

KiwiCare

Benefit summary



KiwiCare provides a contribution towards cancer care, surgical treatment, specialist consultations, diagnostic imaging and tests where you share the costs with Southern Cross.

TAILORING YOUR COVER

An excess option is available. If you would like cover for day-to-day healthcare, RegularCare could be an option to consider.

Summary of benefits under **KiwiCare**

This document provides a summary of the benefits offered under **KiwiCare**. For comprehensive details on policy benefits, terms and conditions, maximums and exclusions that apply please visit southerncross.co.nz/plans. Here you can find the policy document and view the various documents that form part of the policy or you can contact us.

The documents that make up your policy include the eligibility criteria, the list of unapproved healthcare services, the list of prostheses and specialised equipment, the list of Affiliated Provider-only healthcare services, the list of policy variations and any changes that we make to these lists from time to time.

Claims year

This is not a calendar year, but each successive 12 month period from your claims anniversary date. Claims fall into the period based on the date of treatment, not the date of the claim or receipt.

BENEFITS	KiwiCare
	We'll cover 80% of the cost of eligible healthcare services, up to the relevant policy limit. Eligibility criteria may apply and some procedures are Affiliated Provider only. Refer to the policy document for details.

CHEMOTHERAPY FOR CANCER Excess applies

Chemotherapy for cancer (Base)	\$48,000 per claims year. Cover for Pharmac approved chemotherapy drugs. Maximum also includes \$8,000 per claims year for non-Pharmac approved Medsafe indicated chemotherapy drugs. Must be performed by an Affiliated Provider.
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Cancer Cover Plus - Optional chemotherapy for cancer upgrades

You can choose to upgrade your chemotherapy for cancer benefit from the base cover set out above. If you do not upgrade, Chemotherapy for cancer (Base) will apply.

Chemotherapy 100	\$100,000 per claims year for Pharmac approved chemotherapy drugs and non-Pharmac approved Medsafe indicated chemotherapy drugs. Must be performed by an Affiliated Provider.
Chemotherapy 300	\$300,000 per claims year for Pharmac approved chemotherapy drugs and non-Pharmac approved Medsafe indicated chemotherapy drugs. Must be performed by an Affiliated Provider.

RADIOTHERAPY Excess applies

Radiotherapy	Unlimited. Must be performed by an Affiliated Provider.
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SURGICAL TREATMENT Excess applies (except for GP minor surgery and skin surgery with local or no anaesthetic)

Surgical procedures	\$100,000 per operation (prostheses maximums apply). Refer to the Affiliated Provider-only healthcare services list for the surgical procedures that must be performed by an Affiliated Provider.
Skin surgery under general anaesthetic or sedation, and Mohs	Refunded as per surgical procedures. Must be performed by an Affiliated Provider.
Skin surgery with local or no anaesthetic	\$5,000 per claims year. Includes \$800 per claims year when performed by a GP. Must be performed by an Affiliated Provider or General Practitioner. Includes all consultations related to skin lesions.
GP minor surgery	\$800 per claims year. Excludes consultations and skin lesion services.

SURGICAL ALLOWANCES

Breast symmetry allowance	\$10,000 per lifetime. Specialist consultations and diagnostic imaging must be performed by an Affiliated Provider.
Overseas treatment allowance	\$5,000 per claims year

SUPPORT

Travel and accommodation allowance	\$400 per claims year
Parent accommodation allowance	\$80 per night up to \$400 per operation
Ambulance allowance	\$144 per claims year
Accident and treatment injury top-up	For healthcare services related to an accident, treatment injury or work related gradual process injury where ACC have not provided full cover, Southern Cross will provide cover under the applicable benefit and associated policy limits and terms and conditions of cover will apply. We will refund up to 80% of the remaining balance of the eligible healthcare service, after the ACC contribution has been deducted.

RECOVERY

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

IMAGING AND TESTS

Diagnostic imaging	\$8,000 per claims year. Must be performed by an Affiliated Provider.
Laboratory tests	\$56 per claims year
Cardiac tests	\$3,000 per claims year. Must be performed by an Affiliated Provider.
Diagnostic tests	\$2,000 per claims year. Refer to the Affiliated Provider-only healthcare services list for the diagnostic tests that must be performed by an Affiliated Provider.

CONSULTATIONS

Specialist consultations	\$4,000 per claims year. Excludes psychiatrist and all skin lesion consultations. Must be performed by an Affiliated Provider.
Psychiatrist consultations	\$600 per claims year
Dietitian consultations	\$80 per consultation, up to \$400 per claims year.

NON-SURGICAL TREATMENT

IV infusions (non-cancer)	\$600 per claims year. For IV infusions of Medsafe indicated drugs provided by or under the care of a Specialist in an approved facility. Excludes consultations and the cost of non-Pharmac approved drugs.
Psychiatric hospitalisation	\$2,250 per claims year
Allergy services	\$600 per claims year. Must be performed by or under the care of an Affiliated Provider or a General Practitioner with an Easy-Claim agreement with us.

AFTER 3 YEARS CONTINUOUS COVER

Gastric banding/bypass allowance	\$5,000 per lifetime. Specialist consultations and diagnostic imaging must be performed by an Affiliated Provider.
Breast reduction allowance	\$15,000 per lifetime. Specialist consultations and diagnostic imaging must be performed by an Affiliated Provider.
Prophylactic treatment allowance	\$30,000 per lifetime. Specialist consultations and diagnostic imaging must be performed by an Affiliated Provider.

Interested in joining?

Call **0800 100 777**, or if your employer has a work scheme call **0800 438 268**
For a free quote, or to apply, visit
join.southerncross.co.nz/quote

Already a member?

For member queries, please call
0800 800 181