

HealthEssentials

Policy document



Welcome

to your **HealthEssentials** plan.

Thank you for choosing us to help you take care of your health. This policy document sets out the benefits of your **HealthEssentials** plan and it also provides information you need to make the most of your Southern Cross membership.

THE HEALTHESSENTIALS PLAN

HealthEssentials is a day-to-day health cover plan. It is designed to help you actively manage your healthcare.

Financial strength rating

Southern Cross Medical Care Society (trading as Southern Cross Health Society) has an A+ (Strong) financial strength rating given by Standard & Poor's (Australia) Pty Limited.

The rating scale is:

AAA (Extremely Strong)	AA (Very Strong)	A (Strong)
BBB (Good)	BB (Marginal)	B (Weak)
CCC (Very Weak)	CC (Extremely Weak)	SD or D (Selective Default or Default)
R (Regulatory Action)	NR (Not Rated)	

Ratings from 'AA' to 'CCC' may be modified by the addition of a plus (+) or minus (-) sign to show relative standing within the major rating categories.

Full details of the rating scale are available at standardandpoors.com. Standard & Poor's is an approved rating agency under the Insurance (Prudential Supervision) Act 2010.

Please note that we may record and store communications to and from **Southern Cross**. This may include telephone calls, emails and online chat transcripts. We do this to have a record of the information we receive and give. This also helps us with quality assurance, continuous improvement and staff training. Your communications with us will be handled in complete confidence, except to the extent we are authorised to discuss any aspect of your **policy**, any claim or health information relating to a claim or other information relating to your **policy** with other persons, as described in section 05 of this **policy** document.

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Your policy document

This policy document should be read in conjunction with your Membership Certificate and any subsequent information we send to you regarding changes to this policy document or any related documents.

What is HealthEssentials?

HealthEssentials covers you for **healthcare services** you use regularly – like GP consultations and dental and optometrist consultations.

You will be reimbursed for 75 per cent of the actual cost of each **eligible healthcare service** up to the **annual limits** set out in the **Coverage Table** in section 03.

What is MySouthernCross?

After you purchase a HealthEssentials **policy** you'll be able to access MySouthernCross, our online service for members, so you can manage your **policy** easily. The **policyholder** can update their contact details, change payment options and make claims online using MySouthernCross.

The **policyholder** is able to choose whether to receive a text message or email when information relating to their **policy** is available to view in MySouthernCross.

Contacting us

You can easily get in touch with us through MySouthernCross. If you would prefer to talk to us we can be contacted on 0800 800 181.

If you do choose to call us (or if we call you), please note that we may record and store telephone calls. We do this to have a record of the information we receive and give over the telephone. This also helps us with quality assurance, continuous improvement and staff training. Your call will be handled in complete confidence, except to the extent we are authorised to discuss any aspect of your **policy**, any claim or health information relating to a claim or other information relating to your **policy** with other persons, as described in section 05.

Where will Southern Cross send communications about my policy?

Policyholders must register for MySouthernCross and will receive communications electronically. We will notify the **policyholder** when there is a communication available, by email, text or in the MySouthernCross app. Notice shall be considered to be delivered on the day notification is sent.

If the **policyholder** has not registered for MySouthernCross we will send every notice or other communication required to be sent by **Southern Cross** relating to the **policyholder**, this **policy**, or any **dependant**, to the **policyholder** at their last known email or postal address and such notice shall be considered to have been delivered 3 working days after having been sent.

The **policyholder** must immediately notify **Southern Cross** of any change of postal, residential or email address by updating these details in MySouthernCross.

If we are unable to contact the **policyholder** at their last known postal or email address, we will no longer send notices or other communications in relation to the **policy** until their contact details have been updated. In these circumstances the **policyholder** acknowledges and agrees that **Southern Cross** is deemed to have satisfied its obligation regarding the sending of notice or communications.

How do I make a claim under my HealthEssentials policy?

There are three ways in which you can make a claim under your **policy**:

- MySouthernCross online claiming at mysoutherncross.co.nz or download the MySouthernCross app from the Apple App Store or Google Play,
- **Easy-Claim** at selected **health services providers**, or
- **Posted claim**.

Further details about each method of claiming are set out in section 02.

Terminology used in this policy document

When we have used bold type in this **policy** document, it means that the word has a special medical or legal meaning. We define some of these terms throughout this **policy** document, and the remaining terms are defined in section 06 at the end of this **policy** document. Throughout this **policy** document, when we refer to we/

our/us we mean **Southern Cross** and when we refer to you/your, we mean the **policyholder** and any **dependant** listed on the **Membership Certificate** (unless otherwise specified). If you do not understand any aspect of your **policy**, please contact us and we will be pleased to answer your query.

Contents of this policy document

The **policy** comprises:

- the **Membership Certificate**,
- this **policy** document, and
- any amendment or variation made to them from time to time.

The **Membership Certificate** details:

- the key dates in respect of your **policy**,
- the people covered under your **policy**,
- the name of your **policy**,
- your **Southern Cross** membership number, and
- any other information specific to your **policy**.

This **policy** document details:

- the terms and conditions of your **policy**, including limitations and **exclusions**,
- the process involved in making a claim,
- administration details relating to your **policy**, including how to make a change to it, and
- additional information relevant to your **policy**.

Certain terms and conditions of your **policy** are set out in this **policy** document as easy-to-understand questions and answers. It is important that you read all of this **policy** document to ensure that you fully understand the terms and conditions of your **policy**.

Membership of Southern Cross

Your Application Form for this **policy** is also an application by the **policyholder** for membership of **Southern Cross**. Therefore, you should read the Rules of **Southern Cross** which are available on our website southerncross.co.nz/rules or by calling us.

By applying for membership you agree (both for yourself and on behalf of your **dependants**) to be bound by the Rules of **Southern Cross**. On this **policy** being terminated (for whatever reason) your (and your **dependants**) **Southern Cross** memberships will cease. Likewise, if the **policyholder's** membership is terminated, this **policy** will be cancelled. If you cancel your **policy** during the 14 day period referred to under "How do I cancel my policy?" in section 04 of this **policy** document, then you will cease to be a **Southern Cross** member from the date you joined **Southern Cross** or changed plans (whichever is relevant).

Your HealthEssentials policy

The premiums reflect the benefits included in your HealthEssentials **policy** and the **annual limits** set out in the **Coverage Table**. You will be reimbursed for 75 per cent of the actual cost of the **eligible healthcare service** up to the **annual limits** set out in the **Coverage Table** in section 03.

In return for payment of the premium, we agree to provide you with cover for **eligible healthcare services** as set out in this **policy** document. When we say “cover” throughout this **policy** document, we mean cover for claims calculated in accordance with this **policy**.

To be **eligible** to claim under your **policy**, your premium payments must be up to date.

How does cover work under my policy?

The following checklist helps you establish what is **eligible** for cover under the **policy**. In order to be **eligible** the **healthcare service** must be:

- a) listed in the **Coverage Table** and comply with any applicable terms and conditions,
- b) **approved treatment**,
- c) performed by a **health services provider** in private practice with registration applicable to that **healthcare service**,
- d) a **healthcare service** for which costs are actually incurred, and
- e) not otherwise excluded under the terms of your **policy**.

If the **healthcare service** is **eligible** then we will reimburse you 75 per cent of the actual cost of the **healthcare service** up to the **annual limits** set out in the **Coverage Table** in section 03.

Please note that this **policy** is designed to complement the services provided by **ACC** and the public health service. That is why only limited cover is available for **healthcare services** related to an **accident** or **treatment injury**.

This **policy** is only for New Zealand citizens, New Zealand residents or those otherwise entitled to publicly funded healthcare for all services as determined by the Ministry of Health from time to time.

Existing medical conditions and commencement of cover

Are pre-existing conditions covered?

For all HealthEssentials benefits we will provide cover for the listed **healthcare service** even if it relates to a condition that existed before you purchased your **policy** (subject to **exclusions**).

If you apply in the future for cover under another **Southern Cross** health insurance policy, we will not provide cover under that policy for any conditions that exist at the time of your application (regardless of

whether we have provided cover for these conditions under your HealthEssentials **policy**), unless we agree to do so in writing at that time.

When does cover under my policy commence?

Your **policy** commences on the **policy start date**. There are stand-down periods which apply to certain benefits. Please refer to the **Coverage Table** in section 03 for details of these.

Changes to your policy

We may change or update which **healthcare services** are **eligible**, the scope of cover, terms and conditions of your **policy** and premiums for your **policy** from time to time. If we make any such changes, we will notify you in writing (including via MySouthernCross).

The **policyholder** is responsible for advising **dependants** of any changes to the **policy**.

If you are not happy with any of the changes we wish to make, the **policyholder** can contact us within one month of the notification of changes to discuss alternatives or to cancel this **policy**.

If the **policyholder** cancels this **policy**, cover will be provided until the date the **policy** is paid to.

Making a claim

MySouthernCross online claiming

You can submit a completed claim through MySouthernCross at mysoutherncross.co.nz or by downloading the MySouthernCross app from the Apple App Store or Google Play. Make sure you include legible photographs or scanned copies of the original itemised receipts which include the date treatment was provided. We do not accept EFTPOS or credit card receipts. Please retain your original itemised receipts as we may request these be provided to us in order to assess your claim.

The mandatory claim fields must be fully completed to ensure your claim can be processed promptly.

We'll pay your claim refund to the bank account number you give us when you submit your claim.

Easy-Claim

Simply present your **Southern Cross** Member card or your app at participating **Southern Cross Easy-Claim** partners when you purchase **eligible** healthcare products and services. If your **policy** covers the product or service, we'll reimburse the provider directly. All you need to do is pay the **health services provider** any contribution you are responsible for.

Your **Southern Cross** Member card number is an accepted means of identification for you to request a selected **health services provider** to claim electronically via **Easy-Claim** for an **eligible healthcare service** provided to you (or anyone else named on your **policy**).

By providing your **Southern Cross** Member card number and requesting the selected **health services provider** to do so, you authorise:

- a) the selected **health services provider** to claim electronically via **Easy-Claim** on your behalf for an **eligible healthcare service** provided to you or any other person named on your **policy**, and

- b) us to process the claim in accordance with the terms of your **policy** and pay the **health services provider** direct,

and you confirm that you are authorised by each person on the **policy** to authorise the **health services provider** accordingly.

Please note that not all **health services providers** offer **Easy-Claim**. To find out more about our **Easy-Claim** partners, go to healthcarefinder.co.nz

If you aren't able to use **Easy-Claim** for any reason, you will need to pay for your **healthcare services** and then submit your claim through MySouthernCross or post your claim to us.

Posted claim

You need to submit a completed claim form and original itemised receipts which include the date treatment was provided. We do not accept EFTPOS or credit card receipts.

Claim forms are available to download from our website at southerncross.co.nz/society. The claim form must be fully completed and signed by the **policyholder**.

We'll pay your claim refund to the bank account number you give us when you submit your claim.

How long do I have to send in my claim?

To assist in processing please submit claims within 12 months of the **healthcare service** being provided.

Do I need to provide further information?

Sometimes we may not be able to assess your claim from the documentation you or your **health services provider** have given us and we may need to contact you, or your **health services provider** to clarify some details to enable us to assess the claim correctly.

What else do I need to know about my claim?

Regardless of the method which you use to claim for an **eligible healthcare service**, we deem this to be a claim under your **policy**. All claims are subject to the provisions of your **policy**.

We may decline any claim that we reasonably consider to be invalid or unjustified. We may examine any claims and where appropriate investigate any aspect of the **healthcare services** provided.

All information provided in respect to any claim submitted under this **policy** must be complete, true and correct. Any failure to do so may result in the claim being declined and/or your **policy** being cancelled. See "What happens if I give Southern Cross incomplete, false or misleading information?" of the **policy**.

If your **policy** is still in force and your premium is not paid up to date (by you or your employer) for the period in which the **healthcare service** was provided, then we will not pay your claim until we receive full payment of any arrears.

Does Southern Cross have the right to deduct money owing from the payment of any claims I make?

If the **policyholder** has been overpaid on any claim, we may seek to recover the amount incorrectly paid out. If we are entitled to recover any money from you in relation to this **policy** at any time, we can deduct the amount you owe us from any claim payment or other payment we make to you.

If any claim or other payment we are due to make to you by cheque or otherwise remains unclaimed for two years or more, such payment may be applied for the benefit of **Southern Cross**.

Does Southern Cross not reimburse any health services providers?

We have set out elsewhere in the **policy** how we reimburse **eligible healthcare services** and any terms that may apply to such reimbursement. However, there may also be rare occasions where we will not reimburse particular **health services providers** for any **healthcare services**, for example in the case of fraud. In the rare circumstances that we do not recognise a **health services provider** for reimbursement we will first advise you that there would be no cover for any **healthcare service** if it is carried out by that **health**

services provider. If the **healthcare service** itself is **eligible** for reimbursement we will of course be able to approve the **healthcare service** with another **health services provider**.

I might have cover under another insurance policy, or I could claim the cost of my treatment from someone else. What should I do?

You should always make claims against the other insurer or other person who may be liable, then complete a claim for the full extent of your claim and send it to us, together with details of the level of payment you have received. We will deduct that payment from the amount we will reimburse to you in accordance with this **policy**.

It is the **policyholder's** responsibility to inform us of the other insurer or other person liable to pay towards the cost of the **healthcare service** and to make every reasonable effort to obtain payment from them. We have the right to recover from the **policyholder** any payment made by **Southern Cross** for a **healthcare service** where the cost is recoverable from another insurer or other person.

If you have two or more policies with **Southern Cross**, you are not entitled to claim for, or be reimbursed for, an amount higher than the actual cost of the **healthcare service** provided.

How does my Southern Cross policy fit with ACC?

Your HealthEssentials **policy** will not provide cover for **healthcare services** that relate to an **accident or treatment injury** that **ACC** is legally responsible for. In some cases **ACC** will not pay the full amount charged for your **healthcare service**. In these cases you may be able to make a claim under your **policy**.

Where you require a **healthcare service** related to an **accident or treatment injury**, you must first 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 to permit **Southern Cross** to fully protect and realise any entitlement either on your behalf or in its own right.

In the event that we agree to pay the balance of any amount charged for your treatment which is not payable by **ACC**, we will not refund you more than 75 per cent of the actual costs of the **healthcare service** up to the **annual limits** set out in the **Coverage Table** in section 03.

Healthcare services this policy applies to

The **Coverage Table** in section 03 gives details of the **healthcare services** which are covered under your HealthEssentials **policy**, along with details of the **annual limits** and other terms and conditions of cover.

Quality of healthcare services

We are not liable to you for the quality, standard or effectiveness of any **healthcare service** provided to you by, or any other actions of, any **health services provider** or any of their employees or agents.

Which health services providers are covered?

Healthcare services must be performed by a **medical practitioner** with the vocational registration applicable to that **healthcare service** or by another **health services provider** with registration applicable to the **healthcare service**. All **health services providers** must be in private practice. Please contact us if you are unsure whether any **health services provider** you are intending to use has appropriate registration or is a member of an appropriate organisation.

Primary care

GP and nurse consultations and health checks must be performed by either a:

A **Medical Practitioner** who has general registration or vocational registration with the Medical Council of New Zealand in the following areas:

- general practice, or
- accident and medical practice; or

A nurse registered with the Nursing Council of New Zealand (NCNZ) who has a current practising certificate, is practising within their scope of practice and in accordance with any restrictions placed on them by the NCNZ.

Dental care

Consultations and treatment must be performed by an oral health practitioner, including a dental hygienist, registered with the Dental Council of New Zealand.

Ear care

Consultations must be performed by an audiologist who is a member of the New Zealand Audiological Society.

Hearing tests must be performed by an audiologist or an audiometrists who is a member of the New Zealand Audiological Society.

Eye care

Optometrist consultations must be performed by an optometrist registered with the New Zealand Optometrists and Dispensing Opticians Board.

Glasses and contact lenses must be prescribed by an optometrist or optician registered with the New Zealand Optometrists and Dispensing Opticians Board.

Self care

Must be performed by one of the practitioners set out below;

- physiotherapist registered with the Physiotherapy Board of New Zealand
- osteopath registered with the Osteopathic Council of New Zealand
- chiropractor registered with the New Zealand Chiropractic Board
- registered massage therapist - level 6 or higher registered with Massage New Zealand
- acupuncturist registered with Acupuncture New Zealand, the NZ Acupuncture Standards Authority (NZASA), or the NZ Chinese Medicine and Acupuncture Society (NZCMAS)
- dietitian registered with the New Zealand Dietitian Board
- nutritionist registered with the Nutrition Society of New Zealand or Clinical Nutrition Association
- rongoā Māori practitioner registered with **ACC** or **Te Whatu Ora – Health NZ** or Te Aka Whai Ora – Māori Health Authority to provide rongoā Māori consultations and treatment.

Coverage Table

The following **Coverage Table** sets out the **healthcare services** included under your HealthEssentials policy. The **Coverage Table** gives **annual limits** applicable to the listed **healthcare services** and also specifies additional terms and conditions applicable to the cover.

When reading the **Coverage Table** you must refer to the explanation of what an **eligible healthcare service** is

in section 01 of this **policy** document and the required registrations of **health services providers** in section 02 of this **policy** document.

You will be reimbursed for 75 per cent of the actual cost of the **eligible healthcare service** (up to the **annual limits** set out in the **Coverage Table** below). All figures include GST.

HEALTH CARE SERVICE	ANNUAL LIMITS	OTHER TERMS AND CONDITIONS
Primary care		
General practitioner consultations	\$250 per claims year (in total)	
Nurse consultations		
Prescriptions charges for drugs prescribed by a Medical Practitioner or nurse		
Annual health check		
Dental care		
Dental consultations	\$500 per claims year (in total)	3 months stand down applies
Dental treatment		
Eye care		
Optometrist consultations	\$100 per claims year	3 months stand down applies
Prescription glasses and prescription contact lenses for change of vision, and replacement for loss or breakage	\$250 per claims year	
Ear care		
Audiologist consultations	\$300 per claims year (in total)	
Hearing tests		
Self care		
Acupuncturist	\$250 per claims year (in total)	
Chiropractor		
Dietitian or Nutritionist		
Osteopath		
Physiotherapist		
Registered massage therapist		
Rongoā Māori practitioner		
		Excludes the cost of medication
		Excludes the cost of food and food substitutes
		Excludes the cost of medication
		Excludes the cost of food and food substitutes

Exclusions

No reimbursement or payment shall be made for any costs incurred in relation to, or as a consequence of, any of the following:

- **Cosmetic treatment**/procedures;
- **Healthcare services** provided at a public facility directly or indirectly controlled by a **Te Whatu Ora - Health NZ** unless specifically accepted in writing by **Southern Cross** prior to treatment;
- **Healthcare services** provided by a person who is not a **health services provider** as defined in section 06;
- **Healthcare services** provided in relation to, or as a consequence of, any **accident** or **treatment injury** except as specifically provided in section 03;
- **Healthcare services** provided outside New Zealand;
- **Healthcare services** that are not **approved treatment**;
- **Healthcare services** using technology such as digital computer images to aid in the monitoring and diagnosis of skin cancers and other skin lesions for example, mole mapping;
- Infertility or assisted reproduction;
- Non-**Pharmac approved** drugs;
- Physical examinations for life insurance, travel insurance, driver licence or any other examination or checkup as required for a third party, including preparation of reports;
- Pregnancy and childbirth;
- Sterilisation or its reversal;
- Termination of pregnancy;
- Treatment of any condition not **detrimental to health**;
- Vaccinations.

Other terms and conditions

In this section, when we say you/your we refer to the **policyholder**.

Who is responsible for my policy?

As the **policyholder** you are ultimately responsible for this **policy**, for making any changes to it and ensuring the premium is paid. We rely on you to provide complete and accurate information about yourself and your **dependants**. Your **dependants** can perform certain functions in respect to the **policy** however you remain responsible for their acts and omissions, see “What happens if I give Southern Cross incomplete, false or misleading information” of the **policy**.

When does my policy commence?

This **policy** commences on the **policy start date**. The **policy anniversary date** is the anniversary of the **policy start date**. The **policy anniversary date** is the same for all persons listed on the **Membership Certificate** as covered by the **policy** regardless of the **original date of joining**. If you change in any way the frequency or the manner in which you pay your premiums under the **policy**, then the **policy year** may be reset to start on the date of such change. The new **policy anniversary date** will be the anniversary of the date of the change.

If your **policy** is provided through a work scheme or association scheme, your **policy anniversary date**, however, is aligned to that of your scheme. This could mean that your first **policy anniversary date** may take place less than 12 months after the **policy start date**. However, from this time, the **policy anniversary date** will fall every 12 months unless changes are made to the scheme or you leave the scheme.

When can I add dependants on to my policy?

You can add **dependants** on to the **policy** at any time, excluding children aged 21 years or older.

Premiums for **dependants** added will be charged from the date of the addition of the **dependant** as part of your normal billing cycle. You are responsible for payment of premiums in respect of any **dependant** added to the **policy**.

How long can my adult children stay on my policy?

Adult children will automatically remain on your **policy** unless you, your work scheme or association scheme specifically request us to remove them.

If you wish to remove them from your **policy**, and they would like to continue cover with **Southern Cross**, they should apply for their own **Southern Cross policy**.

How do I remove dependants from my policy?

The removal of a **dependant** can take place at any time – you need to notify us of the request to remove the **dependant**. It is your responsibility to remove **dependants** from the **policy** where circumstances change and you no longer wish the **dependant** to be covered by the **policy** (for example, following a marital separation or a death).

Can I change to another Southern Cross health insurance policy?

Yes, but you will need to complete a medical declaration in relation to yourself and all **dependants** to be covered by the new **policy**. Under your new **policy**, we will not provide cover for conditions that exist at the time of your application (regardless of whether we have provided cover for those conditions under your HealthEssentials **policy**), unless we agree to do so in writing at that time.

The time you spend on your HealthEssentials **policy** will not be taken into account when calculating ‘continuous cover’ under another **Southern Cross** health insurance policy.

What is a claims year and how do annual limits work?

You and all of your **dependants** covered by the **policy** have the same **claims year** regardless of when a particular person was added to the **policy**. **Annual limits** that apply last for the duration of a **claims year** and revert to their maximum levels at the start of each new **claims year**. If any **dependant** is added to the **policy** part way through a **claims year**, that **dependant** will have the same **annual limits** as the people covered under the **policy** from the start of the **claims year**.

Annual limits cannot be carried over from one **claims year** to the next, transferred from one benefit to

another, nor can they be transferred to other people covered under the **policy**.

A claim is allocated against the **annual limit** based on the date when the **healthcare service** is provided, and not the date of the invoice or the date a claim is submitted.

What happens if I give Southern Cross incomplete, false or misleading information?

For non-disclosure or misrepresentation of a **pre-existing condition** we will add such condition to your Membership Certificate and may decline any related claim.

We may also decline a claim where we reasonably believe you have lied or given us false information in respect to that claim. Before we do so we will give you a reasonable opportunity to explain.

In addition, we may cancel this **policy** on written notice to you for any non-disclosure, misrepresentation, fraud or material breach of the terms of the **policy** by you or any **dependant** and/or we may recover any money you owe us and/or take legal action against you and/or your **dependant** (as applicable).

Before we cancel your **policy** for any of the reasons set out above:

- (a) we will notify you in writing of the reasons why we are considering cancelling your **policy**; and
- (b) you will have at least 7 working days to provide a written explanation (including any relevant evidence) that you wish us to consider;
- (c) we will reasonably consider your explanation.

If you are unhappy with our decision to cancel your **policy**, you can make a complaint in accordance with our **complaints resolution process** set out under section 05 of the **policy**.

How do I cancel my policy?

If you are not satisfied with the **policy** during the first 14 days after the date you have received this **policy** document and your **Membership Certificate**, you can cancel the **policy** and we will provide a full refund of all premiums paid. You can only do this if you have not made a claim under the **policy** during this period. If you wish to cancel the **policy** within the 14 day period please contact us.

You can cancel your **policy** at any other time but if you do so you will not be entitled to a refund of any premium already paid to us and you will remain liable for premium due up to the date the cancellation takes effect. Cover will be provided until the date the **policy** is paid to.

Nothing in this **policy** limits or affects any rights you or any **dependant** may have under the Consumer Guarantees Act 1993.

What happens if I do not pay my premium?

If you or your employer do not pay your premiums in full we will be unable to pay claims under your **policy**.

If you or your employer don't pay premiums in full for three months or more, we will cancel your **policy**.

Your regulatory protection

Privacy statement

As a member of Southern Cross, your privacy is very important to us. We value the trust you place in us to handle your personal and health information the right way.

Our Member Privacy Statement sets out how we will collect, store, use and disclose your personal and health information, and how you can access and correct your personal information, in accordance with the Privacy Act 2020 and the Health Information Privacy Code.

The Member Privacy Statement is available on our website at southerncross.co.nz/privacy. During the course of our relationship with you, we may also tell you more about how we will handle your information, for example when you make a claim.

If you have any queries about how we handle your personal and health information, or our Privacy Statement, please contact us on 0800 800 181.

Financial advice service

As a licensed financial advice provider, **Southern Cross** is responsible for any financial advice our **Southern Cross** sales staff provide on the **Southern Cross** range of health insurance products. We are regulated by the Financial Markets Authority and have duties under the Financial Markets Conduct Act and the Code of Professional Conduct for Financial Advice Services for that financial advice. You can find out more about the limits on the nature and scope of the financial advice service we provide, how we address any conflicts of interest, our duties and our complaints resolution process set out on the following page (including our membership of the Insurance and Financial Services Ombudsman Scheme) in our Financial Advice Disclosure Statement which is available at southerncross.co.nz/disclosure-statement.

Industry organisations

Southern Cross is registered as a Friendly Society and is a member of the Financial Services Council, the Insurance & Financial Services Ombudsman scheme and the International Federation of Health Plans.

Complaints resolution process

We want to know if you are dissatisfied with our service or our treatment of your **policy** (including financial advice, a claim, a benefit entitlement or our decision to cancel your **policy**), so that we can work with you to resolve your concerns.

If you want to make a complaint, you can follow the resolution process outlined below.

Complaints (including about the financial advice service provided by or on behalf of Southern Cross) can be raised directly with any of our nominated representatives, or by:

- calling us on 0800 800 181
- using our complaints form on contact-us.southerncross.co.nz
- writing to us at: Complaints at Southern Cross, Southern Cross Health Society, Private Bag 99934, Newmarket, Auckland 1149



We'll acknowledge receipt of your complaint within two working days of the date we receive it (or if it is not practicable to do so, as soon as practicable after that time). We'll aim to resolve your concerns in a timely manner and we'll keep you informed of our progress.

So that we can best address your complaint, we may refer it to different teams within Southern Cross. We'll respond to you with the outcome of our investigation in a timely, fair and transparent way.



Unhappy with our response?

You can request that your complaint be reviewed by our Chief Operating Officer. Our Chief Operating Officer will review and make a final determination in respect of your complaint.



Dispute Resolution Scheme

We belong to the Insurance & Financial Services Ombudsman's approved dispute resolution scheme (IFSO). The IFSO Scheme is a free and independent dispute resolution service available to consumers that may help investigate or resolve complaints if they're not resolved through our internal complaints process.

If your complaint has been fully investigated by us, we have issued you with a letter of deadlock and you're still not satisfied with the outcome, you can refer your complaint to IFSO for review. You must write to IFSO within 3 months of being notified by us in writing that deadlock has been reached.

You can contact the IFSO Scheme on 0800 888 202, email at info@ifso.nz or at www.ifso.nz. Alternatively, you can write to: Insurance & Financial Services Ombudsman, PO BOX 10 845, Wellington 6143.

To resolve a complaint about your membership of Southern Cross, please refer to the Rules of Southern Cross. You can get a copy of the Rules from southerncross.co.nz/rules or by calling us.

You can find more information about our complaints process, including how to make a complaint, at contact-us.southerncross.co.nz.

Glossary of terms

For explanations of medical terminology please look at the Medical Terms Glossary at southerncross.co.nz/library or contact us.

Some terms used in this **policy** document have been explained as they arose. Other terms are defined below:

ACC means the Accident Compensation Corporation referred to in the Accident Compensation Act 2001 (or its successor).

accident means an accident as defined in the Accident Compensation Act 2001 (or its successor).

annual limit(s) means the maximum amount in respect of any one person that can be reimbursed in any one **claims year** as set out in the **Coverage Table**.

approved treatment means a **healthcare service** that is necessary for treatment of the health condition involved, is not experimental or unorthodox, is accepted and in common use by the relevant Australasian/New Zealand Society or College, and is widely accepted professionally as effective, appropriate and essential based upon recognised standards of the healthcare specialty involved.

child means a person under 21 years of age.

claims anniversary date means the date 12 months following the date the **policyholder** started on the current plan and the anniversary each 12 months thereafter as specified on the current **Membership Certificate**.

claims year means the first 12 months following the **policy start date** and each successive 12 month period from your **claims anniversary date**.

cosmetic treatment means any surgery, procedure or treatment that improves, alters or enhances appearance, whether or not undertaken for medical, physical, functional, psychological or emotional reasons.

Coverage Table means the table set out in section 03 of this **policy** document, and any subsequent changes we make to that **Coverage Table**.

dependant means the husband/wife or partner (including any former husband/wife or partner) of the **policyholder** and any **child** or any adult dependant (including any stepchildren or adopted children) of the **policyholder** (or the **policyholder's** husband/wife or partner), who are listed on the **Membership Certificate**.

detrimental to health means a medical condition that is causing significant problems for the physical health of an individual.

drugs means subsidised prescription medicines, (and non-subsidised diabetic test strips and needles only), that are **Pharmac approved**, and not otherwise excluded by the terms of your **policy**.

Easy-Claim means Southern Cross Health Society Easy-Claim which is made available to members via participating **health services providers**.

eligible means those private **healthcare services** which are:

- a) listed in the **Coverage Table** and comply with any applicable terms and conditions, and
- b) **approved treatment**, and
- c) performed by a **health services provider** with registration applicable to the **healthcare service**. All **healthcare services providers** must be in private practice, and
- d) a **healthcare service** for which costs are actually incurred, and
- e) not otherwise excluded under the terms of your **policy**.

exclusion(s) means conditions, treatments or situations that are not covered by this **policy**, as listed in this **policy** document.

health services provider means a **medical practitioner** or registered practising member of certain professions allied to medicine who we approve for the provision of **healthcare services** under this **policy**.

healthcare service(s) means any private minor surgery or other procedure, treatment, investigation or consultation provided by a **health services provider**.

medical practitioner means a medical practitioner who has a current practising certificate, is practising in accordance with any restrictions placed on them by the Medical Council of New Zealand (MCNZ), is in private practice; and

- has vocational registration with the MCNZ applicable to the relevant **healthcare service**; or
- has general or provisional general registration and is practising in general practice.

Membership Certificate is the document we issue to the **policyholder** from time to time which details the key dates in respect of the **policy**, the people covered and the level of cover applicable, the **policyholder's Southern Cross** membership number, and any other information specific to the **policy**.

original date of joining means the most recent date of joining **Southern Cross** for each person covered by the **policy** as shown on your **Membership Certificate**.

Pharmac means the Pharmaceutical Management Agency, a Crown entity established by the New Zealand Public Health and Disability Act 2000 (or its successor).

Pharmac approved means any drug that is specifically identified by **Pharmac** on the **Pharmac Schedule** as being approved for subsidy by the Government for use in your particular treatment. In determining this, we may take into account any criteria, prescribing guidelines, rules, conditions and/or restrictions published by **Pharmac**.

Pharmac Schedule means the New Zealand Pharmaceutical Schedule managed by **Pharmac**, which lists prescription medicines and related products subsidised by the Government.

policy means the contract between **Southern Cross** and the **policyholder**. The **policy** comprises the **Membership Certificate**, this **policy** document and any amendment or variation made to them from time to time.

policy anniversary date means the date specified in the **Membership Certificate**, and:

- a) in relation to a **policy** which is not part of a work scheme or association scheme, each anniversary of the **policy start date**, and is the date from which your **policy** will be renewed for the following year; and
- b) in relation to a **policy** which is part of a work scheme or association scheme, the anniversary of the commencement date of the scheme under which your **policy** is provided and the date from which your **policy** will be renewed for the following year.

policyholder means the person in whose name the **policy** is issued and who is responsible for the payment of premiums and to whom claims relating to the **policyholder** and any **dependants** covered by the **policy** are paid.

policy start date means the date your **policy** commences as shown on your **Membership Certificate**.

policy year means in relation to the first year of the **policy** the period from the **policy start date** to the first **policy anniversary date** and thereafter means the period from one **policy anniversary date** to the next.

Southern Cross means Southern Cross Medical Care Society trading as Southern Cross Health Society, having its registered office at Level 1, Te Kupenga, 155 Fanshawe Street, Auckland 1010.

Te Whatu Ora - Health NZ means Te Whatu Ora – Health New Zealand under the Pae Ora – Healthy Futures Act 2022, or its successor.

treatment injury means a treatment injury as defined in the Accident Compensation Act 2001 (or its successor).

we/us/our means **Southern Cross**.

you/your means the **policyholder** and any **dependant** named on the **Membership Certificate** (unless otherwise specified).

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

