

Wellbeing Two

Benefit summary



Wellbeing Two provides cover for healthcare services like cancer treatment, surgical treatment, specialist consultations, diagnostic imaging and tests, obstetric care and laboratory tests.

TAILORING YOUR COVER

You can add the Keeping Well Module* (GP and nurse services, optometry services, dental services and other benefits), Body Care Module (preventative, allied and natural healthcare services), Day-to-day Module* and Vision and Dental Module*. To help reduce your premiums, you can apply an excess.

*Day-to-day and Vision and Dental modules cannot be held with the Keeping Well Module.

Wellbeing Two benefit summary

This is only a high-level summary of some of the benefits available under the **Wellbeing Two** 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/wellbeingtwo where you can also view the other documents that form part of the **Wellbeing Two** 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	Wellbeing Two
	We'll cover the actual charges or the reasonable charges incurred for an eligible healthcare service. We'll cover these charges up to the policy limits and subject to any excess. 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)	\$60,000 each claims year for chemotherapy treatment. Maximum also includes \$10,000 each claims year for chemotherapy drugs which are not Pharmac approved but are 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 for 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.
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.
Radiotherapy	Reasonable charges incurred (no maximum)

SURGICAL TREATMENT Excess applies (except for GP minor surgery and skin surgery with local or no anaesthetic)

Surgical procedures	Unlimited (prostheses maximums apply)
Skin lesion removal and Mohs closure under general anaesthetic or IV sedation	Covered under the 'Surgical procedures' benefit ('surgical procedures' benefit maximum applies)
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	\$1,000 each claims year. Excludes consultations and skin lesions services.

SURGICAL ALLOWANCES

Breast symmetry allowance	\$10,000 each claims year
Overseas treatment allowance	\$30,000 each claims year

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

Post-operative home nursing	\$175 each day, up to \$2,800 each claims year
Post-operative physiotherapy	\$60 each visit, up to \$300 each claims year
Post-operative speech and language therapy	\$70 each visit, up to \$350 each claims year

SUPPORT

Ambulance allowance	\$180 each claims year
Travel and accommodation allowance	\$500 each claims year
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 cover the remaining cost of the eligible healthcare service, after the ACC contribution has been deducted, up to the policy limits of the relevant benefit.

IMAGING AND TESTS

Diagnostic imaging	\$60,000 each claims year
Cardiac tests	\$5,000 each claims year
Diagnostic tests	\$3,000 each claims year
Laboratory tests	\$70 each claims year

CONSULTATIONS

Specialist consultations	\$5,000 each claims year
Psychiatrist consultation	\$750 each claims year
Dietitian consultations	\$100 each consultation, up to \$500 each claims year

NON-SURGICAL TREATMENT

IV infusions (non-cancer)	\$750 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.
Psychiatric hospitalisation	\$3,500 each claims year
Allergy services	\$750 each claims year

AFTER 1 YEAR OF CONTINUOUS COVER

Obstetrics allowance	\$750 each claims year
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AFTER 3 YEARS OF CONTINUOUS COVER

Complete extraction or partial removal of unerupted or impacted teeth	Covered under the 'Tooth extraction' benefit under the 'Surgical procedures' benefit ('Surgical procedures' benefit maximum applies).
Varicose vein procedures and related duplex mapping	Covered under the 'Surgical procedures' benefit ('Surgical procedures' benefit maximums applies). Multiple procedures during a single operation count as separate procedures under the lifetime limit for each leg.
Gastric banding/bypass allowance	\$7,500 during a lifetime
Breast reduction allowance	\$15,000 during a lifetime
Prophylactic treatment allowance	\$40,000 during a lifetime
Palliative care and treatment allowance	\$2,400 each claims year

*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 **Wellbeing One** and **Two** 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**