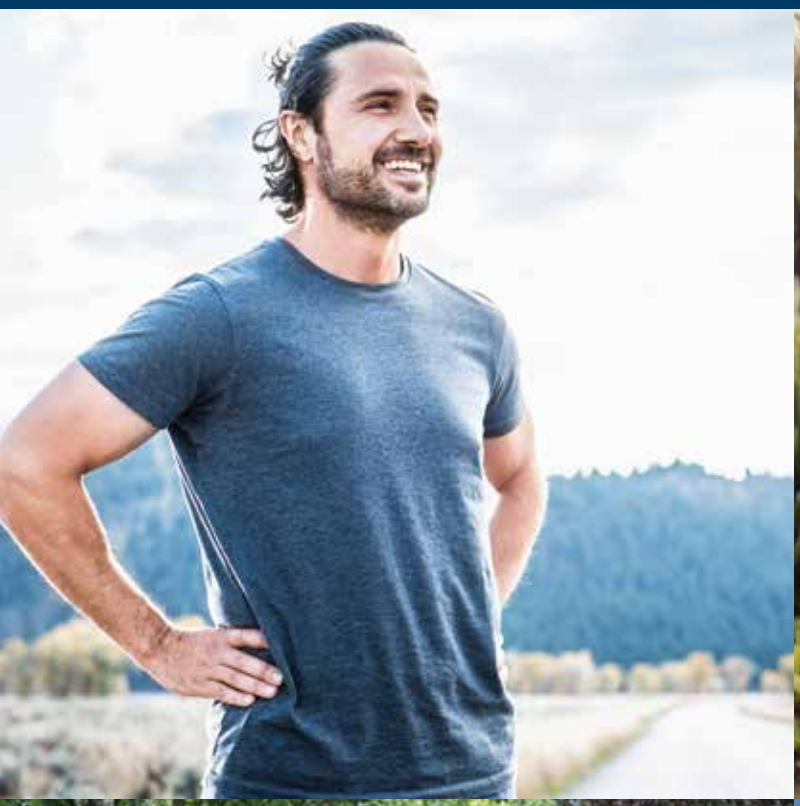
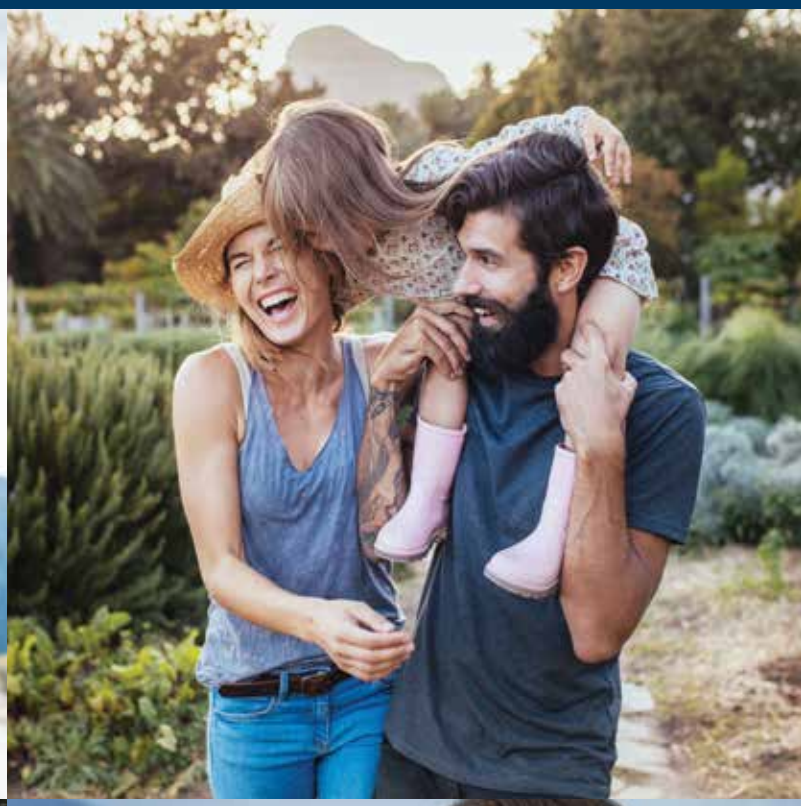
Southern Cross Health Insurance

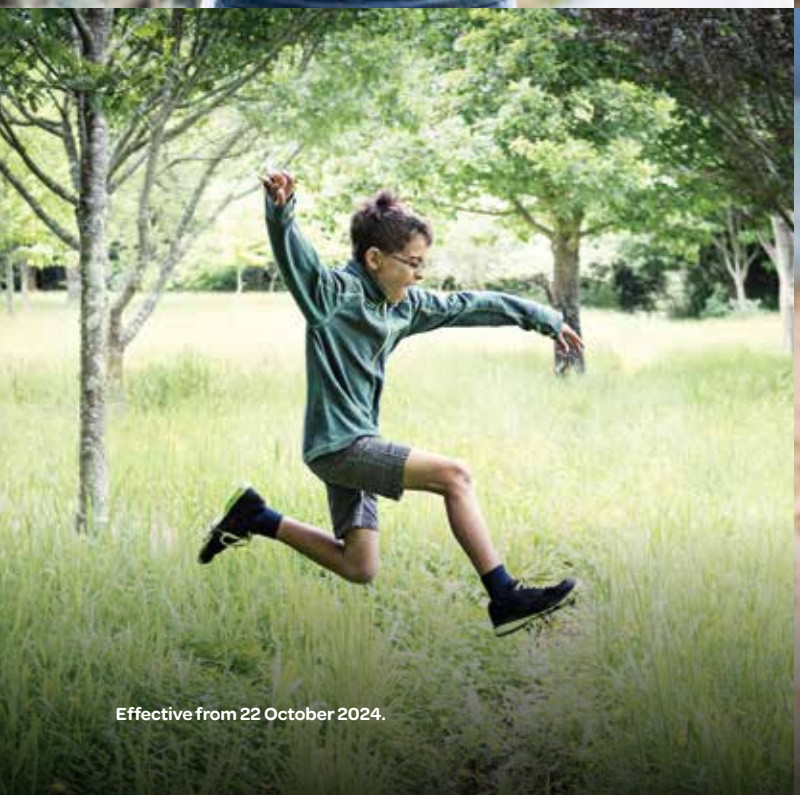
southerncross.co.nz/society

SureCare Concessionary

Policy document







Effective from 22 October 2024.

Welcome

to your **Sure**Care Concessionary plan.

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

THE SURECARE CONCESSIONARY PLAN

SureCare Concessionary provides cover for cancer care, surgical treatment, **Specialist** consultations, diagnostic imaging, tests, and day-to-day treatment, as well as the other **healthcare services** listed in the **Coverage Tables**. An excess of $50 or $300 may apply.

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)

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 spglobal.com/ratings. 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 06 of this **policy** document.

Contents

Your policy document

This policy document should be read in conjunction with the documents listed under 'Contents of this policy document' on page 3 and any amendment or variation made to them from time to time.

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 08 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.

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 this **policy** from time to time. If we make any such changes, we will notify you in writing (including via MySouthernCross).

The following documents that form part of your **policy** are regularly updated as we continuously review how we cover **healthcare services** and certain technology. So, you should always refer to our website at: southerncross.co.nz/plans for the latest versions.

- The eligibilty criteria
- The list of unapproved healthcare services
- The list of prostheses and specialised equipment
- The list of Affiliated Provider-only healthcare services
- The list of policy variations

The **policyholder** is responsible for advising **dependants** of any changes to the **policy**. If you are not happy with any of the changes we're making the **policyholder** can contact us within 1 month of the notification of changes to discuss alternatives or to cancel this **policy**.

Contents of this policy document

In the remainder of this introductory section **you/your** means the **policyholder**. Benefits under this **policy** are part of your entitlement as a member of **Southern Cross**.

Your health insurance **policy** is made up of:
- this policy document
- the application form
- your health insurance medical declaration (where relevant)
- your **Membership Certificate**
- the **eligibility criteria**
- the list of unapproved healthcare services
- the **List of Prostheses and Specialised Equipment**
- the list of Affiliated Provider-only healthcare services
- the list of policy variations, and any changes made to the above from time to time (where relevant).

These documents are designed to be read together to outline the cover your policy provides.

Your application form, health insurance medical declaration and **membership certificate** are specific to your **policy** only. The **policyholder** can request a copy of these by contacting us or they can view the **membership certificate** on MySouthernCross.

We may make changes from time to time that could affect your cover under this **policy**. See the heading "Changes to your policy" on page 2.

To access the latest versions of the other documents listed above, contact us or visit southerncross.co.nz/plans. The **Membership Certificate** details:

- the key dates in respect of your **policy**,
- the people covered under your **policy**,
- the name of your plan and level of cover which applies,
- your **Southern Cross** membership number,
- any specific **exclusions** from cover for **pre-existing conditions** known to **Southern Cross** at the time of issue of the **Membership Certificate** applicable to the people covered under your **policy**, 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**.

The **List of Prostheses and Specialised Equipment** sets out the **prostheses**, specialised equipment and consumables, and donor tissue preparation charges that we cover as part of **eligible** surgical treatment under your **policy**. We'll only cover **prostheses**, specialised equipment and consumables, and donor tissue preparation charges that are included on this list unless we say otherwise.

The **eligibility criteria** set out the requirements that need to be met for us to provide cover. **Southern Cross** only covers certain **healthcare services** if the relevant requirement or requirements have been met. These requirements are as set out in the **eligibility criteria**.

The list of unapproved healthcare services details the specific drugs, devices, techniques, tests, or other **healthcare services** that are not covered under any **Southern Cross** health insurance plans.

The list of Affiliated Provider-only healthcare services shows all the services that need to be performed by an **Affiliated Provider** to be **eligible** for cover under your policy.

Certain **healthcare service**s must be performed by an **Affiliated Provider** to be **eligible** for cover under your **policy**. The terms of each benefit starting on page 14 state if this requirement is applicable.

Please note that **Affiliated Provider**s may not offer all **healthcare service**s covered under this **policy** and an **Affiliated Provider** may not be available in your hometown or city.

To find an **Affiliated Provider** or to see the types of services they offer, visit healthcarefinder.co.nz

The list of policy variations sets out variations to your **policy** terms and conditions that may apply from time to time. These variations include the way we treat some **exclusions** (those listed from page 21) and certain benefit terms, or new ways of delivering **healthcare service**s we're testing. This may mean you can access additional cover while these variations are included on the list of **policy** variations published on our website.

Membership of Southern Cross

Your Application Form for this **policy** also constitutes an application by the **policyholder** for membership of **Southern Cross**. Therefore, **you** should read the Rules of **Southern Cross** which are available at 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 06 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).

01

Your policy

The SureCare Concessionary plan is a variation of the SureCare plan with special benefits designed specifically for members who hold a certificate of waiver.

This **policy** document sets out the benefits and terms and conditions of the SureCare Concessionary plan.

The **policy limits** set out in the **Coverage Tables** are set at a level which reflects the premium charged for the SureCare Concessionary plan.

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 the chart in section 02.

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

Please remember that this **policy** is designed to complement the services provided by **ACC** and the public health service. This is why we have limited cover for **healthcare services** related to an **accident** or **treatment injury** or **work-related gradual process injury** and no cover for **acute care**.

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.

02

How to receive treatment and make a claim

How does cover work under my policy?

The following chart has been included to describe how your cover for **healthcare services** works under the **policy** in an easy-to-understand format. Please note that in situations where you could claim all or part of the cost of your **healthcare service** from another insurer or other person (including **ACC**) you will need to refer to "The claiming process" in this section to fully understand how your cover works.

You should note that this calculation applies to each **eligible** component from the **Coverage Tables** so your claim may be broken down before being assessed if it encompasses more than one component.

This chart does not relate to prescription **drugs**. To understand what cover is available for prescription **drugs** refer to "Which prescription **drugs** qualify for cover?" in this section.

Is the **healthcare service eligible** for cover?

To be **eligible** the **healthcare service** must be:

- covered under or listed in the **Coverage Tables** and comply with any applicable terms and conditions (including any **eligibility criteria** we may specify from time to time)
- **approved treatment**
- performed in private practice by a **health services provider** with registration applicable to the **healthcare service**
- a **healthcare service** for which costs are actually incurred or to be incurred, and
- not otherwise excluded under the terms of your **policy**, including (but not limited to) the exclusions for **pre-existing conditions** and **unapproved healthcare services**.

Yes

Is there a fixed total dollar allowance payable for the **healthcare service?**

Yes

We will pay the actual cost of the **healthcare service** up to the fixed dollar allowance limit.

No

We will pay the actual cost of the **healthcare service** up to the **policy limits** applicable to that **healthcare service** (subject to **reasonable charges**). This includes in the case of **prostheses** the limit set out in the **List of Prostheses and Specialised Equipment**.

No

No cover available.

For **eligible healthcare services** provided by an **Affiliated Provider**, unless you are advised otherwise by **Southern Cross** and/or your **Affiliated Provider**, we will pay you 100% of the amount charged up to **policy limits**.

We will pay the amount reached under the above calculation less any excess applicable and payable by you. You will be responsible for paying the balance.

What is an allowance?

An allowance is a fixed amount we pay towards the actual charges for certain **eligible healthcare services**. Details of the **healthcare services** which are covered by allowances and the amounts of such allowances are set out in the **Coverage Tables** in section 05. Some allowances are only available as a one-off payment as specified in the **Coverage Tables**. You should note that almost always the allowances will be significantly less than the actual charges for the **healthcare services** and you must pay the balances of the charges yourself. If the actual charges are less than the fixed total dollar allowance limit, we will pay the actual charges.

Does my policy have an excess and if so how does it work?

Under the SureCare Concessionary plan a $50 excess or a $300 excess may apply; see the **Coverage Tables** for details.

If you apply for prior approval we pay your **health services provider** directly, then you will have to pay your excess to your **health services provider** yourself.

What does Southern Cross mean by "reasonable charges"?

Reasonable charges are charges for **healthcare services** that are determined as reasonable by us (acting reasonably) based on our review of our data.

The charges established as a result of this review process are referred to throughout this **policy** as **reasonable charges**.

Which health service providers are covered?

In order for a **healthcare service** to be **eligible**, it must be performed by a **Specialist**, **General Practitioner**, **Nurse** or by another **health services provider** practising in private practice with registration applicable to the **healthcare service**. 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, please contact us.

The prior approval process

Call us to confirm whether your **healthcare service** is **eligible** for cover and the conditions that apply. You need to provide estimated charges from your **health services provider**, we can then inform you of your level of cover (including any excess payable by you) and whether or not the estimated charges exceed **policy limits** or **reasonable charges** for your intended **healthcare service**.

You should contact us for prior approval unless you are using an **Affiliated Provider**. You should do this at least 5 working days prior to the **healthcare service** being provided.

If you do not contact us for prior approval before using the **healthcare service**, you will have to pay for the **healthcare service** yourself and then submit a claim. We will process the claim in accordance with your **policy**. By not contacting us for prior approval, you will not know what you are entitled to receive under this **policy** and what you are responsible to pay yourself. Amounts you are responsible for could arise due to an excess applying or due to the **healthcare service** not being **eligible** for cover under your **policy**, or the actual charges exceeding **reasonable charges** or the **policy limits**.

What is an Affiliated Provider and what are the benefits of using one?

Southern Cross has entered into contracts with certain **health services providers**. These providers are called **Affiliated Providers**.

By having agreed prices for certain procedures, the **Affiliated Provider** can tell you what (if anything) you will be required to pay for your **healthcare services**. Unless you are advised otherwise by **Southern Cross** and/or your **Affiliated Provider**, we will pay 100% of the amount charged up to **policy limits**.

The **Affiliated Provider** will organise prior approval and claim directly from us for the **healthcare service**. When an **Affiliated Provider** provides a **healthcare service** to you, we deem this to be a claim under your **policy**.

A full list of **Affiliated Providers** and the **healthcare services** they offer can be found at healthcarefinder.co.nz. The **Affiliated Provider** network varies in services, and **Affiliated Providers** may not be available for all **healthcare services** listed in this **policy** or in all geographic areas.

Can I use a health services provider that is not an Affiliated Provider?

Yes, you can (as long as the procedure is not **Affiliated Provider**-only).

Affiliated Provider-only healthcare services

Certain **healthcare service**s must be performed by an **Affiliated Provider** to be **eligible** for cover under your **policy**.

Please note that **Affiliated Providers** may not offer all **healthcare service**s covered under this **policy** and an **Affiliated Provider** may not be available in your hometown or city.

To find an **Affiliated Provider** or to see the types of services they offer, visit healthcarefinder.co.nz

Will my health services provider give me an estimate of the charges?

Under the Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996 you have the right to receive an outline of the treatment, risks associated with the treatment and an estimate of charges from your **health services provider** before treatment takes place. Please provide this to us when you apply for prior approval. You should note that this is an estimate only. If the actual charges vary this may affect your level of reimbursement from us.

What if I have two or more surgical procedures at the same time?

When you have two or more surgical procedures simultaneously, sequentially or under the same anaesthetic the following will apply:

For **eligible healthcare services** provided by an **Affiliated Provider**, unless you are advised otherwise by us or your **Affiliated Provider**, we will pay 100% of the amount charged by your **Affiliated Provider** for each of the procedures up to the **policy limits**. For multiple surgical procedures provided by a **Specialist** who is not an **Affiliated Provider**, we will pay the actual cost of each procedure up to the **policy limits**.

If you are going to have two or more surgical procedures at the same time, you should inform us at the time of prior approval so that we can help you determine the extent of your cover with us.

What if I have more than one surgeon or an assistant surgeon involved in the operation?

Your **policy** provides reimbursement for one surgeon per **operation** only. If you are going to have more than one surgeon or an assistant surgeon involved in the **operation** you should inform us at the time of prior approval so that we can help you determine the extent of cover.

What if I need follow-up healthcare services after surgery?

After surgery, if you require additional surgery in connection with the initial surgery, you should contact us to discuss the additional surgery and apply for further prior approval. If the additional treatment relates to a **treatment injury**, refer to the **accident** and **treatment injury** top-up in the **Coverage Tables** set out in section 05.

Which prescription drugs qualify for cover?

Your **policy** provides different cover for **drugs** depending on what type of **healthcare service** they relate to.

- **Chemotherapy drugs** taken as part of chemotherapy for cancer are covered under the chemotherapy for cancer benefit.
- **Drugs** prescribed and taken in hospital during surgical treatment, non-surgical treatment or psychiatric care are covered as **ancillary hospital charges.**
- Any other **drugs** or prescriptions are only covered under the prescription benefit.

Unless specifically stated otherwise, for any **drugs** to qualify for cover, they must be **Pharmac approved**, prescribed by a **Medical Practitioner** in private practice and not otherwise excluded by your **policy** terms.

You can claim from **Southern Cross** the actual amount you pay for the drug (being the amount due after any **Pharmac** subsidy has been applied) up to your **policy limits.**

If any **drug** you are prescribed would require a special authority from **Pharmac** if it was being administered in a public facility, you are only entitled to reimbursement of that **drug** under this **policy** once you have met that same special authority criteria.

The claiming process

How can I make a claim under my policy?

You can make a claim under your **policy** by submitting a completed claim form (online at MySouthernCross, via the MySouthernCross app, or by post), claiming electronically using **Easy-Claim** for a **healthcare service** or visiting an **Affiliated Provider** for a **healthcare service**. When you claim electronically via **Easy-Claim** for **eligible healthcare services** (and your claim is accepted by us) or an **Affiliated Provider** provides a **healthcare service** to you, we deem this to be a claim under your **policy**. All claims are subject to the provisions of your **policy**.

What do I need to provide to Southern Cross when I make a claim?

Unless you are visiting an **Affiliated Provider** or claiming electronically using **Easy-Claim**, you need to submit a completed claim form and itemised receipts, which include the date treatment was provided, for the **healthcare services** listed on the claim form. We do not accept EFTPOS or credit card receipts. The claim form must be fully completed to ensure that your claim can be processed promptly. If the claim form is being posted to us, please ensure the form is signed by you and that the original copies of the itemised receipts are included.

What rules apply when claiming electronically via Easy-Claim ?

When a selected **health services provider** claims electronically via **Easy-Claim** on your behalf for an **eligible healthcare service** provided to you, we deem this to be a claim under your **policy** and you authorise us to pay the **health services provider** directly.

Please be aware that for electronic claiming at a pharmacy, the first time you claim electronically for an **eligible drug** for you, you are electing to electronically claim for that and any subsequent **eligible drug** that you may wish to acquire from that pharmacy and any subsequent transaction/s will be automatically processed as an electronic claim on your **policy**, unless you advise us or the pharmacy otherwise.

How long do I have to send in my receipts?

Claims must be submitted to us within 12 months of the date of provision of the **healthcare service** in order to be assessed.

Do I need to provide further information?

When you request a prior approval, we may ask you to provide us with a medical report. This will enable us to assess and advise you of the amount of your cover.

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

In exceptional circumstances, we may need to ask a **health services provider** chosen by us, to advise us about the medical facts or examine you in relation to the claim. We will only do this when there is uncertainty as to the level of cover under the **policy** or the nature or extent of the medical condition. This examination and advice will be at our expense. You must co-operate with the **health services provider** chosen by us, or we will not pay your claim.

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

First of all make claims against the other insurer or other person who may be liable, then complete a claim form 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 your 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.

What else do I need to know about my claim?

We reimburse claims either directly to the **health services provider** if prior approval has been obtained or you have visited an **Affiliated Provider** or claimed electronically via **Easy-Claim** at a selected **health services provider** (and your claim has been accepted by us) or to the **policyholder** (current at the time the **healthcare service** was provided, not at the time the claim is submitted).

We may decline any claim that we reasonably consider to be invalid or unjustified. We may examine any claims for **healthcare services** 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?" under section 06 of the **policy**.

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

If the **policyholder** has been overpaid on any claims, we may seek to recover the amount incorrectly paid out.

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

Yes, 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 remains unclaimed for 4 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 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**.

03

Existing medical conditions and commencement of cover

Are pre-existing conditions covered?

Health insurance is primarily meant to provide cover for the treatment of health conditions, signs and symptoms that arise after the **policy** has been taken out. There is no cover for **pre-existing conditions** under the **policy** unless we agree in writing to offer cover for **pre-existing conditions**.

However after 3 years of **continuous cover** a **healthcare service** relating to any **pre-existing condition** may be covered under your **policy** provided that the **healthcare service** is **eligible** for cover.

When the **policyholder** completed the Application Form for this **policy** the **policyholder** declared the conditions, signs, symptoms and events for which the **policyholder** or any **dependant** knew about at the date of application. We assess the conditions, signs, symptoms and events disclosed in the application and make a decision whether to offer cover for any **pre-existing conditions** or not. **Pre-existing conditions** which we know of at the time of issuing the **Membership Certificate** and which we decline to cover will be set out on your **Membership Certificate**.

The **exclusions** for **pre-existing conditions** (including any specific conditions listed on the **Membership Certificate**) are in addition to the standard **exclusions** noted in this **policy** document.

Declaration of pre-existing conditions

If the **policyholder** did not declare a **pre-existing condition** relating to the **policyholder** or any **dependant** on the Application Form and any relevant health insurance medical declaration, and the relevant person subsequently requires treatment, then we may decline cover for that **pre-existing condition**. In these circumstances, at the time we become aware of the **pre-existing condition** we will also add it to your **Membership Certificate** so that we have a record of the **pre-existing condition**.

When does cover under the policy commence?

Cover under this **policy** commences on the **policy start date** unless you are advised otherwise by **Southern Cross** at the time of joining.

Newborn **dependants** added to the **policy** within 3 months following their date of birth are covered from the date of their addition.

04

Private healthcare services to which this policy applies

The **Coverage Tables** set out in section 05 give details of **healthcare services** which are covered under SureCare Concessionary, together with details of **policy limits** and other terms and conditions of cover.

List of Prostheses and Specialised Equipment

We publish on our website a **List of Prostheses and Specialised Equipment** which outlines the **prostheses**, specialised equipment and consumables or donor tissue preparation charges covered by this **policy**. If a prosthesis is not listed in the **List of Prostheses and Specialised Equipment**, we will not provide cover unless we advise otherwise.

Treatment in a public facility

Southern Cross does not pay for any **healthcare service** undertaken in a public hospital or facility controlled directly or indirectly by **Health NZ Te Whatu Ora** unless specifically accepted in writing by **Southern Cross** prior to any treatment.

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.

Eligibility criteria

We may from time to time put new **eligibility criteria** in place or update the existing **eligibility criteria**.

Treatment overseas

There is an allowance for **approved treatment** not available in the public or private sector within New Zealand. This allowance is only to contribute towards the medical expenses you incur and does not pay towards accommodation or travel costs. The treatment must be recommended by a **Specialist** in private practice. **Southern Cross** must approve the treatment based on a medical report you provide before treatment takes place. Without this prior approval, the claim cannot be paid. Ordinary **policy exclusions** apply.

Acute care

This **policy** is designed to provide cover for **eligible healthcare services** and so we will not reimburse charges for **acute care**.

If you need **acute care**, you should go directly to the Accident and Emergency unit at your nearest public hospital.

Accident and treatment injury

Your plan will not provide cover for **accident** treatment or **treatment injury** expenses that **ACC** is legally responsible for. In some cases, **ACC** will not pay the full amount charged for your treatment. In these cases you may be able to make a claim under your **policy**. Refer to the **accident** and **treatment injury** or **work-related gradual process injury** top-up in the **Coverage Tables** set out in section 05.

05

Coverage Tables

The following **Coverage Tables** set out the **healthcare services** included under SureCare Concessionary. The **Coverage Tables** specify the **policy limits** and terms and conditions applicable to the listed **healthcare services**. The **Coverage Tables** should be read together with the **List of Prostheses and Specialised Equipment**, which is available at southerncross.co.nz/plans, or by calling us.

Eligibility criteria may apply to some procedures, please refer to southerncross.co.nz/eligibilitycriteria.

To see which **healthcare services** need to be performed by an **Affiliated Provider** to be **eligible** for cover, visit the Affiliated Provider-only healthcare services list at southerncross.co.nz/plans. You can find an **Affiliated Provider** that offers services covered by this benefit at healthcarefinder.co.nz.

When reading the **Coverage Tables** you can refer to the chart under "How to receive treatment and make a claim" in section 02 to understand how your cover will be calculated, and to the glossary of terms in section 08 for the explanation of all bolded terms. All figures include GST.

SureCare Concessionary - Coverage Tables

Your refund for any **eligible healthcare service** will be the maximum in the column below or the actual cost whichever is the lower, less any excess payable.*

HEALTHCARE SERVICE	MAXIMUM*	OTHER TERMS AND CONDITIONS
SURGICAL TREATMENT Some surgical treatment must be performed by an **Affiliated Provider** to be **eligible** for cover under this **policy** – visit the Affiliated Provider-only **healthcare services** list at southerncross.co.nz/plans. You can find an **Affiliated Provider** that offers services covered by this benefit at healthcarefinder.co.nz. **Eligibility criteria** may apply. $300 excess applies.		
Surgical procedures Surgeon's operating fee/s Anaesthetist's fee/s Intensivist's fee **Hospital fees**	$100,000 per **operation**	Performed by a **Specialist** or **Affiliated Provider** contracted for that **healthcare service** in an **approved facility**.
Surgically implanted **prostheses** and specialised equipment	Maximums apply	Refer to the **List of Prostheses and Specialised Equipment**. $300 excess applies.
Breast reconstruction Breast reconstruction procedures of the affected breast following an **eligible** mastectomy.	Surgical procedures maximums apply	Any reconstruction procedures after the initial reconstruction procedure are only covered when performed within 2 years from either: - placement of the first permanent implant - the first fat grafting procedure - therapeutic mammoplasty, or - flap surgery. No time limit restrictions apply for nipple reconstruction, including tattooing.
Intravitreal injections (eyes)	Surgical procedures maximums apply	Performed by an **Affiliated Provider** contracted for that **healthcare service** in an **approved facility**. Cover for drug costs is limited to $100 per injection regardless of the type of drug used.
Varicose vein procedures (legs)	Surgical procedures maximums apply	Performed by an **Affiliated Provider** contracted for that **healthcare service** in an **approved facility**. Cover is limited to two **varicose vein procedures** per leg per **lifetime**.
Sclerotherapy or embolisation of simple vascular malformation	Surgical procedures maximums apply	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**.

*See the chart under "How to receive treatment and make a claim" in section 02 for how your refund will be calculated.

HEALTHCARE SERVICE	MAXIMUM*	OTHER TERMS AND CONDITIONS
SURGICAL TREATMENT CONTINUED Some surgical treatment must be performed by an **Affiliated Provider** to be **eligible** for cover under this **policy** – visit the Affiliated Provider-only **healthcare service**s list at southerncross.co.nz/plans. You can find an **Affiliated Provider** that offers services covered by this benefit at healthcarefinder.co.nz. **Eligibility criteria** may apply. $300 excess applies.		
Percutaneous medial branch thermal radiofrequency neurotomy	Surgical procedures maximums apply	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**.
Skin lesion removal under general anaesthetic or sedation, and Mohs surgery	Surgical procedures maximums apply	Performed by an **Affiliated Provider** contracted for that **healthcare service** in an **approved facility**. Cover is for excision, biopsy, cryotherapy, curettage, and diathermy of skin lesions when performed under general anaesthetic or sedation, and Mohs surgery.
Skin lesion removal under local anaesthetic or no anaesthetic	$7,500 per **claims year**	Performed by an **Affiliated Provider** contracted for that **healthcare service** in an **approved facility**. Cover is for excision, biopsy, cryotherapy, curettage, and diathermy of skin lesions when performed without anaesthetic or under local anaesthetic. $300 excess applies.
Cardiac surgery Surgeon's operating fee/s Anaesthetist's fee/s Intensivist's fee Perfusionist's charges	$100,000 per **operation**	Performed by a **Specialist** or **Affiliated Provider** contracted for that **healthcare service** in an **approved facility**.
Hospital fees		Including bypass machine supplies and off-bypass cardiac stabilisation consumables.
Surgically implanted **prostheses** and specialised equipment	Maximums apply	Refer to the **List of Prostheses and Specialised Equipment**. $300 excess applies.

HEALTHCARE SERVICE	MAXIMUM*	OTHER TERMS AND CONDITIONS
SURGICAL ALLOWANCES	Excess applies to this section. **Eligibility criteria** may apply.	
Gastric banding/bypass allowance	$7,200 per **lifetime**	After 3 years of **continuous cover** on this plan. A medical report by a **Specialist** is required to assess your 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**.
Breast reduction allowance	$4,700 per **lifetime**	After 3 years of **continuous cover** on this plan. A medical report by a **Specialist** is required to assess your 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**.

*See the chart under "How to receive treatment and make a claim" in section 02 for how your refund will be calculated.

HEALTHCARE SERVICE	MAXIMUM*	OTHER TERMS AND CONDITIONS
SURGICAL ALLOWANCES CONTINUED	Excess applies to this section. **Eligibility criteria** may apply.	
Breast symmetry allowance	$2,200 per **lifetime**	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**.
Overseas treatment allowance	$9,700 per **claims year**	Reimbursement of medical expenses for **approved treatment** not available in the public or private sector within New Zealand. The treatment must be recommended by a **Specialist**. **Southern Cross** must approve the treatment based on a medical report you provide before treatment takes place. Ordinary **exclusions** apply. No reimbursement for accommodation or travel.

CHEMOTHERAPY AND RADIOTHERAPY	**Eligibility criteria** may apply.	
Chemotherapy for cancer	$60,000 per **claims year**, for **Pharmac approved chemotherapy drugs** of which a maximum of $10,000 per **claims year** may be used for non-**Pharmac approved**, **Medsafe** indicated **chemotherapy drugs**.	Must be performed by an **Affiliated Provider**. Unless you are advised otherwise by **Southern Cross** and/or your **Affiliated Provider** we will pay 100% of the amount charged by your **Affiliated Provider** up to the $60,000 per **claims year** maximum. Please note that not all procedures are available from all **Affiliated Providers** or in all areas. Includes cost of the administration of drugs, hospital accommodation in a single room and **ancillary hospital charges**. $300 excess per **claims year** applies to the first claim only.
Radiotherapy	Unlimited	Must be performed by an **Affiliated Provider**. Unless you are advised otherwise by **Southern Cross** and/or your **Affiliated Provider** we will pay 100% of the amount charged by your **Affiliated Provider**. 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). $300 excess per **claims year** applies to the first claim only.

*See the chart under "How to receive treatment and make a claim" in section 02 for how your refund will be calculated.

HEALTHCARE SERVICE	MAXIMUM*	OTHER TERMS AND CONDITIONS
RECOVERY	The preceding related surgical treatment, chemotherapy or radiotherapy must have been **eligible** for cover under your **policy**.	
Post-operative home nursing	$175 per day up to $2,800 per **claims year**	After 1 year of **continuous cover** on this plan. 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.
Post-operative speech and language therapy	$70 per visit up to $350 per **claims year**	Treatment by a speech and language therapist registered with the New Zealand Speech-language Therapists' Association, on the referral of a **Specialist** in private practice. Must be performed within 6 months of related **eligible** surgical treatment, chemotherapy or radiotherapy.
Post-operative physiotherapy	$60 per visit up to $300 per **claims year**	Treatment by a physiotherapist registered with the Physiotherapy Board of New Zealand. Includes cover for treatment by a hand therapist registered with the New Zealand Association of Hand Therapists. Must be performed within 6 months of related **eligible** surgical treatment, chemotherapy or radiotherapy.

SUPPORT		
Ambulance allowance	$180 per **claims year**	For emergency transportation to a public facility.
Travel and accommodation allowance	$500 per **claims year**	For when private treatment is not available in your home town or city and you have to travel more than 100km from home to receive an **eligible healthcare service**. Allowance payable to cover the person covered by the **policy** receiving the **eligible healthcare service** and a support person. Allowance payable for public transport costs (includes buses, trains, taxis, shuttles, planes and ferries) and hotel/motel rooms (or hospital rooming fees for the support person) within New Zealand only. No cover for car hire, mileage or petrol costs.
Parent accommodation allowance	$100 per night up to $500 per **operation**	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**.
Public hospital cash allowance	$50 per night up to $2,400 per **claims year**	For overnight admissions in a public facility. Admission must not relate to a **policy exclusion**. A copy of the hospital discharge summary must accompany the claim.
Accident and **treatment injury** top-up	For **accident, treatment injury** or **work-related gradual process injury** related **healthcare services** 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 100% 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, 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.	

*See the chart under "How to receive treatment and make a claim" in section 02 for how your refund will be calculated.

HEALTHCARE SERVICE	MAXIMUM*	OTHER TERMS AND CONDITIONS
DIAGNOSTIC IMAGING – MUST BE PERFORMED BY AN AFFILIATED PROVIDER All diagnostic imaging 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 100% of the amount charged by your **Affiliated Provider** up to the $10,000 per **claims year** (in total) listed below. Please be aware that not all procedures are available from all **Affiliated Providers** or in all areas. $50 excess per scan applies to each benefit in this section.		
		$10,000 per **claims year** (in total) for all diagnostic imaging:
X-ray		Excludes x-rays performed by a dentist or chiropractor.
Ultrasound		Excludes obstetrics and varicose veins (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.

*See the chart under "How to receive treatment and make a claim" in section 02 for how your refund will be calculated.

HEALTHCARE SERVICE	MAXIMUM*	OTHER TERMS AND CONDITIONS
TESTS	$50 excess applies per test to all Tests benefits. **Eligibility criteria** may apply.	
Cardiac tests	$5,000 per **claims year** (in total)	On referral by a **Specialist** in private practice.
ALL CARDIAC TESTS MUST BE PERFORMED BY AN AFFILIATED PROVIDER All cardiac 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 100% of the amount charged by your **Affiliated Provider** up to the $5,000 per **claims year** (in total) listed above. Please be aware that not all procedures are available from all **Affiliated Providers** or in all areas. The following cardiac tests are covered under this benefit: Advanced electrocardiogram (A-ECG) Dobutamine stress echocardiogram Echocardiogram Exercise ECG Holter monitoring Stress echocardiogram Transoesophageal echocardiogram (TOE) Resting ECG		
Diagnostic tests	$3,000 per **claims year** (in total)	On referral by a **Specialist** in private practice and in an **approved facility**.
For a list of all **diagnostic tests** covered under this benefit please see the definition of **diagnostic tests** in section 08. **DIAGNOSTIC TESTS THAT MUST BE PERFORMED BY AN AFFILIATED PROVIDER** 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 100% of the amount charged by your **Affiliated Provider** 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.		

CONSULTATIONS	$50 excess per consultation applies to all Consultations benefits. **Eligibility criteria** may apply.	
Specialist consultations	$5,000 per **claims year** (in total)	Must be performed by an **Affiliated Provider**. Excludes psychiatrist consultations.
Psychiatrist consultations	$750 per **claims year**	Must be performed by a **Specialist** that is vocationally registered in psychiatry.
Dietitian consultations	$100 per consultation up to $500 per **claims year**	Consultations with a dietitian registered with the New Zealand Dietitian Board. On referral by a **Specialist** in private practice.

*See the chart under "How to receive treatment and make a claim" in section 02 for how your refund will be calculated.

HEALTHCARE SERVICE	MAXIMUM*	OTHER TERMS AND CONDITIONS
NON-SURGICAL TREATMENT		
IV infusion (non-cancer)	$750 per **claims year**	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. $50 excess applies per **healthcare service**.
Psychiatric hospitalisation	$700 per night or day stay for hospital accommodation; $200 per **claims year** for **ancillary hospital charges**; up to a maximum of $3,500 per **claims year**	For admission and care by a **Specialist** vocationally registered in psychiatry in an **approved facility**. $300 excess applies per admission.
Allergy services	$750 per **claims year**	Must be provided by or under the care of an **Affiliated Provider** or a **General Practitioner** who has an **Easy-Claim** agreement with us. Covers allergy related services including, allergy testing and desensitisation. Excludes consultations and the cost of non-**Pharmac approved** drugs. $50 excess applies per **healthcare service**.
DAY-TO-DAY TREATMENT		
General Practitioner consultations and prescriptions	$100 per **claims year**	Treatment and consultations (including dressings, acupuncture and ECG) by a **General Practitioner**, or charges for **drugs** prescribed by a **General Practitioner**. Excludes the cost of non-**Pharmac approved** drugs.

*See the chart under "How to receive treatment and make a claim" in section 02 for how your refund will be calculated.

Exclusions

No reimbursement or payment shall be made for any costs related to, or incurred as a consequence of:

- Breast reduction except as specifically provided by the breast reduction allowance;
- Chronic conditions: cystic fibrosis, polycystic kidney disease, Marfan syndrome, Loeys-Dietz syndrome, spina bifida, scoliosis, kyphosis, pectus excavatum and pectus carinatum;
- **Congenital conditions** except for umbilical hernia, inguinal hernia, undescended testes, hydrocele, tongue tie, phimosis and squint;
- Contraception or insertion/removal of intrauterine devices except when used for medical reasons and approved by us prior to treatment;
- Correction of refractive visual errors or astigmatism by surgery, surgically implanted intraocular lens(es), or laser treatment;
- **Cosmetic treatment**;
- Dementia;
- Diagnosis, management and/or treatment of developmental or congenital abnormalities of the facial skeleton and associated structures;
- Extraction of teeth except as specifically provided by extraction of unerupted or impacted teeth (under Surgical procedures' benefit)
- Gender affirmation (confirmation) surgery and directly related **healthcare services**;
- Gynaecomastia;
- **Healthcare services** provided in relation to, or as a consequence of, any **accident, treatment injury** or **work-related gradual process injury**, except as specifically provided by the **accident and treatment injury** top-up benefit in the **Coverage Tables**;
- **Healthcare services** provided outside New Zealand except as specifically provided by the Overseas treatment allowance;
- **Healthcare services** relating to the management and treatment of snoring and/or upper airways resistance;
- **Healthcare services** that are not **approved treatment**;
- Illnesses, injuries, conditions or disabilities that are caused, or contributed to by the abuse of substances such as alcohol or drugs;
- Implantation of teeth and/or titanium dental implants;
- Injury or disability suffered as a result of war or any act of war, declared or undeclared, or of active duty in the military, naval or air forces of any country or international authority, or as a direct or indirect result of terrorism;
- **Long term care** including geriatric in-patient care and **disability support services**;
- Organ transplants, transfusions/injections of autologous blood/blood products (except when used as part of **eligible** chemotherapy treatment, or where cell saver is related to **eligible** surgical treatment), autologous chondrocyte implants, stem cell transplants, including related expenses for both donors and recipients;
- **Pre-existing conditions:** including but not limited to those conditions specifically set out in your **Membership Certificate**, this doesn't apply to cover provided under the day-to-day treatment benefit;
- Pregnancy and childbirth, except for what we cover under the day-to-day treatment benefit for prescriptions;
- **Prophylactic healthcare services** unless approved by **Southern Cross** prior to treatment;
- Respite and convalescent care;
- Robot-assisted surgery except as specifically provided by the surgical procedures benefit for robot-assisted hysterectomy (with or without oophorectomy and/or salpingectomy), robot-assisted sacrocolpopexy, robot-assisted ventral hernia repair, robot-assisted prostatectomy, robot-assisted partial nephrectomy, robot-assisted total hip replacement, robot-assisted knee replacement and robot-assisted transoral surgery;
- Self-inflicted illness or injury;
- Sterilisation, or its reversal, for example, vasectomy;
- Subsequent breast reconstruction surgery (including the replacement of **prostheses**) or symmetry surgery except as specifically provided by the surgical procedures benefit and the breast symmetry allowance;

- Surgery designed to assist or allow the implementation of orthodontic **services**;
- Termination of pregnancy;
- Treatment of any condition not **detrimental to health**;
- Treatment of HIV;
- Treatment of obesity (including weight loss surgery) except as specifically provided by the gastric banding/ bypass allowance;
- **Unapproved healthcare services** which are specific drugs, devices, techniques, tests and/or other **healthcare services** that have not been approved by **Southern Cross** prior to treatment. Please see the list of **unapproved healthcare services** at southerncross.co.nz/unapproved services.

No reimbursement or payment shall be made for any cost related to:

- **Acute care;**
- **Health screening** except as specifically provided by the diagnostic imaging benefit for mammography and the surgical procedures benefits for colonoscopy;
- **Healthcare services** performed by a dentist, periodontist, endodontist or orthodontist;
- **Healthcare services** provided by a person who is not a **health services provider** as defined in section 08;
- **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;
- Maintenance examinations, medical checkups or any examination required for a third party (including preparation of reports) for example physical examinations for life insurance, travel insurance and driver license;
- Mental health **healthcare services** except as specifically provided by the psychiatrist consultation and psychiatric hospitalisation benefits;
- Vaccinations.

No reimbursement or payment shall be made for any costs incurred for:

- **Administrative charges** such as statement fees, cancellation fees, or non-attendance fees;
- Appliances or equipment (surgical, medical or dental) for example CPAP machines, hearing aids, orthotics, crutches and surgically implants lenses (except monofocal lenses);
- **Healthcare services** provided at a public facility directly or indirectly controlled by **Health NZ Te Whatu Ora**, unless specifically accepted in writing by **Southern Cross** prior to treatment;
- Hospital charges of a personal convenience nature for example, newspapers, spouse/family meals, alcohol, TV rental;
- Pathology and laboratory tests;
- **Prostheses**, specialised equipment and consumables or donor tissue preparation charges except as specifically listed in the **List of Prostheses and Specialised Equipment**.

06

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**.

Any member on the **policy** over the age of 16 can register for MySouthernCross and can access some of their information including, but not limited to, their claims and prior approvals. **Dependants** can also perform certain functions in respect of the **policy**, however you remain responsible for their acts and omissions, refer to "What happens if I give Southern Cross incomplete, false or misleading information" on page 26 of this **policy** document.

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 the **policyholder** changes the payment method or frequency, a **new policy anniversary date** may apply, check your **membership certificate** for the **new policy anniversary date**.

If your **policy** is part of a work scheme or association scheme, your **policy anniversary date** will be the anniversary of the commencement date of the scheme. This date will be the same each year unless there are changes made to the scheme or the **policyholder** leaves the scheme.

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.

When can I add dependants on to my policy?

You can add **dependants** onto the **policy** at any time, excluding children aged 21 years or older. You will need to complete a medical declaration for the **dependant** being added. We will determine whether we will cover any **pre-existing conditions** disclosed on the medical declaration. Cover will commence on the date the **dependant** was added to your **policy**.

If you wish to add a newborn **child**, the application must be submitted within 3 months of that **child's** birth. The **child** will have cover for **pre-existing conditions** as long as they are not **congenital conditions** or chronic conditions or otherwise excluded under the general terms of the **policy**. Cover will commence on the date the **child** was added to your **policy**.

If you have not held your **policy** for more than 3 months at the date of application or don't add the newborn **child** before he or she is 3 months old, you will have to complete a medical declaration for the **child** and we will determine whether we will cover any **pre-existing conditions** disclosed on the medical declaration.

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?

Your children are charged at the **child's** rate until they reach 21 years of age. On reaching 21 the premiums payable in respect of your children will be based on their age but they can remain on your **policy**. **Adult** children will automatically remain on your **policy** unless you, your work scheme or association scheme specifically request us to remove them.

If the **policyholder** wants to remove **adult** children from this **policy**, the **adult** children can apply for their own **Southern Cross** health insurance **policy** if they want to remain covered by us. They don't need to complete a new health insurance medical declaration if both of the following apply:

- they apply for a similar or lower level of cover as they had under this **policy**
- they apply within 1 month of being removed from this **policy**.

How do I remove dependants from my policy?

The removal of a **dependant** can take place at any time – you should request to remove the **dependant** in writing or by calling **Southern Cross**. It is the responsibility of the **policyholder** to remove **dependants** from the **policy** where the circumstances change so that the **policyholder** no longer requires the **dependant** to be covered by the **policy** (for example, following a marital separation or a death).

You should note that if a **dependant** is removed from the **policy** and subsequently added back on, you will have to complete a new medical declaration for them. They will not have cover for **pre-existing conditions** existing prior to the date they are added back on to your **policy**.

When can I change my cover? Can I upgrade or downgrade my policy?

You can upgrade or downgrade your **policy** at any time by contacting **Southern Cross**. The change will take effect from the date we advise. Upgrading or downgrading your **policy** can affect your cover for **pre-existing conditions, annual limits,** excesses, **continuous cover** and premiums so it is important you discuss your proposed changes with us to fully understand the implications of upgrading or downgrading your **policy**.

In particular, you should note:

- to upgrade your **policy**, you will be required to complete a new medical declaration in relation to yourself and all **dependants**;
- if you upgrade or downgrade your **policy**, any **pre-existing condition** exclusions affecting you or any **dependant** will remain;
- If you make changes to your **policy**, depending on the change, the **claims year** may reset and any excess for you and any **dependants** under this **policy** will return to its full value on the date the change takes effect. If the **claims year** resets, a new **claims anniversary date** will apply to your **policy** – check your **Membership Certificate** for the new **claims anniversary date** if you have made changes to your **policy**.
- if you choose to upgrade or downgrade your **policy** the 14 day period referred to under section 06 "How do I cancel my policy?" will apply.

Southern Cross can decline a request for a change of cover if it appears that you are seeking to manipulate your cover or take advantage of **Southern Cross** by making such a change.

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

You and all of your **dependants** have the same **claims year** regardless of when a particular person was added to the **policy**. **Annual limits** applicable to SureCare Concessionary last for the duration of a **claims year** and revert to their maximum levels at the start of each **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 1 **claims year** to the next, 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 services** are provided, and not the date of the invoice or the date a claim is submitted.

You should note that in relation to some **healthcare services**, in addition to an **annual limit** there are other **policy limits**. These limits are all set out in the **Coverage Tables** and the **List of Prostheses and Specialised Equipment**.

How does Southern Cross calculate 'continuous cover' for some of the elements of cover?

'**Continuous cover**' means that the person covered by the **policy** must have had no break in cover for the particular **healthcare service** in this plan to which the **continuous cover** qualification relates for the specified minimum period. Periods when the **policy** is suspended in relation to that person while that person is travelling overseas count as part of **continuous cover**. However, if that person is a **dependant** who is taken off the **policy** for any period and then added back on, then that will break the period of **continuous cover**.

I am going to travel overseas for a while, can I suspend my policy until I return?

It is possible to suspend cover under the **policy** in respect of you or any of your **dependants**, for overseas travel on 3 separate occasions over the **lifetime** of your **policy**, and your **policy** can be suspended for up to 5 years (60 months) in total.

There are certain conditions that apply as set out below.

Each of these conditions relates personally to the **policyholder** or each **dependant** who is travelling, and wishing to suspend their cover:

- you or your **dependant** must request suspension in writing before leaving New Zealand;
- you or your **dependant** must have been covered by the **policy** for at least 12 continuous months up to the date the suspension is to take effect;
- any single period of suspension must be for a minimum of 2 months, and be for no more than 3 years (36 months);
- you or your **dependant** can each suspend cover up to 3 times per **lifetime** only;
- you or your **dependant** must be continuously covered under the **policy** for a period of 12 months between the end of the last suspension and the commencement date of the next suspension.

If you or your **dependant** are leaving New Zealand for a period greater than 36 months, contact us to discuss the options available to you.

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 other non-disclosure, misrepresentation, fraud or material breach of the terms of the **policy** by you or any **dependant** and/or we may 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 07 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.

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

What if I forget to pay my premium?

If you or your employer do not pay your premiums we will be unable to issue prior approval or pay claims under your **policy**.

If you or your employer don't pay premiums for 3 months or more, we will cancel your **policy**.

07

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** (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.

We take responsibility for any financial advice our Southern Cross sales staff provide on the **Southern Cross** range of health insurance products. We are licensed and regulated by the Financial Markets Authority for that financial advice. For more information and a copy of our disclosure statement please visit 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 southerncross.co.nz/complaints
- 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 southerncross.co.nz/complaints

08

Glossary of terms

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).

Acute care means care provided in response to a sign, symptom, condition or disease that requires immediate treatment or monitoring.

Adult means a person 21 years of age and over.

Affiliated Provider means a **health services provider** who has entered into a contract with **Southern Cross** to provide certain **healthcare services** at agreed prices.

Ancillary hospital charges means anaesthetic supplies, dressings, **drugs** (which are prescribed and taken in hospital), intravenous fluids, and irrigating solutions, used as part of an **eligible healthcare service**.

Annual limit(s) means the maximum amount in respect of any one person that can be reimbursed in any 1 **claims year**.

Approved facility means a **certified private facility** or other healthcare facility approved by **Southern Cross**.

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.

Certified private facility means a private surgical or medical facility certified as such by the Ministry of Health.

Chemotherapy drugs means prescription medicines, biologics and immunotherapy medicines for cancer or neoplastic disease, that are prescribed or recommended by a **Specialist** registered in internal medicine in private practice, and not otherwise excluded by the terms of your **policy**.

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**.

Complaints resolution process means the complaints procedure and resolution process available to you as set out in section 07.

Congenital condition(s) means congenital anomalies or defects which are present at birth and for which the **policyholder** or **dependant** had either:

(a) signs or symptoms of the condition prior to the **original date of joining**, or

(b) signs or symptoms of the condition within 3 months of birth, as reasonably determined by **Southern Cross**.

Continuous cover means that the person covered by the **policy** must have had no break in cover for the particular **healthcare service** in this plan to which the continuous cover qualification relates, for the specified

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(s) means the table(s) set out in section 05 of this **policy** document, and any subsequent changes we make to those **Coverage Tables**.

Dependant means the husband/wife or partner (including any former husband/wife or partner) of the **policyholder** and any **child** and 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.

Diagnostic tests means ambulatory blood pressure monitoring (ABPM), ankle brachial index, anorectal physiology studies, bone marrow aspiration, fractional exhaled nitric oxide (FeNO) test, caloric reflex test, colposcopy with or without biopsies under local anaesthetic or no anaesthetic, compartment pressure study, corneal pachymetry, corneal topography, electroencephalogram (EEG), electromyogram (EMG), electrooculogram (EOG), electroretinogram (ERG), endometrial biopsy under local anaesthetic or no anaesthetic, full urodynamic assessment, fluorescein angiography, Scanning laser polarimetry (SLP), Heidelberg retinal tomography (HRT), hydrogen breath test, intraocular pressure (IOP) test, laryngoscopy (in rooms), lumbar puncture, lung diffusion study, lung function test, nasendoscopy (in rooms), oesophageal 24hr pH monitoring (gastric function study), oesophageal manometry test, optical coherence tomography (OCT), overnight pulse oximetry, proctoscopy, retinal photography, segmental pressure test, sigmoidoscopy (in rooms), simple urinary flow study, sleep study, specular microscopy, spirometry with or without flow volume loops, ultrasounds of the eye, urea breath test (H. pylori breath test), vascular laboratory testing, vestibular evoked myogenic potential (VEMP), video-assisted head impulse test (vHIT), videonystagmography (VNG), visual evoked potential (VEP), visual fields test, or vulvoscopy with or without biopsy under local anaesthetic or no anaesthetic.

Disability support service(s) means support service(s) provided where a condition, disability or illness has been, or is likely to be, present for 6 months or more excluding surgical or medical treatment.

Drug(s) 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**.

Eligibility criteria means any additional terms and conditions we put in place from time to time for a particular **healthcare service**. You can find the current eligibility criteria on our website: southerncross.co.nz/eligibilitycriteria or upon request.

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

(a) covered under or listed in the **Coverage Tables** and comply with any applicable terms and conditions (including any **eligibility criteria** we may specify from time to time); and
(b) **approved treatment**; and
(c) performed in private practice by a **health services provider** with registration applicable to the **healthcare service**; and
(d) a **healthcare service** for which costs are actually incurred or to be 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 and/or the **Membership Certificate**.

General Practitioner means a **Medical Practitioner** vocationally registered in General Practice or who has general or provisional general registration and is practising in general practice.

Health New Zealand Te Whatu Ora is the health entity established under the Pae Ora (Healthy Futures) Act 2022 (or its successor).

Health screening means **diagnostic test**(s), investigation(s) or consultation(s) in the absence of any sign or symptom suggesting the presence of the illness, disease or medical condition the screening is designed to detect.

Health services provider means a **General Practitioner**, **Specialist** or registered practising member of certain professions allied to medicine practising in private practice who we approve for the provision of **healthcare services** under this **policy**.

Healthcare service(s) means any private surgery or other procedure, treatment, investigation, **diagnostic test**, consultation or other private healthcare service including hospitalisation provided by a **health services provider** or an **approved facility**.

Hospital fees means hospital costs for accommodation (single room basis, excludes suites), operating theatre fees, anaesthetic supplies, intensive care and special in-hospital nursing, in-hospital x-rays and ECG, **ancillary hospital charges**, laparoscopic disposables and in-hospital post-operative physiotherapy.

Internal medicine means internal medicine, cardiology, clinical immunology, clinical pharmacology, endocrinology, gastroenterology, geriatric medicine, haematology, infectious diseases, medical oncology, nephrology, neurology, nuclear medicine, palliative medicine, respiratory medicine and rheumatology, as defined by the Medical Council of New Zealand (MCNZ).

Lifetime means the duration of a **policyholder** or **dependant's** relationship with **Southern Cross** whether or not continuous.

List of Prostheses and Specialised Equipment means the document published by **Southern Cross** from time to time which details the **prostheses**, specialised equipment and consumables, donor tissue preparation charges and associated levels of cover provided under this **policy**, the latest copy of which is available at southerncross.co.nz/plans or by calling us.

Long term care means hospitalisation which is expected to last or lasts more than 90 days.

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 whose scope of practise is relevant to the applicable **healthcare service**.

Medsafe means the New Zealand Medicines and Medical Devices Safety Authority, a division of the Ministry of Health, responsible for the regulation of therapeutic products in New Zealand.

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 and plans applicable, the **policyholder's Southern Cross** membership number, any specific **exclusions** from cover for **pre-existing conditions** applicable to the people covered under the **policy** known to **Southern Cross** at the date of issue of the certificate, and any other information specific to the **policy**.

Multiple procedures means two or more surgical procedures performed simultaneously, sequentially or under the same anaesthetic.

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

Operation means all surgical procedures performed under one anaesthetic.

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 (including any document that is incorporated by reference ie **eligibility criteria**), the **List of Prostheses and Specialised Equipment,** the list of unapproved healthcare services, the list of Affiliated Provider-only healthcare services, the list of policy variations, and any changes made to the above from time to time (where relevant).

Policy anniversary date means:

(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** are paid.

Policy limits means in relation to any **eligible healthcare service** the maximum amount payable by **Southern Cross** per **operation**, per procedure, per item, per day, per **lifetime**, or as an **annual limit** as specified in the **Coverage Tables** and **List of Prostheses and Specialised Equipment**, or as specified in our contract with an **Affiliated Provider** and advised to you by **Southern Cross** or your **Affiliated Provider** when you seek treatment.

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.

Pre-existing condition means any health condition, sign, symptom or event occurring or existing:

(a) in relation to the **policyholder** and each **dependant** named in the Application Form, before the **policy start date**; and

(b) in relation to any **dependant** added to the **policy** after the **policy start date**, before the date the relevant **dependant** was added to the **policy**; and

(c) in relation to any upgrade after the **original date of joining**, before the date of upgrading;

where the **policyholder** or the **dependant** was aware, or ought reasonably to have been aware, of the health condition, sign, symptom or event.

Prophylactic healthcare services means **healthcare service(s)** provided in the absence of any relevant sign or symptom suggesting the presence of an illness, disease or medical condition, that seek to reduce or prevent the risk of an illness, disease or medical condition developing in the future.

Prostheses means surgically implanted items, specialised equipment and consumables and donor tissue preparation charges as set out in the **List of Prostheses and Specialised Equipment**.

Reasonable charges are charges for **healthcare services** that are determined as reasonable by us (acting reasonably) based on our review of our data.

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.

Specialist means a **Medical Practitioner** who is vocationally registered in one of the following scopes:

- anaesthesia, cardiothoracic surgery, clinical genetics, dermatology, diagnostic & interventional radiology, general surgery, intensive care medicine, **internal medicine**, musculoskeletal medicine, neurosurgery, obstetrics & gynaecology, occupational medicine, ophthalmology, oral & maxillofacial surgery, orthopaedic surgery, otolaryngology, paediatric surgery, paediatrics, pain medicine, palliative medicine, plastic & reconstructive surgery, psychiatry, radiation oncology, rehabilitation medicine, sexual health medicine, sport & exercise medicine, urology, vascular surgery, or
- has provisional vocational registration with the MCNZ and is under the supervision of a **Medical Practitioner** vocationally registered in one of the above scopes, or
- holds a special purpose (locum tenens) scope of practice with the MCNZ and is under the supervision of a **Medical Practitioner** vocationally registered in one of the above scopes, or
- is a **Medical Practitioner** who has been admitted to the Fellowship of the Australasian Society of Breast Physicians, or
- is an oral surgeon, oral medicine specialist or oral & maxillofacial surgeon registered with the Dental Council of New Zealand.

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

Unapproved healthcare services which are specific drugs, devices, techniques, tests and/or other **healthcare services** that have not been approved by **Southern Cross** prior to treatment. Please see the list of **unapproved healthcare services** at southerncross.co.nz/unapprovedservices.

Varicose vein procedures means unilateral endovenous laser treatment, unilateral ultrasound guided sclerotherapy, unilateral varicose vein surgery, unilateral cyanoacrylate embolisation or unilateral radiofrequency (RF) endovenous ablation. Where a **policyholder** or **dependant** has multiple varicose vein procedures during a single **operation**, these are counted as separate procedures for the purposes of the per leg per **lifetime** limit.

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

Work-related gradual process injury means a personal injury caused by a work-related gradual process, disease, or infection as included in the definition of 'work-related personal injury' as defined in the Accident Compensation Act 2001 (or its successor).

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

For member queries, please call
0800 800 181.

Southern Cross Health Insurance

Underwritten by Southern Cross Medical Care Society, Level 1, Te Kupenga, 155 Fanshawe Street, Auckland 1010.

0029/MC/1XSC156/1024