

RegularCare

Benefit summary



RegularCare provides a contribution towards cancer treatment, surgical treatment, specialist consultations, diagnostic imaging, tests and day-to-day treatment, where you share the costs with Southern Cross.

TAILORING YOUR COVER

To help reduce your premiums, you can apply an excess.

RegularCare benefit summary

This is only a high-level summary of some of the benefits available under the **RegularCare** plan. It does not form part of your contract with Southern Cross Medical Care Society. It is intended to help you understand what is covered and how your policy works.

For full policy terms and conditions, including specific benefit limits and exclusions, please refer to the full policy document available on our website southerncross.co.nz/regularcare where you can also view the other documents that form part of the **RegularCare** policy which may change from time to time, including 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. You can also contact us directly to request copies.

BENEFITS

RegularCare

We'll cover up to 80% of the actual charges incurred for eligible healthcare services. We'll cover these charges up to the policy limits and subject to any excess, as outlined in each benefit in the **KiwiCare** and **RegularCare** policy document. Eligibility criteria may apply and some procedures must be performed by an Affiliated Provider. **Refer to the policy document for details.**

CANCER TREATMENT Excess applies

Chemotherapy for cancer (Base)	\$48,000 each claims year for costs associated with chemotherapy treatment. Maximum also includes \$8,000 each claims year for non-Pharmac approved Medsafe-indicated chemotherapy drugs for treatment of the cancer you have been diagnosed with.
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Cancer Cover Plus - Optional chemotherapy for cancer upgrades*

You can choose to upgrade from the chemotherapy for cancer (base) benefit above to one of the Cancer Cover Plus options, Chemotherapy 100 or Chemotherapy 300. This gives you a higher level of cover for costs associated with chemotherapy treatment, including chemotherapy drugs that are not Pharmac approved but are Medsafe-indicated for treatment of the cancer you have been diagnosed with.

Chemotherapy 100	\$100,000 each claims year for costs associated with chemotherapy treatment. No limit on the amount of the claims year maximum which can be used for chemotherapy drugs that are not Pharmac approved but are Medsafe-indicated for treatment of the cancer you have been diagnosed with.
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Chemotherapy 300	\$300,000 each claims year for costs associated with chemotherapy treatment. No limit on the amount of the claims year maximum which can be used for chemotherapy drugs that are not Pharmac approved but are Medsafe-indicated for treatment of the cancer you have been diagnosed with.
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Radiotherapy	Reasonable charges incurred (no maximum)
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SURGICAL TREATMENT Excess applies (except for GP minor surgery and skin surgery with local or no anaesthetic)

Surgical procedures	\$100,000 each operation (prostheses maximums apply).
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Skin lesion removal and Mohs closure under general anaesthetic or IV sedation	Covered under the 'Surgical procedures' benefit ('surgical procedures' benefit maximum applies).
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Skin lesion services	\$5,000 each claims year
	\$1,000 of the claims year limit for skin lesion services when performed by a GP who is not an Affiliated Provider.
	\$150 of the claims year limit for cryotherapy of skin lesions. Includes all consultations related to skin lesions.

GP minor surgery	\$800 per claims year. Excludes consultations and skin lesion services.
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SURGICAL ALLOWANCES

Breast symmetry allowance	\$10,000 during a lifetime
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Overseas treatment allowance	\$5,000 each claims year
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SUPPORT

Travel and accommodation allowance	\$400 each claims year
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Ambulance allowance	\$144 per claims year
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Accident and treatment injury top-up	For healthcare services related to an accident, treatment injury or work-related gradual process injury where ACC have not provided cover for the full amount charged, you can make a claim for the shortfall under the relevant benefit if that healthcare service is covered under your policy. The policy limits and terms and conditions of that benefit will apply. We will refund up to 80% of the remaining cost of the eligible healthcare service, after the ACC contribution has been deducted, up to the policy limits of the relevant benefit.
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RECOVERY

Post-operative home nursing	\$150 each day, up to \$900 each claims year (after 1 year continuous cover). Care must start within 14 days of related eligible surgical treatment, chemotherapy or radiotherapy.
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Post-operative speech and language therapy	\$56 each visit up, to \$280 each claims year. Must be within 6 months of related eligible surgical treatment, chemotherapy or radiotherapy.
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Post-operative physiotherapy	\$30 each visit, up to \$180 each claims year. Must be within 6 months of related eligible surgical treatment, chemotherapy or radiotherapy.
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IMAGING AND TESTS

Diagnostic imaging	\$8,000 each claims year
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Laboratory tests	\$56 each claims year
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Cardiac tests	\$3,000 each claims year
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Diagnostic tests	\$2,000 each claims year
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CONSULTATIONS

Specialist consultations	\$4,000 each claims year
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Psychiatrist consultations	\$600 each claims year
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Dietitian consultations	\$80 each consultation, up to \$400 each claims year
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NON-SURGICAL TREATMENT

IV infusions (non-cancer)	\$600 each claims year. For IV infusions of drugs that are Medsafe-indicated for treatment of the condition that you have been diagnosed with. Excludes the cost of non-Pharmac approved drugs.
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Psychiatric hospitalisation	\$2,250 each claims year
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Allergy services	\$600 each claims year
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DAY-TO-DAY TREATMENT

General Practitioner services	\$45 each visit
Nurse services	\$20 each visit
Prescriptions	\$400 each claims year (excludes cover for drugs that are not Pharmac approved)
Physiotherapy	\$30 each visit, up to \$180 each claims year
Audiology services	\$40 each consultation, up to \$128 each claims year
Hearing tests	\$128 each claims year
Orthoptist treatment	\$128 each claims year

AFTER 3 YEARS OF CONTINUOUS COVER

Varicose vein procedures and related duplex mapping	Covered under the 'Surgical procedures' benefit ('Surgical procedures' benefit maximum applies). Multiple procedures during a single operation count as separate procedures under the lifetime limit for each leg.
Gastric banding/bypass allowance	\$5,000 during a lifetime
Breast reduction allowance	\$15,000 during a lifetime
Prophylactic treatment allowance	\$30,000 during a lifetime

*Cancer Cover Plus upgrades are fully underwritten, regardless of any pre-existing condition concessions. Eligibility criteria apply. Only available to purchase where all members on a policy are under 60 years old. Excludes cover for specific cancers which the person covered has a family history of (see **KiwiCare** and **RegularCare** policy document for more information).

Interested in joining?

Call **0800 100 777**, or if your employer has a work scheme call **0800 438 268**

For a free quote, or to apply, visit join.southerncross.co.nz/quote

Already a member?

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