



Your policy update

Effective from 22 October 2024

Here are the key changes to your UltraCare policy that took effect on 22 October 2024. Please read them carefully so you understand the changes that are being made to your policy.

This information is to help you understand the changes to your plan. Your health insurance policy is made up of a number of documents, including your membership certificate and the policy document. Together all these documents, outline your cover.

You should check your membership certificate to see if you have cover for pre-existing conditions under any previous Southern Cross plans and select those plans to view changes that might affect your cover.

What's changing?	Existing policy document (effective until 22 October 2024)	New policy document (effective from 22 October 2024)
 Breast reduction allowance		
Lifetime limit increasing from \$5,000 to \$15,000.	Limit is \$5,000 per lifetime.	Limit is \$15,000 during a lifetime.
Limit of one surgical procedure per lifetime will be removed.	Cover is limited to one surgical procedure and any follow-up treatment required per lifetime.	No limit on the number of surgical procedures you can have during your lifetime, including any follow-up treatment required, up to the \$15,000 lifetime limit.
Cover will expand to include procedures that affect a single breast only. We're expanding cover to include breast reduction procedures for a single breast, in addition to our existing cover for procedures involving both breasts. We're updating the name of this allowance to reflect this change.	Current name is 'Bilateral breast reduction allowance'. Only breast reduction procedures affecting both breasts are covered.	New name is 'Breast reduction allowance'. Breast reduction procedures affecting a single breast or both breasts are covered.
 Breast symmetry allowance		
Lifetime limit increasing from \$6,500 to \$10,000.	Limit is \$6,500 per lifetime.	Limit is \$10,000 during a lifetime.
Limit of one surgical procedure per lifetime will be removed.	Cover is limited to one surgical procedure and any follow-up treatment required per lifetime.	No limit on the number of surgical procedures you can have during your lifetime, including any follow-up treatment required, up to the \$10,000 lifetime limit.

Removal of 2-year restriction.

The requirement that breast symmetry surgery must be completed within 2 years of the first eligible breast reconstruction surgery will be removed.

Breast symmetry surgery must be completed within 2 years of the first eligible breast reconstruction surgery following an eligible mastectomy.

Breast symmetry procedures can be completed at any time following an eligible mastectomy.

Clarification of cover.

We're changing the name of this allowance to clarify that it will cover breast symmetry surgery that's performed after, or at the same time as an eligible mastectomy.

Current name is 'Post mastectomy allowance to achieve breast symmetry'.

New name is 'Breast symmetry allowance'.

Mental health consultations

Introduction of a new, more flexible Mental health consultations benefit.

New benefit:

- Mental health consultations up to \$1,500 per claims year.
- Covers consultations with both psychologists and psychiatrists. No requirement that psychologists must be clinical psychologists.

Removal of

- Psychiatrist consultations benefit
- Clinical psychologist benefit.

The new Mental health consultations benefit set out above provides more flexible cover for services for mental health.

Psychiatrist consultations benefit:

- Up to \$750 per claims year

Clinical psychologist benefit:

- Up to \$600 per claims year.

Other changes to your plan

Introduction of cover for prescriptions and physiotherapy related to pregnancy and childbirth.

Prescriptions and physiotherapy related to pregnancy and childbirth are **not covered**.

Prescriptions and physiotherapy related to pregnancy and childbirth are **covered** (up to the policy limits).

View the healthcare services and prostheses which will be included under the Surgical procedures benefit

Some of these may have already been approved for cover. You can call us to check.

- Prosthetic iris device including custom-made artificial iris
- Minimally invasive glaucoma surgery: Kahook dual blade goniotomy, iTrack canaloplasty, implantation of trabecular bypass microstent – Glaukos iStent, implantation of minimally invasive subconjunctival filtration device (microshunt) – Allergan XEN or Glaukos PreserFlo, micropulse transscleral cyclophotocoagulation
- Botulinum toxin type A for laryngeal dystonia
- Temporomandibular joint (TMJ) total joint replacement (TJR)
- Initial pacemaker device
- Cochlear implant device
- Periurethral injection for incontinence: periurethral bulking agent (Bulkamid).

View changes to general policy terms and conditions

A new list of [policy variations](#) is being introduced and will form part of your policy.

This list sets out variations to policy terms and conditions that may apply from time to time. These variations include the way we treat some exclusions (as listed in the policy document) and certain benefit terms, or new ways of delivering healthcare services we're testing. This may mean you can access additional cover while these variations are included on the list of [policy variations](#).

The list of documents that form part of your health insurance policy is being updated.

Your application form, any health insurance medical declarations and the list of [policy variations](#) are included in the list of documents that form part of your policy.

We're changing how we communicate changes to certain documents that form part of your policy.

This means you may not receive direct communications for all changes, and you'll need to refer to our website for the latest versions of the following information: the [eligibility criteria](#), the list of [unapproved healthcare services](#), the list of [Prostheses and Specialised Equipment](#), and the list of [policy variations](#).

The financial strength rating summary is being updated – no changes to Southern Cross Health Society's financial strength rating.

To reflect the updates made by our rating agency, we're removing the 'R' (Regulatory Action) and 'NR' (Not Rated) ratings from the financial strength rating summary and updating the web address to spglobal.com/ratings/en/about/intro-to-credit-ratings.

References to the Southern Cross Medical library are being removed.

The Medical library on our website is no longer available so any references to it in the policy document are being removed.

References to 'DHB' have been updated to 'Health NZ Te Whatu Ora'.

'DHB' was an abbreviation for District Health Board. These have been disestablished. Health New Zealand Te Whatu Ora is the relevant national health entity.

The exclusion for illnesses, injuries, conditions or disabilities related to intoxication is being removed.

The exclusion for substance abuse, intoxication or drug taking has been revised to focus only on the abuse of substances such as alcohol or drugs, rather than intoxication on its own.

Unclaimed monies.

We're extending the length of time we will hold unclaimed monies for you from 2 years to 4 years.

The 3 month stand-down period for adding newborns without the need to complete a health insurance medical declaration is being removed.

Newborn children can be added without underwriting, provided they were born after the policy start date and the policyholder adds the child within 3 months of the child's birth date.

Removal of requirement to disclose if your surgical procedure requires a registered nurse first surgical assistant.

When you apply for prior approval, you won't need to let us know if a registered nurse first surgical assistant will be required as part of your surgery. But you'll still need to let us know if your surgery requires more than one surgeon, including an assistant surgeon.

[View changes to policy document for clarification purposes](#)



The policy exclusions section is being revised to make it clearer.

This includes adding examples to help understanding, removing words where they do not change the meaning, updating terminology and combining some exclusions under the same heading where appropriate.

Exclusion for administrative charges.

Administrative charges are not covered by your policy. A specific exclusion will be added to clarify this.

Clarification on membership certificate and policy document information.

We're including wording to clarify that if information on your membership certificate contradicts what's stated in your policy document, the information on your membership certificate takes precedence over the policy document.

Cover under the Obstetrics allowance.

Cover is only for members who receive obstetric care and services directly. It excludes cover for accommodation costs for any support person.

Exclusion for transfusion or injection of autologous blood or blood products.

The exclusion for transfusion or injection of autologous blood or blood products does not apply when used as part of eligible chemotherapy treatment.

Pre-existing conditions exclusions.

The exclusion for pre-existing conditions does not apply to healthcare services covered under the Day-to-day treatment benefit or the Vision and dental benefit.

Cover under the Day-to-day treatment benefit for general practitioner services and nurse services.

Consultations or treatment performed by a nurse at a general practice clinic are covered under general practitioner services to the higher limit of \$100 each visit, rather than the limit for nurse services (\$30 each visit). If you receive both general practitioner and nurse services during the same visit at a general practice clinic, this will be treated as one visit for the purposes of the general practitioner services policy limit.

Cover for second opinions under the Specialist consultations benefit.

The Specialist consultations benefit includes cover for obtaining a second opinion regarding a diagnosis or treatment plan from another specialist.

Surgical procedures benefit covers Major diagnostic procedures.

Major diagnostic procedures are covered under the Surgical procedures benefit, including angiograms and endoscopies.

Cover for less invasive procedures and medical treatment.

Cover is available under the Surgical procedures benefit for some less invasive procedures and medical treatments if a specialist considers it more appropriate for your condition.

Underwriting requirements for adult dependants taking out their own policy.

Adult dependants who apply for their own Southern Cross health insurance policy within 1 month of being removed from an existing policy do not need to

complete a new health insurance medical declaration if they're applying for the same or a lower level of cover.

Impact of policy changes on claims year.

Any changes you make to your policy may reset your claims year.

Impact of changes to payment method or frequency on the policy anniversary date.

Changing the payment method or payment frequency may, but will not always, change your policy anniversary date. We advise you to check the policy anniversary date on your new membership certificate if you make any changes.

Updates to Gastric banding/bypass allowance.

The following procedures will be listed under this allowance: endoscopic sleeve gastropasty, single anastomosis duodeno-ileostomy with sleeve (SADI-S), sleeve gastrectomy, Roux-en-Y and mini gastric bypass.

Termination of Southern Cross membership.

A policyholder's death is one of the reasons their membership may be terminated. When a policyholder's membership is terminated, the policy will terminate and the membership of any dependants will also end.

Correction of General Practitioner definition

Correction of the definition for General Practitioner by adding the word 'or'.

Disclosing pre-existing conditions.

If you haven't disclosed a pre-existing condition on the application form or relevant health insurance medical declaration, we may decline any cover for healthcare services relating to the pre-existing condition, subject to the policy terms regarding cover of pre-existing conditions after 3 years of continuous cover.

Application of the family history of cancer exclusion under Cancer Cover Plus.

Only the specific cancer which you have a family history of is excluded for cover under Cancer Cover Plus.

Clarification of the term 'Medsafe-Indicated'.

Clarification of the term 'Medsafe-indicated' when used in the Chemotherapy for cancer and IV infusion (non-cancer) benefits and Cancer Cover Plus.

Examples of general practitioner minor surgeries.

The removal or resection of ingrown toenails, steroid or cortisone injections and abscess drainage will be added as examples of procedures covered under the GP minor surgery benefit.

Cover for work-related gradual process injuries.

References to work-related gradual process injuries will be included in the Accident and treatment injury top-up benefit.

Terminology under the Accident and treatment injury top-up benefit.

The reference to 'annual limits' will be changed to 'policy limits' to reflect that different types of limits may apply for example limits per operation, procedure, item, day, lifetime or annual limits.

Your responsibility under the Accident and treatment injury top-up benefit.

The existing requirement to do everything you reasonably can to obtain ACC approval for payment of the cost of any healthcare services which may be covered by ACC, includes signing all necessary documents.

Explanation of the phrase 'highly increased risk of developing a disease' under the Prophylactic treatment allowance.

Wording from the existing eligibility criteria will be included in the policy document to increase awareness of what we consider when deciding if you have a 'highly increased risk of developing a disease' for the purposes of this benefit.

Update to the definition of eligibility criteria in the Glossary of terms.

The reference to 'procedure' will be replaced with 'healthcare services' as 'procedure' was not sufficiently inclusive.

Removal of unnecessary definitions from the Glossary of terms.

The definitions for 'lifetime' and 'allowance' will be removed from the Glossary of terms.
