

First Cover Plan 1, First Cover Plan 1 Plus, First Cover Plan 2 and First Cover Plan 2 Plus

Surgical and medical treatment continued

Southern Cross will reimburse 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. To see which procedures need to be performed by an Affiliated Provider to be eligible for cover, visit southerncross/plans. Or you can find an Affiliated Provider that offers services covered by this benefit at healthcarefinder.co.nz

	MAXIMUM PAYABLE PER PERSON
Intravitreal injections (eyes) 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.	Surgical procedures maximums apply
Varicose Vein Procedures (legs) 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.	Surgical procedures maximums apply
Sclerotherapy or embolisation of simple vascular malformation 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.	Surgical procedures maximums apply
Percutaneous medial branch thermal radiofrequency neurotomy 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.	Surgical procedures maximums apply
Tooth Extractions 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.	Surgical procedures maximums apply
Skin surgery Skin lesion removal or Mohs closure under general anaesthetic or IV sedation For excision or biopsy of skin lesions and closure of a wound following a 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.	Surgical procedures maximums apply
Skin lesion services under local anaesthetic, with no anaesthetic or oral sedation 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.	\$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).
GP minor surgery Performed by a General Practitioner. Excludes consultations and skin lesion services.	\$1,000 per Claims Year
Surgical Allowances Gastric banding/bypass Allowance 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.	\$7,500 per Lifetime
Breast reduction Allowance 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.	\$5,000 per Lifetime
Breast symmetry Allowance 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.	\$2,500 per Lifetime
Overseas treatment Allowance 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.	\$10,000 per Claims Year
Chemotherapy and Radiotherapy Chemotherapy for cancer 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. 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 charges incurred up to \$10,000 per Claims Year for non-Pharmac Approved Medsafe indicated Chemotherapy Drugs.	\$60,000 per Claims Year
Radiotherapy 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. Please note not all procedures are available from all Affiliated Providers or in all areas, and that 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).	Unlimited

Surgical and medical treatment continued

Southern Cross will reimburse 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. To see which procedures need to be performed by an Affiliated Provider to be eligible for cover, visit southerncross.co.nz/plans. Or you can find an Affiliated Provider that offers services covered by this benefit at healthcarefinder.co.nz

MAXIMUM PAYABLE PER PERSON

Recovery

Post-operative home nursing

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.

\$175 per day
up to \$2,800 per Claims Year

Post-operative physiotherapy

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.

\$60 per visit
up to \$300 per Claims Year

Post-operative speech and language therapy

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.

\$70 per visit
up to \$350 per Claims Year

Non-surgical treatment

IV infusions (non-cancer)

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.

\$750 per Claims Year

Psychiatric hospitalisation

For admission and care by a Specialist vocationally registered in psychiatry in an Approved Facility.

\$330 per night
\$200 for Ancillary Hospital Charges
\$1,650 per admission
(including accommodation, Drugs/ancillary)

Allergy services

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.

\$750 per Claims Year

Support

Southern Cross will reimburse 80% of actual charges incurred up to Policy Limits.

MAXIMUM PAYABLE PER PERSON

Travel and accommodation Allowance

For 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 car hire, mileage or petrol costs.

\$500 per Claims Year

Accident and Treatment Injury cover

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.

Parent accommodation Allowance

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.

\$100 per day
\$500 per Operation

Hospice cover

For overnight admissions.

Child

\$25 per night
up to \$250 per admission
up to \$1,200 per Claims Year

Adult

\$50 per night
up to \$500 per admission
up to \$2,400 per Claims Year

Diagnostic imaging

Eligibility Criteria may apply. Southern Cross will reimburse 80% of actual charges incurred up to Policy Limits.

MAXIMUM PAYABLE PER PERSON

Diagnostic Imaging

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

Must meet applicable Eligibility Criteria. 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 (in total) as listed above. Please be aware that not all procedures are available from all Affiliated Providers or in all areas.

X-rays 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.

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

Tests and consultations

Eligibility Criteria may apply. Southern Cross will reimburse 80% of actual charges incurred up to Policy Limits.

MAXIMUM PAYABLE PER PERSON

Tests

On referral by a Specialist in private practice. Must be performed within 6 months of related eligible surgical treatment, chemotherapy or radiotherapy to be entitled to cover under First Cover Plan 1 and First Cover Plan 1 Plus.

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 up to the \$5,000 per Claims Year (in total). 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

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

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

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 incurred 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. 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

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

Must be performed by a Specialist who is an Affiliated Provider contracted for consultations. It also 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 under First Cover Plan 1 and First Cover Plan 1 Plus. Oncologist and radiation oncologist consultations are not subject to this condition.

Dietitian consultations

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

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 to be entitled to cover under First Cover Plan 1 and First Cover Plan 1 Plus.

First Cover Plan 1 and First Cover Plan 1 Plus

No cover

First Cover Plan 2 and First Cover Plan 2 Plus

Psychiatrist consultations

Must be performed by a Specialist vocationally registered in psychiatry.

\$200 per Claims Year

Audiology consultations

Performed by an audiologist who is a member of the New Zealand Audiological Society.

\$200 per Claims Year

Hearing tests

Performed by an audiologist or audiometrist who is a member of the New Zealand Audiological Society.

\$210 per Claims Year

Including puretone, audiometry, impedance, tympanometry and brain stem evoked responses.

Laboratory tests

\$70 per Claims Year

Performed for diagnostic purposes but not funded by a government agency. Performed by an accredited hospital, community based or regional referral laboratory approved by International Accreditation New Zealand.

Day-to-day treatment

Southern Cross will reimburse 80% of actual charges incurred up to Policy Limits.

MAXIMUM PAYABLE PER PERSON

First Cover Plan 1 and First Cover Plan 2

No cover

First Cover Plan 1 Plus and First Cover Plan 2 Plus

Doctor visits

Clinic, home or after hours visits with a General Practitioner or Nurse.

3 visits per Claims Year
\$50 per visit

Prescriptions

Charges for Drugs prescribed by a Health Services Provider. Excludes the cost of non-Pharmac Approved drugs.

\$100 per Claims Year