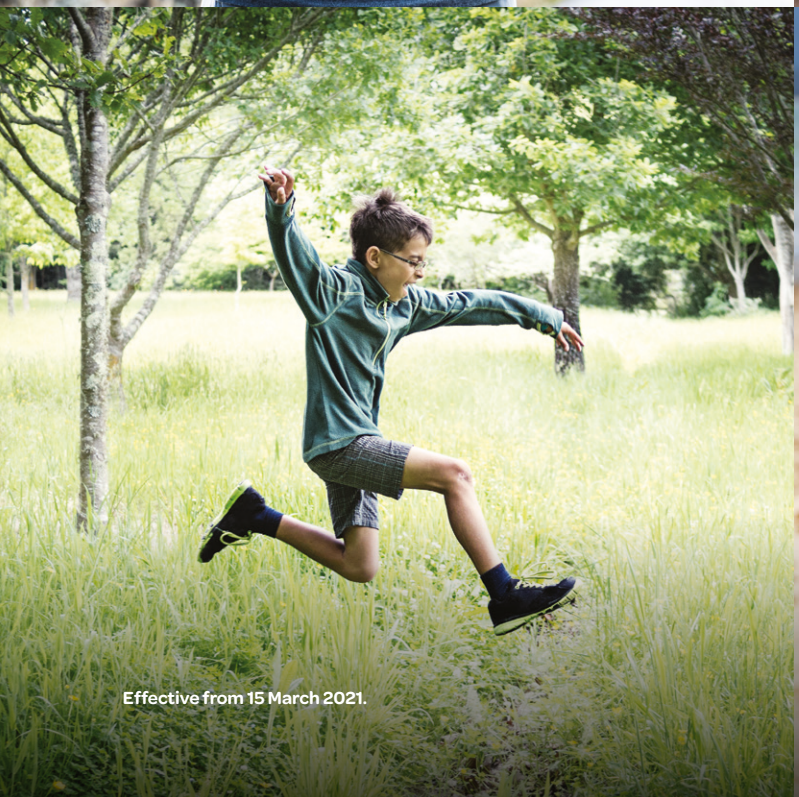
Southern Cross Health Insurance

southerncross.co.nz/society

# **Wellbeing** One and Two

## Policy document



Effective from 15 March 2021.

# Welcome

## to your **Wellbeing** plan.

Thank you for choosing us to help you take care of your health. This policy document sets out the benefits of the **Wellbeing** One and **Wellbeing** Two plans.

**THE WELLBEING ONE AND WELLBEING TWO PLANS**
Wellbeing One provides cover for cancer care, surgical treatment and **Specialist** consultations, diagnostic imaging and tests within 6 months of related **eligible** surgical treatment, chemotherapy or radiotherapy, as well as the other **healthcare services** listed in the **Coverage Tables**. Wellbeing Two provides the same cover as Wellbeing One but covers **Specialist** consultations, diagnostic imaging and tests whether or not you undergo surgical treatment, chemotherapy or radiotherapy.

### Financial strength rating

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

The rating scale is:

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

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

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

Please note that we may record and store communications to and from **Southern Cross**. This may include telephone calls, emails and online chat transcripts. We do this to have a record of the information we receive and give. This also helps us with quality assurance, continuous improvement and staff training. Your communications with us will be handled in complete confidence, except to the extent we are authorised to discuss any aspect of your **policy**, any claim or health information relating to a claim or other information relating to your **policy** with other persons, as described in section 08 of this **policy** document.

# Contents

# Your policy document

This policy document should be read in conjunction with your Membership Certificate, the List of Prostheses and Specialised Equipment and any subsequent information we send to you regarding changes to this policy document or any of these related documents.

# 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 09 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 **policyholder** is responsible for advising **dependants** of any changes to the **policy**. If you are not happy with any of the changes we wish to make the **policyholder** can contact us within 1 month of the notification of changes to discuss alternatives or to cancel this **policy**. If the **policyholder** cancels this **policy**, cover will be provided until the date the **policy** is paid to.

# 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**.

The **policy** comprises:
- the **Membership Certificate**,
- this **policy** document, and any document that is incorporated by reference (ie **eligibility criteria**),
- the **List of Prostheses and Specialised Equipment**,

and any amendment or variation made to them from time to time.

The **Membership Certificate** details:
- the key dates in respect of your **policy**,
- the people covered under your **policy**,
- the name of your 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** forms part of this **policy** and is available on our website or by calling us.

The **List of Prostheses and Specialised Equipment** is important in determining the prostheses, specialised equipment and consumables or donor tissue preparation charges covered by this **policy**, as there is no cover for any prostheses, specialised equipment and consumables or donor tissue preparation charges that are not on this list.

# 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 on our website southerncross.co.nz/rules or by contacting 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 07 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

You can choose either the Wellbeing One or Wellbeing Two plan. You can also choose to reduce your premiums by adding a $500, $1000, $2000 or $4,000 excess to your plan.

You can also upgrade the base chemotherapy for cancer benefit available under your plan to one of the **CancerCoverPlus** options known as Chemotherapy 100 and Chemotherapy 300, to increase your cover for chemotherapy for cancer, including increased cover for non-**Pharmac approved Medsafe** indicated **chemotherapy drugs**.

The Keeping Well, Body Care, Day-to-day and Vision and Dental modules can also be added to your plan. You can choose to add more than one module, however the Keeping Well Module cannot be held with the Day-to-day or Vision and Dental modules.

Your **Membership Certificate** sets out the plan, any **CancerCoverPlus** option, modules and excess that may apply to you – based on what you selected.

This **policy** document sets out the benefits and terms and conditions of the Wellbeing One and Wellbeing Two plans and the available options. Refer to the **Coverage Tables** in section 06 for a full list of the benefits, **policy limits** and terms and conditions for cover.

Some parts of this **policy** document will not apply to you if you do not have the plan, **CancerCoverPlus** option or module concerned. We will make it clear throughout this **policy** document which sections are applicable to each plan, **CancerCoverPlus** option or module. The **policy limits** set out in the **Coverage Tables** are set at a level which reflects the premium charged for the corresponding 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 under "How to receive treatment and make a claim" 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** and no cover for **acute care**.

This **policy** is only for New Zealand citizens, New Zealand residents and 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

This section applies to all levels and modules.

## 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 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 06. 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?

If you have chosen to have an excess on your **policy**, the relevant excess will apply to those **eligible healthcare services** specified in the **Coverage Tables** set out in section 06.

The excess is the amount you will need to pay for **eligible healthcare services** before we reimburse you for any **eligible healthcare services**. You will be responsible for paying the excess amount directly to your **health services provider.**

The excess applies to each person covered under the **policy** once per **claims year**. When a new **claims year** starts, each person's excess will return to its full value.

## 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

You can confirm whether your **healthcare service** is **eligible** for cover and the conditions that apply by requesting approval in MySouthernCross or via the app. 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 the **policy limits** or the **reasonable charges** for your intended **healthcare services**.

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** covered by 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 procedures

**Healthcare services** specified in the **Coverage Tables** must be provided by an **Affiliated Provider** for that **healthcare service** to be covered under this **policy**.

## 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, an assistant surgeon or a registered nurse first surgical assistant involved in the operation?

Your **policy** provides reimbursement for one surgeon per **operation** only. If you are going to have more than one surgeon, an assistant surgeon or a registered nurse first surgical assistant 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 06.

## 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 in the Keeping Well and Day-to-day modules.

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?

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

## 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 07 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 by cheque or otherwise remains unclaimed for 2 years or more, such payment may be applied for the benefit of **Southern Cross**.

## Does Southern Cross not reimburse any health services providers?

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

03

# Existing medical conditions and commencement of cover

This section applies to all levels and modules.

## 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**.

When the **policyholder** completed the application for this **policy** the **policyholder** declared the conditions, signs, symptoms and events 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 or not to offer cover for any **pre-existing conditions**.

We do not offer cover for **pre-existing conditions** under **CancerCoverPlus**. This will not affect any cover you have for **pre-existing conditions** under your base chemotherapy for cancer benefit, detailed in the **Coverage Tables** set out in section 06.

Your **Membership Certificate** will confirm whether or not any **pre-existing condition** which you have made us aware of is excluded or, where not excluded, the level of cover we have agreed to provide for a particular **pre-existing condition.**

Any **pre-existing conditions** showing as being excluded on your **Membership Certificate** are in addition to the standard **exclusions** noted in this **policy** document.

Where your **Membership Certificate** shows a **pre-existing condition** as being excluded, you will not have cover for that **pre-existing condition** for the duration of your **policy** except where, upon review in accordance with the review procedure set out below, we agree to cover that **pre-existing condition**.

## Review of pre-existing conditions

For some **pre-existing conditions** which have been excluded from cover, you can request a review of that **exclusion** after the person affected by that **pre-existing condition** has had **continuous cover** under the **policy** for a specified period of time. If the review procedure applies to you, your **Membership Certificate** will state the review period which applies to that excluded **pre-existing condition**. The review period commences from the date the **exclusion** was applied. If, after the first review, we do not offer cover for an excluded **pre-existing condition**, you can request further reviews after time intervals equivalent to the review period stated in your **Membership Certificate**.

A review is initiated when either the **policyholder** or the **dependant** affected by the excluded **pre-existing condition** asks us to conduct the review (following the expiry of the relevant review period). The person requesting the review must supply us with any medical and other documentation that we may reasonably request. The decision as to whether the excluded **pre-existing condition** will be removed as an **exclusion** will be made by **Southern Cross**, acting reasonably.

## 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 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?

The **policyholder's** cover commences from the **policy start date**. **Dependant's** cover commences from the date they are added to the **policy**. 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 06 give details of **healthcare services** which are covered under each level and module, together with details of **policy limits** and other terms and conditions of cover.

The following terms and conditions of cover apply to all of the levels and modules.

## 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.

We may change the **List of Prostheses and Specialised Equipment** from time to time and these changes will be notified to you in the same way as any other changes to the **policy**, as set out in this **policy** document.

## 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 a **DHB** 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** top-up in the **Coverage Tables** set out in section 06.

05

# Understanding your cover for cancer

Cancer related **healthcare services** are covered under a range of benefits included in the **Coverage Tables**. The list below helps you identify cover for cancer included in your **policy** and where to find the applicable maximums and terms and conditions.

| CANCER SCREENING AND PREVENTION | |
|---|---|
| Prophylactic treatment to address a highly increased risk of developing cancer | covered under the prophylactic treatment **allowance** |
| Screening mammograms | covered under diagnostic imaging |
| Screening colonoscopies (when confirmed to have a 'moderately high risk' or 'high risk' for colorectal cancer because of family history as defined in the **eligibility criteria**) | covered under surgical procedures |

| CANCER DIAGNOSIS | |
|---|---|
| Diagnostic imaging for cancer | covered under diagnostic imaging |
| Tests for cancer | covered under **diagnostic tests** |
| Consultations for cancer | covered under **specialist** consultations and skin surgery |

| CANCER TREATMENT | |
|---|---|
| Cancer surgery | covered under surgical procedures and skin surgery |
| Chemotherapy for cancer in an **approved facility** or at home | covered under chemotherapy for cancer |
| **Pharmac approved chemotherapy drugs** | covered under chemotherapy for cancer |
| Non-**Pharmac approved**, **Medsafe** indicated **chemotherapy drugs** | covered under chemotherapy for cancer |
| Radiotherapy | covered under radiotherapy treatment |
| Breast symmetry surgery post mastectomy | covered under the post mastectomy **allowance** to achieve breast symmetry |
| Overseas cancer treatment | covered under the overseas treatment **allowance** |
| Recovery from cancer | covered under post-operative home nursing, post-operative speech and language therapy and post-operative physiotherapy |
| Support for cancer | covered under the travel and accommodation **allowance** and parent accommodation **allowance** |

| CANCER PALLIATIVE CARE | |
|---|---|
| Palliative care for cancer | covered under the **palliative care and treatment allowance** |

## Optional Cover: Cancer Assist

Supplement the benefits already included in this **policy** by adding Cancer Assist.

Cancer Assist provides you with a one-off payment if you are diagnosed with a qualifying cancer. You can use this payment for whatever you need, for example additional non-**Pharmac approved** drugs, alternative treatment not covered by this **policy**, mortgage payments or travel.

Your one-off payment options are:

- $20,000
- $50,000
- $100,000
- $200,000
- $300,000

For more details, please see the Cancer Assist benefit summary set out in section 06. For a copy of the Cancer Assist policy document, including full terms and conditions please go to southerncross.co.nz/plans or contact us.

06

# Coverage Tables

The following **Coverage Tables** set out the **healthcare services** included under Wellbeing One, Wellbeing Two, and for the Keeping Well, Body Care, Day-to-day and Vision and Dental modules. 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.

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 09 for the explanation of all bolded terms. All figures include GST.

Also included is a benefit summary for Cancer Assist.

## **Wellbeing One and Wellbeing Two** - Coverage Tables

| HEALTHCARE SERVICE | MAXIMUM* | OTHER TERMS AND CONDITIONS OF COVER |
|---|---|---|
| **SURGICAL TREATMENT**<br>Excess applies to this section.<br>**Eligibility criteria** may apply. | | |
| Surgical procedures (includes cardiac and cancer surgery) | Unlimited | Performed by a **Specialist** or **Affiliated Provider** contracted for that **healthcare service** in an **approved facility**.<br><br>Some surgical procedures must be performed by an **Affiliated Provider** to be **eligible** for cover under this **policy** – see "Surgical procedures that must be performed by an **Affiliated Provider**" for details. |
| Surgeon's operating fee/s<br>Anaesthetist's fee/s<br>Intensivist's fee<br>Perfusionist's charges | | Including bypass machine supplies and off-bypass cardiac stabilisation consumables. |
| **Hospital fees** | | |
| Surgically implanted **prostheses** and specialised equipment | Maximums apply | Refer to the **List of Prostheses and Specialised Equipment**. |
| Skin surgery | | |
| Skin lesion removal under general anaesthetic or sedation, and Mohs surgery | Refunded under surgical procedures | For excision, biopsy, cryotherapy, curettage and diathermy of skin lesions when performed under general anaesthetic or sedation and Mohs surgery (including excision and closure). Must be performed by an **Affiliated Provider**. |
| Skin lesion services under local anaesthetic or with no anaesthetic | $5,000 per **claims year** (includes $1,000 per **claims year** when performed by a **General Practitioner**) | For excision, biopsy, cryotherapy, curettage and diathermy of skin lesions when performed without anaesthetic or under local anaesthetic. Must be performed by an **Affiliated Provider** or **General Practitioner**. Includes all consultations related to skin lesions. |
| GP minor surgery | $1,000 per **claims year** | Performed by a **General Practitioner**. Excludes consultations and skin lesion services. |

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

| SURGICAL PROCEDURES THAT MUST BE PERFORMED BY AN AFFILIATED PROVIDER<br>The following surgical procedures must be performed by an **Affiliated Provider** to be **eligible** for cover under your **policy**. 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**. To receive cover the surgical procedure must meet applicable **eligibility criteria**. Please be aware that not all surgical procedures are available from all **Affiliated Providers** or in all areas. Excess applies to this section. | |
|---|---|
| Cardiac | Coronary artery bypass graft surgery (CABG), valve replacement, valvuloplasty, Bentall's procedure, coronary angiogram and/or angioplasty, electrophysiology studies, ablation of cardiac arrhythmias, percutaneous patent foramen ovale (PFO) closure, percutaneous atrial septal defect (ASD) closure, transcatheter aortic valve implantation/replacement (TAVI/TAVR), left atrial appendage occlusion. |
| Gastroenterology | Gastroscopy, colonoscopy, flexible sigmoidoscopy, balloon enteroscopy, wireless pH capsule and wireless capsule endoscopy, endoscopic ultrasound, laparoscopic fundoplication, radiofrequency ablation for Barrett's oesophagus. |
| General surgery | Contrain biofeedback and electrostimulation for faecal incontinence, sacral nerve stimulation for faecal or urinary incontinence (no reimbursement will be made towards the cost of the stimulation device used to treat faecal or urinary incontinence). |
| Cholecystectomy | Open and laparoscopic cholecystectomy. |
| Hernia | Femoral, hiatus, inguinal and umbilical hernia repair, robotic ventral hernia repair. |
| Skin lesion removal | See skin surgery benefit. |
| Gynaecology | Robotic hysterectomy (including myomectomy, oophorectomy, salpingectomy and sacrocolpopexy), robotic sacrocolpopexy. |
| Interventional radiology | Adrenal vein sampling (AVS), basivertebral nerve ablation, image-guided ablation for bone tumours or metastases (including cementoplasty), percutaneous medial branch thermal radiofrequency neurotomy (cover is limited to 2 percutaneous medial branch thermal radiofrequency neurotomy procedures per **lifetime**). |
| Lung and chest | Microwave ablation of lung tumours, endoscopic ultrasound. |
| Neurosurgery | Endoscopic third ventriculostomy. |
| Ophthalmology | Posterior vitrectomy, entropion and ectropion repair, upper eyelid blepharoplasty, correction of ptosis, removal of tarsal cyst, probing/syringing of lacrimal passage, bleb needling, minor eyelid surgery, cataract surgery (cover is limited to the surgical insertion of a standard monofocal intraocular lens only, there is no cover for the additional cost of any other type of surgically implanted intraocular lens or associated costs), excision of pterygium, excision of pinguecula, YAG laser capsulotomy, laser iridotomy, laser iridoplasty, laser trabeculoplasty, cyclodiode laser cyclophotocoagulation, photocoagulation of the retina, pan retinal laser, macular laser, corneal crosslinking, intravitreal injections (cover for drug costs is limited to $100 per injection regardless of the type of drug used), implantation of minimally invasive subconjunctival filtration device. |
| Oral and maxillofacial | Extraction of unerupted or impacted teeth (cover is available after 1 year of **continuous cover** on this plan). |
| Orthopaedic | Primary total knee joint replacement, primary partial (hemi) knee joint replacement, primary total hip joint replacement, carpal tunnel release, radiofrequency ablation of benign bone lesions, synthetic ligament repair and reconstruction. |
| Ear | Insertion and/or removal of grommets in theatre, KTP laser mastoidectomy, KTP laser revision mastoidectomy, KTP laser tympanoplasty, KTP laser second look tympanoplasty, KTP laser middle ear adhesiolysis, KTP laser stapedectomy, KTP laser medial canalplasty, KTP laser myringotomy, removal of exostoses. |
| Nose | Balloon sinuplasty, endoscopic modified Lothrop, functional endoscopic sinus surgery (FESS), septoplasty, nasal cautery. |
| Throat | Adenoidectomy, tonsillectomy, laser treatment for pharyngeal, laryngeal and oesophageal conditions, transoral robotic surgery. |
| Urology | Resection of bladder tumour, ureteroscopy, laparoscopic or percutaneous renal cryoablation, circumcision, nephrectomy, robotic partial nephrectomy. |
| Prostate | Laparoscopic prostatectomy, prostate brachytherapy, external beam radiotherapy, prostate cryotherapy, radical retropubic prostatectomy, perineal prostatectomy, transurethral resection of prostate (TURP), open enucleation of prostate, laser resection of prostate, robotic assisted laparoscopic prostatectomy, prostate biopsy. |
| Vascular | Peripheral angiogram and/or angioplasty, thoracic endovascular aortic repair, varicose vein (legs) treatment via endovenous laser treatment, cyanoacrylate embolisation for varicose veins, ultrasound guided sclerotherapy, varicose vein surgery, endovenous radiofrequency (RF) ablation, duplex vein mapping (cover is limited to 2 **varicose vein procedures** per leg per **lifetime**), superficial vascular malformation sclerotherapy and embolisation – simple (cover is limited to 2 procedures per 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 OF COVER |
|---|---|---|
| **SURGICAL ALLOWANCES** | Excess applies to this section. **Eligibility criteria** may apply. | |
| Gastric banding/bypass **allowance** | $7,500 per **lifetime** | After 3 years of **continuous cover** on this plan.<br><br>A medical report by a **Specialist** is required to assess your eligibility for cover.<br><br>This **allowance** includes 1 surgical procedure and any subsequent treatment that may be required.<br><br>**Specialist** consultations and diagnostic imaging must be performed by an **Affiliated Provider**. |
| Bilateral breast reduction **allowance** | $5,000 per **lifetime** | After 3 years of **continuous cover** on this plan.<br><br>A medical report by a **Specialist** is required to assess your eligibility for cover.<br><br>This **allowance** includes 1 surgical procedure and any subsequent treatment that may be required.<br><br>**Specialist** consultations and diagnostic imaging must be performed by an **Affiliated Provider**. |
| Post mastectomy **allowance** to achieve breast symmetry | $6,500 per **lifetime** | Cover is for symmetry procedures performed on the unaffected breast.<br><br>This **allowance** includes 1 surgical procedure and any subsequent treatment that may be required.<br><br>**Specialist** consultations and diagnostic imaging must be performed by an **Affiliated Provider**. |
| Prophylactic treatment **allowance** | $40,000 per **lifetime** | After 3 years of **continuous cover** on this plan. Covers prophylactic treatment to address a highly increased risk of developing a disease.<br><br>Approval must be granted prior to treatment. This **allowance** is the total amount available for both the prophylactic treatment and all subsequent associated costs.<br><br>**Specialist** consultations and diagnostic imaging must be performed by an **Affiliated Provider**.<br><br>Unless specifically stated on your **Membership Certificate**, cover is not available where the high risk status was present prior to the **original date of joining**. |
| Overseas treatment **allowance** | $30,000 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.<br>No reimbursement for accommodation or travel. |

*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 OF COVER |
|---|---|---|
| **CHEMOTHERAPY** | Excess applies to this section.<br>**Eligibility criteria** may apply. | |
| Chemotherapy 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 per **claims year** maximum. Please note that not all procedures are available from all **Affiliated Providers** or in all areas. | | |
| Chemotherapy for cancer (Base) | $60,000 per **claims year**<br><br>Includes $10,000 for non-**Pharmac approved, Medsafe** indicated **chemotherapy drugs.** | Cover for **Pharmac approved chemotherapy drugs**.<br><br>Provided by an **Affiliated Provider**, vocationally registered in **internal medicine**.<br><br>Includes the cost of the administration of drugs, hospital accommodation in a single room and **ancillary hospital charges**. Excludes consultations. |
| **CancerCoverPlus - Optional chemotherapy for cancer upgrades**<br>You can choose to upgrade your chemotherapy for cancer benefit from the base cover set out above. Your **Membership Certificate** confirms if Chemotherapy 100 or Chemotherapy 300 apply – based on what you selected. If you have not upgraded, chemotherapy for cancer base will apply. | | |
| Chemotherapy for cancer Chemotherapy 100 | $100,000 per **claims year** | Cover for both **Pharmac approved chemotherapy drugs** and non-**Pharmac approved, Medsafe** indicated **chemotherapy drugs**.<br><br>Provided by an **Affiliated Provider**, vocationally registered in **internal medicine**.<br><br>Includes the cost of the administration of drugs, hospital accommodation in a single room and **ancillary hospital charges**. Excludes consultations. |
| Chemotherapy for cancer Chemotherapy 300 | $300,000 per **claims year** | Cover for both **Pharmac approved chemotherapy drugs** and non-**Pharmac approved, Medsafe** indicated **chemotherapy drugs**.<br><br>Provided by an **Affiliated Provider**, vocationally registered in **internal medicine**.<br><br>Includes the cost of the administration of drugs, hospital accommodation in a single room and **ancillary hospital charges**. Excludes consultations. |

| | | |
|---|---|---|
| **RADIOTHERAPY** | Excess applies to this section.<br>**Eligibility criteria** may apply. | |
| Radiotherapy | Unlimited | Must be performed by an **Affiliated Provider**.<br><br>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**.<br><br>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.<br><br>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). |

*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 OF COVER |
|---|---|---|
| **RECOVERY** | Excess applies to this section.<br>Must be performed within 6 months of related **eligible** surgical treatment, chemotherapy or radiotherapy. | |
| Post-operative home nursing | $175 per day up to $2,800 per **claims year** | 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. |
| Post-operative physiotherapy | $60 per visit up to $300 per **claims year** | Treatment by a physiotherapist registered with the Physiotherapy Board of New Zealand.<br><br>Includes cover for treatment by a hand therapist registered with Hand Therapy New Zealand. |

| SUPPORT | Excess does not apply to this section (except for the obstetrics **allowance**). | |
|---|---|---|
| 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**.<br><br>Accommodation must be in an **approved facility**. |
| Obstetrics **allowance** | | After 1 year of **continuous cover** on this plan. |
| Wellbeing One | No cover | |
| Wellbeing Two | $750 per **claims year** | For obstetric care and services carried out by a **Specialist** vocationally registered in obstetrics and gynaecology or anaesthesia and/or for accommodation in an **approved facility** and 2D and Doppler ultrasounds.<br><br>Excesses apply. |
| **Palliative care and treatment allowance** | $2,400 per **claims year** | After 3 years of **continuous cover** on this plan.<br><br>Cover for **palliative care and treatment** when diagnosed with a progressive terminal illness. |
| **Accident** and **treatment injury** top-up | For **accident** or **treatment injury** related **healthcare services** where **ACC** have not provided full cover, **Southern Cross** will provide cover under the applicable benefit and associated **annual 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.<br><br>Where you require a **healthcare service** related to an **accident** or **treatment injury,** you must make every reasonable effort to obtain **ACC** approval for payment of the cost of your **healthcare service**. | |

*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 OF COVER |
|---|---|---|
| **DIAGNOSTIC IMAGING** | Excess does not apply to this section.<br>**Eligibility criteria** may apply. | |
| Diagnostic imaging | | |
| Wellbeing One | $60,000 per **claims year** (in total) for all diagnostic imaging: | Must be performed within 6 months of related **eligible** surgical treatment, chemotherapy or radiotherapy to be entitled to cover. |
| Wellbeing Two | $60,000 per **claims year** (in total) for all diagnostic imaging: | |
| **ALL DIAGNOSTIC IMAGING MUST BE PERFORMED BY AN AFFILIATED PROVIDER**<br>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 $60,000 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 diagnostic imaging is covered under this benefit: | | |
| X-ray | | Excludes x-rays performed by a dentist or chiropractor. |
| Ultrasound | | Excludes obstetrics and varicose veins (legs) treatment. |
| Mammography | | |
| Digital breast tomosynthesis | | |
| Nuclear scanning (scintigraphy) | | |
| Myocardial perfusion scan | | Must be referred by a **Specialist** in private practice. |
| CT angiogram | | |
| CT coronary angiogram | | Must be referred by a **Specialist** in private practice. |
| MR angiogram | | Must be referred by a **Specialist** in private practice. |
| Computed Axial 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 OF COVER |
|---|---|---|
| **TESTS** | Excess does not apply to this section.<br>**Eligibility criteria** may apply. | |
| Cardiac tests | | |
| Wellbeing One | $5,000 per **claims year** (in total) | On referral by a **Specialist** in private practice.<br>Must be performed within 6 months of related **eligible** surgical treatment, chemotherapy or radiotherapy to be entitled to cover. |
| Wellbeing Two | $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)
Resting ECG
Exercise ECG
Holter monitoring
Echocardiogram
Stress echocardiogram
Dobutamine stress echocardiogram
Transoesophageal echocardiogram (TOE)

| | | |
|---|---|---|
| Diagnostic tests | | |
| Wellbeing One | $3,000 per **claims year** (in total) | On referral by a **Specialist** in private practice and in an **approved facility**.<br>Must be performed within 6 months of related **eligible** surgical treatment, chemotherapy or radiotherapy to be entitled to cover. |
| Wellbeing Two | $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 09.

**DIAGNOSTIC TESTS THAT MUST BE PERFORMED BY AN AFFILIATED PROVIDER**

The following **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. Please be aware that not all procedures are available from all **Affiliated Providers** or in all areas.

Ambulatory blood pressure monitoring
Breath nitric oxide test
Caloric reflex/vestibular caloric stimulation test
Corneal topography
Fundus fluorescein angiography
Fundus photography
GDx retinal scanning
Heidelberg retinal tomography (HRT)
Intraocular pressure test (IOP)
Matrix screen
Optical coherence tomography (OCT)
Optic disc photos
Vestibular evoked myogenic potential (VEMP)
Video-assisted head impulse test (vHIT)
Visual fields
Retinal photography

| | | |
|---|---|---|
| Laboratory tests | | Performed for diagnostic purposes but not funded by a government agency. Performed by an accredited hospital, community based or regional referral laboratory approved by International Accreditation New Zealand. |
| Wellbeing One | No cover | |
| Wellbeing Two | $70 per **claims year** | |

*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 OF COVER |
|---|---|---|
| **CONSULTATIONS** | Excess does not apply to this section.<br>**Eligibility criteria** may apply. | |
| **Specialist** consultations | | |
| Wellbeing One | $5,000 per **claims year** (in total) | Must be performed by an **Affiliated Provider**.<br>Excludes psychiatrist and all skin lesion consultations.<br>Must be performed within 6 months of related **eligible** surgical treatment, chemotherapy or radiotherapy to be entitled to cover. Oncologist and radiation oncologist consultations are not subject to this condition. |
| Wellbeing Two | $5,000 per **claims year** (in total) | Must be performed by an **Affiliated Provider**.<br>Excludes psychiatrist and all skin lesion consultations. |
| Psychiatrist consultations | $750 per **claims year** | Must be performed by an **Affiliated Provider** vocationally registered in psychiatry. |
| Dietitian consultations | | |
| Wellbeing One | $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.<br>Must be performed within 6 months of related **eligible** surgical treatment, chemotherapy or radiotherapy to be entitled to cover. |
| Wellbeing Two | $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. |
| **NON-SURGICAL TREATMENT** | Excess does not apply to this section (except for the psychiatric hospitalisation benefit)<br>**Eligibility criteria** may apply. | |
| IV infusions (non-cancer) | $750 per **claims year** | For IV infusions of **Medsafe** indicated drugs provided by or under the care of a **Specialist** in an **approved facility**.<br>Excludes consultations and the cost of non-**Pharmac approved drugs**. |
| Psychiatric hospitalisation | $700 per night or day stay for hospital accommodation;<br>$200 per **claims year** for **ancillary hospital charges**;<br>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**.<br>Excess applies. |
| 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.<br>Excludes consultations and the cost of non-**Pharmac approved** drugs. |
| **BEING ACTIVE** | Excess does not apply to this section. | |
| Being active | $50 per **claims year** | After 3 years of **continuous cover** on this plan.<br>Payable on receipt of proof of completion of a **sports event** and payment of the related entry fees. |

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

## Optional Modules

You can choose to add an optional module to your **policy**. Your **Membership Certificate** details the modules that apply to you – based on what you selected. Excess does not apply to these optional modules.

## Keeping Well Module - GP, vision, dental and other benefits

Please note: The Keeping Well Module cannot be held with Day-to-day and/or Vision and Dental modules.

| HEALTHCARE SERVICE | MAXIMUM* | OTHER TERMS AND CONDITIONS OF COVER |
|---|---|---|
| Flu vaccination | One vaccination per **claims year** | |
| Prescriptions | $100 per **claims year** | Charges for **drugs** prescribed by a **General Practitioner**, **Specialist** or **Nurse**.<br><br>Excludes the cost of non-**Pharmac approved** drugs. |
| Clinical psychologist | $100 per **claims year** | Performed by a psychologist registered as a clinical psychologist with the New Zealand Psychologists Board. |
| Cover for the following **healthcare services** is limited to $200 per **claims year** in total: | | |
| **General Practitioner** | | |
| **Nurse** | | |
| Optometrist | | Performed by an optometrist registered with the New Zealand Optometrists and Dispensing Opticians Board. |
| Audiologist and hearing tests | | Performed by an audiologist who is a member of the New Zealand Audiological Society. |
| Dental | | Performed by an oral health practitioner including a dental hygienist registered with the Dental Council of New Zealand or **Specialist** vocationally registered in oral & maxillofacial surgery. |

## Body Care Module - preventative, allied and natural healthcare service

| HEALTHCARE SERVICE | MAXIMUM* | OTHER TERMS AND CONDITIONS OF COVER |
|---|---|---|
| Dietitian or nutritionist | $250 per **claims year** | Performed by a dietitian registered with the New Zealand Dietitian Board or a nutritionist registered with the Nutrition Society of New Zealand or Clinical Nutrition Association. Excludes the cost of food and food substitutes. |
| Podiatrist | $250 per **claims year** | Performed by a podiatrist registered with the Podiatrists Board of New Zealand. |
| Cover for the following alternative **healthcare services** is limited to $500 per **claims year** in total: | | |
| Acupuncturist | | Performed by an acupuncturist registered with Acupuncture New Zealand, the NZ Acupuncture Standards Authority (NZASA) or the NZ Chinese Medicine and Acupuncture Society (NZCMAS). |
| Chiropractor or osteopath | | Performed by a chiropractor registered with the New Zealand Chiropractic Board or by an osteopath registered with the Osteopathic Council of New Zealand. Excludes the cost of medication. |
| Homeopath or naturopath | | Performed by a homeopath registered with the New Zealand Council of Homeopaths or by a naturopath registered with Naturopaths and Medical Herbalists of New Zealand. Excludes the cost of medication. |
| Registered massage therapist | | Performed by a Registered Massage Therapist level 6 or higher registered with Massage New Zealand. |

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

## Day-to-day Module - day-to-day medical care

| HEALTHCARE SERVICE | MAXIMUM* | OTHER TERMS AND CONDITIONS OF COVER |
|---|---|---|
| Annual health check | $90 per **claims year** | Performed by a **General Practitioner** or **Specialist**. |
| Flu vaccination | One vaccination per **claims year** | |
| **General Practitioner** | $65 per visit | |
| **Nurse** | $30 per visit | Only applicable where no **General Practitioner** fee applies. |
| Prescriptions | $600 per **claims year** | Charges for **drugs** prescribed by a **General Practitioner**, **Specialist** or **Nurse**.<br><br>Excludes the cost of non-**Pharmac approved** drugs. |
| Physiotherapist | $300 per **claims year** | Performed by a physiotherapist registered with the Physiotherapy Board of New Zealand. |

## Vision and Dental Module - vision, dental and other benefits

| HEALTHCARE SERVICE | MAXIMUM* | OTHER TERMS AND CONDITIONS OF COVER |
|---|---|---|
| Prescription glasses/contact lenses | 75% of expenses incurred up to $500 per **claims year** | Prescription glasses, prescription sunglasses and prescription contact lenses for change of vision, replacement for loss or breakage when prescribed by a registered ophthalmologist, optometrist, or optician. |
| Optometrist | $50 per **claims year** | Consultations with an optometrist registered with the New Zealand Optometrists and Dispensing Opticians Board. |
| Orthoptist | $200 per **claims year** | Treatment by a registered orthoptist. |
| Dental | 75% of expenses incurred up to $750 per **claims year** | Performed by an oral health practitioner including a dental hygienist registered with the Dental Council of New Zealand or **Specialist** vocationally registered in oral & maxillofacial surgery. |
| Audiologist and hearing tests | $200 per **claims year** | Performed by an audiologist who is a member of the New Zealand Audiological Society. |
| Brain stem evoked response tests | $210 per **claims year** | |

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

## Optional cover

# Cancer Assist Benefit Summary - financial support should you have a confirmed cancer diagnosis

Can be added to either Wellbeing One or Wellbeing Two plans.

Supplement the benefits already included in this **policy** by adding Cancer Assist.

Cancer Assist provides you with a one-off payment if you are diagnosed with a qualifying cancer. You can use this payment for whatever you need, for example additional non-**Pharmac approved** drugs, alternative treatment not covered by this **policy**, mortgage payments or travel. You can choose the following maximums:

- $20,000
- $50,000
- $100,000
- $200,000
- $300,000

We will pay you the applicable Cancer Assist maximum selected if:

- you have a confirmed cancer diagnosis;
- the cancer is not excluded by the Cancer Assist policy exclusions, including, but not limited to those cancers specifically listed on your Cancer Assist Certificate;
- you are still alive 14 days after your confirmed cancer diagnosis. This period of 14 days will be increased by 1 day for every day you are kept alive on a life support system;
- your confirmed cancer diagnosis (or related health condition symptom, sign or event) first occurs at least 3 months after your Cancer Assist policy start date or the date you increase your Cancer Assist maximum;
- your Southern Cross health insurance policy and Cancer Assist policy are active and premiums are up to date; and
- all terms and conditions of the policy are met.

For a copy of the Cancer Assist policy document, including full terms and conditions, please go to southerncross.co.nz/plans or contact us.

# Exclusions

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

- **Pre-existing conditions** including but not limited to those conditions specifically set out in your **Membership Certificate**;
- **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;
- **Acute care**;
- Appliances or equipment (surgical, medical or dental) for example CPAP machines, cochlear implants, nerve stimulators, orthotics, crutches;
- Breast reduction except as specifically provided by the bilateral breast reduction **allowance**;
- Chronic conditions: cystic fibrosis, polycystic kidney, marfans 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**/procedures;
- Dementia;
- Diagnosis, management and 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 oral and maxillofacial in **Affiliated Provider** surgical procedures) benefit, or by the Keeping Well and Vision and Dental modules;
- **Family history of cancer** in relation to **Cancer Cover Plus**;
- Gender reassignment surgery and directly related **healthcare services**;
- Gynaecomastia;
- **Health screening** except as specifically provided by mammography (under diagnostic imaging) and colonoscopy (under gastroenterology in **Affiliated Provider** surgical procedures) benefits;
- **Healthcare services** performed by a dentist, periodontist, endodontist or orthodontist except as specifically provided by the Keeping Well and Vision and Dental modules;
- **Healthcare services** provided at a public facility directly or indirectly controlled by a **DHB** unless specifically accepted in writing by **Southern Cross** prior to treatment;
- **Healthcare services** provided by a person who is not a **health services provider** as defined in section 09;
- **Healthcare services** provided in relation to, or as a consequence of, any **accident** or **treatment injury** except as specifically provided by the **accident** and **treatment injury** top-up in the **Coverage Tables** set out in section 06;
- **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**;
- **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;
- Hospital charges of a personal convenience nature for example, newspapers, spouse/family meals, alcohol, TV rental;
- Implantation of teeth and/or titanium dental implants except as specifically provided by the Keeping Well and Vision and Dental modules;

- Infertility or assisted reproduction;
- Injury, illness, condition or disability arising from, or caused or contributed to by, substance abuse, intoxication or drug taking whether prescribed or recreational;
- 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**;
- Maintenance examinations, medical checkups (except as specifically provided by the annual health check under the Day-to-day Module) or any examination required for a third party (including preparation of reports) for example physical examinations for life insurance, travel insurance and driver licence;
- Mental health **healthcare services** except as specifically provided by the psychiatrist consultation and psychiatric hospitalisation benefits, and by the Keeping Well Module;
- Organ transplants, transfusions/injections of autologous blood/blood products (except cell-saver when related to **eligible** surgical treatment), autologous chondrocyte implantations and stem cell transplants, including related expenses for both donors and recipients;
- Pathology and laboratory tests except as specifically provided by the laboratory tests benefit;
- Pregnancy and childbirth except as specifically provided by the obstetrics **allowance**;
- **Prophylactic healthcare services** except as specifically provided by the prophylactic treatment **allowance**;
- Prostheses, specialised equipment and consumables or donor tissue preparation charges except as specifically listed in the **List of Prostheses and Specialised Equipment**;
- Respite and convalescent care;
- Robotic assisted surgery except as specifically provided by the robotic hysterectomy (including myomectomy, oophorectomy, salpingectomy and sacrocolpopexy), robotic sacrocolpopexy, robotic ventral hernia repair, robotic prostatectomy, robotic partial nephrectomy and transoral robotic surgery benefits;
- Self-inflicted illness or injury;
- Sterilisation or its reversal;
- Subsequent breast reconstruction surgery (including the replacement of **prostheses**) or symmetry surgery unless completed within 2 years of the first **eligible** breast reconstruction surgery (following an **eligible** mastectomy);
- Surgery designed to assist or allow the implementation of orthodontic **healthcare services** except as specifically provided by the Keeping Well and Vision and Dental modules;
- Surgically implanted lens(es) other than monofocal lens(es);
- Treatment of HIV;
- Treatment of obesity (including weight loss surgery) except as specifically provided by the gastric banding/bypass **allowance**;
- Termination of pregnancy;
- Treatment of any condition not **detrimental to health** except as specifically provided by the Keeping Well and Day-to-day modules;
- Vaccination except as specifically provided by the Keeping Well and Day-to-day modules.

07

# Other terms and conditions

This section applies to all levels and modules. 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" in section 07 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 you change in any way the frequency or the manner in which you pay your premiums under the **policy**, then the **policy year** may be reset to start on the date of such change. The new **policy anniversary date** will be the anniversary of the date of the change.

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

## 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. Provided you have held your **policy** for more than 3 months at the date of application, the **child** will have cover for **pre-existing conditions** as long as they are not **congenital conditions,** 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 you wish to remove them from your **policy**, and they would like to continue cover with **Southern Cross**, they should apply for their own **Southern Cross** membership.

If they apply for the same level of cover as they had under your **policy** and they apply within 1 month of being removed from your **policy** they will not need to complete a new medical declaration.

## 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 upgrade or downgrade your **policy**, the **claims year** and excess for you and each dependent will start over again from the date of the upgrade or downgrade;
- if you add a module to your **policy**, it may only be removed at your **next policy anniversary date**;
- you cannot upgrade the chemotherapy for cancer benefit on your **policy** to **CancerCoverPlus** if you or any **dependant** on your **policy** is over 60 years old;
- if you choose to upgrade or downgrade your **policy** the 14 day period referred to under section 07 "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 levels and modules 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 recover any money you owe us and/or take legal action against you and/or your **dependant** (as applicable).

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

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

If you are unhappy with our decision to cancel your **policy**, you can make a complaint in accordance with our **complaints resolution process** set out under section 08 of the **policy**.

## How do I cancel my policy?

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

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

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

## What happens if I do not pay my premium?

If you or your employer do not pay your premiums 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**.

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# 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.

## Industry organisations

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

## Complaints resolution process

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

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

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

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

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

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

### Unhappy with our response?

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

### Dispute Resolution Scheme

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

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

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

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

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

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# Glossary of terms

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

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

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

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

**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.

**Allowance** means the fixed amount that we will contribute towards the cost of certain **eligible healthcare services** as specified in the **Coverage Tables**.

**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.

**CancerCoverPlus** means Chemotherapy 100 and Chemotherapy 300, the optional upgrades available for the chemotherapy for cancer benefit. The options are more particularly described in Section 06.

**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 08.

**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 minimum period.

**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 06 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.

**DHB** means a District Health Board established under the New Zealand Public Health and Disability Act 2000, or its successor.

**Diagnostic tests** means ambulatory blood pressure monitoring, ankle brachial index, anorectal physiology study (anorectal motility study), bone marrow aspiration, breath nitric oxide test, caloric reflex/vestibular caloric stimulation test, colposcopy with biopsies (in rooms), compartment pressure study, corneal pachymetry test, corneal topography, electroencephalogram (EEG), electromyogram (EMG), electrooculogram, electroretinogram, endometrial biopsy (in rooms), full urodynamic assessment, fundus fluorescein angiography, fundus photography, GDx retinal scanning, H. pylori breath test, Heidelberg retinal tomography (HRT), hydrogen breath test, intraocular pressure test (IOP), laryngoscopy (in rooms), lumbar puncture, lung diffusion study, lung function test, matrix screen, nasendoscopy (in rooms), oesophageal 24hr pH monitoring (gastric function study), oesophageal manometry test, optic disc photos, optical coherence tomography (OCT), overnight pulse oximetry, proctoscopy, retinal photography, segmental pressure test, sigmoidoscopy (in rooms), simple urinary flow study, sleep study, specular microscopy test, spirometry with or without flow volume loops, ultrasounds of the eye, urea breath test, vascular laboratory testing, vestibular evoked myogenic potential (VEMP), video-assisted head impulse test (vHIT), videonystagmography, visual evoked potential (VEP), visual fields, or vulvoscopy with or without biopsy (in rooms).

**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 in respect to a particular procedure, the then current version of which will be available at 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 as specified in the **Membership Certificate**.

**Family history of cancer** means where the **policyholder** or **dependant** has two or more natural parents or siblings (living or dead) that have been diagnosed with colorectal and/or breast and/or ovarian and/or prostate cancer before the age of 55 years in relation to:

(a) the **policyholder** and each **dependant** named in the application, before the date that the **policyholder** applied for **CancerCoverPlus**; and
(b) any **dependant** added to the **policy** after the date that the **policyholder** applied for **CancerCoverPlus**, before the date the relevant **dependant** was added to the **policy**;

where the **policyholder** or the **dependant** was aware, or ought reasonably to have been aware of such diagnosis.

**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 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**.

**Palliative care and treatment** means any home nursing performed by a **Nurse**, healthcare equipment (excludes home alterations), private **hospital fees** for pain management or nursing care, **General Practitioner** visits (including home visits), nutritional support prescribed by a **General Practitioner**, **Specialist**, **Nurse** or Nutritionist, counselling consultations, or pharmacy and pain management costs, which provide support and comfort when diagnosed with a progressive terminal illness. Excludes entertainment, leisure, travel expenses or any costs which are covered under another policy benefit.

**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** and any amendment or variation made to them from time to time.

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

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

(b) in relation to a **policy** which is part of a work scheme or association scheme, the anniversary of the commencement date of the scheme under which your **policy** is provided and the date from which your **policy** will be renewed for the following year.

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

**Sports event** means involvement in an organised and competitive sporting event or tournament that requires human activity capable of achieving a result requiring physical exertion and/or physical skill which, by its nature and organisation, is competitive and is generally accepted as being a sport.

**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**.

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

## Interested in joining?

Call **0800 100 777**, or if your employer has a work scheme call **0800 438 268**
For a free quote, visit
**southerncross.co.nz/society/quote**
Apply online at
**southerncross.co.nz/apply-now**

## Already a member?

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.

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