test (IOP) test

Fractional exhaled nitric oxide (FeNO) test

Urea breath test (H. pylori breath test)

Caloric reflex test

Specular microscopy

Corneal pachymetry

Ultrasound of the eye

Fluorescein angiography

Videonystagmography (VNG)

Electrooculogram (EOG)

Visual fields test

Electroretinogram (ERG)

### Specialist consultations

Must be performed by a Specialist who is an Affiliated Provider contracted for consultations. Includes consultations with a Health Services Provider who is working under the supervision of the Specialist, and specified in our Affiliated Provider agreement, where approved by us. Excludes psychiatrist and all skin lesion consultations. Must be performed within 6 months of related eligible surgical treatment, chemotherapy or radiotherapy to be entitled to cover. Oncologist and radiation oncologist consultations are not subject to this condition.

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

### Dietitian consultations

Treatment by a dietitian registered with the New Zealand Dietitian Board. On referral by a Specialist in private practice. Must be performed within 6 months of related eligible surgical treatment, chemotherapy or radiotherapy.

\$100 per consultation  
up to \$500 per Claims Year