



Southern Cross
Health Society

BENEFIT SUMMARY

Wellbeing One

A modular plan which provides cover for surgery and related expenses incurred within 6 months of eligible surgery, as well as non-surgical treatment and cancer care.

Tailoring your cover: An excess option is available. You can add preventative and natural healthcare by adding the **Body Care Module**; or consider **Wellbeing Two** for more extensive cover of healthcare costs.

Example of benefits under Wellbeing One

These are **some of the benefits** that Wellbeing One offers. For more details on the benefits and maximums for this policy, and any exclusions or conditions that may apply, download a policy document from southerncross.co.nz/plans or call **0800 800 181**.

BENEFITS		Wellbeing One
		You will be reimbursed for 100% of expenses (unless otherwise stated) for eligible healthcare services based on reasonable charges, up to the below policy limits.* Eligibility criteria may apply and some procedures are Affiliated Provider only. Refer to the policy document for details.
SURGICAL TREATMENT Excess applies		
Surgery		Unlimited (prosthesis maximums apply)
Minor skin surgery		\$7,500 per claims year. Must be performed by an Affiliated Provider
Minor surgery		\$450 per operation
SURGICAL ALLOWANCES Excess applies		
Overseas treatment allowance		\$30,000 per claims year
RECOVERY Excess applies. Must be within six months after related eligible surgery		
Home nursing		\$175 per day, up to \$2,800 per claims year
Post-operative physiotherapy		\$60 per visit, up to \$300 per claims year
Speech and language therapy		\$70 per visit, up to \$350 per claims year
SUPPORT		
Public hospital cash allowance		\$50 per night, up to \$2,400 per claims year
Ambulance allowance		\$180 per claims year
Travel and accommodation allowance		\$500 per claims year
Parent accommodation allowance		\$100 per night, up to \$500 per operation
Waiver of premium		24 months free cover for surviving dependants on the death of the policyholder prior to age 60
Funeral allowance		\$2,400 one-off payment
IMAGING AND TESTS Must be within six months before or after related eligible surgery		
		Up to \$60,000 per claims year
X-ray; Ultrasound; Nuclear scanning (scintigraphy); Myocardial perfusion scan		
Imaging that must be performed by an Affiliated Provider:		
Mammography; CT angiogram; CT scan; MR angiogram; MRI scan; PET/CT scan		
Cardiac tests		\$5,000 per claims year. Advanced ECG must be performed by an Affiliated Provider
Diagnostic tests		\$3,000 per claims year. Refer to the policy document for the tests that must be performed by an Affiliated Provider
CONSULTATIONS Must be within six months before or after related eligible surgery		
Specialist consultations		\$5,000 per claims year. Oncologist consultations are not subject to the six month rule. Ophthalmologist and allergy consultations must be with an Affiliated Provider
Psychiatrist consultation		\$750 per claims year. Not subject to the six month rule
Dietitian consultations		\$100 per consultation, up to \$500 per claims year
NON SURGICAL TREATMENT Excess applies		
Non-surgical hospitalisation		\$60,000 per claims year
Psychiatric hospitalisation		\$3,500 per claims year
Allergy services		\$750 per claims year (excess does not apply). Must be performed by an Affiliated Provider
CANCER CARE Excess applies		
Chemotherapy treatment		\$60,000 per claims year. Maximum also includes reimbursement of the actual cost up to \$10,000 per claims year for non-Pharmac approved MedSafe indicated chemotherapy drugs
Radiotherapy treatment		Must be performed by an Affiliated Provider
AFTER 1 YEAR CONTINUOUS COVER Excess applies		
Sterilisation		Refunded as per surgical treatment. A vasectomy must be performed by an Affiliated Provider
AFTER 3 YEARS CONTINUOUS COVER Excess applies		
Gastric banding/bypass allowance		\$7,500 one-off payment
Bilateral breast reduction allowance		\$5,000 one-off payment
Prophylactic treatment allowance		\$40,000 per lifetime
Palliative care and treatment allowance		\$2,400 per claims year

*See the chart in your policy document for how your refund will be calculated.

Example of surgery cost reimbursement

To give you an idea of how your surgery costs are reimbursed under Wellbeing One, we have chosen a common sinus surgery. Details of this example are highlighted in the table below.

EXAMPLE: Sinus surgery (bilateral endoscopic sinus surgery)				
	Assume you were charged the amount in this column:		In this example, your refund from Southern Cross will be:	Your share of the cost in this example will be:
Costs of surgery				
Surgeon's operating fee	\$2,932	Your refund will be your actual costs based on reasonable charges*	\$2,932	\$0
Anaesthetist's fee	\$821		\$821	\$0
Operating theatre fee	\$1,769		\$1,769	\$0
Ancillary hospital charges	\$2,296		\$2,296	\$0
Hospital accommodation	\$751		\$751	\$0
Consultations (must be within 6 months of surgery)				
Surgeon's initial consultation	\$180	Up to \$5,000 per claims year*	\$180	\$0
Follow up consultation	\$100		\$100	\$0

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**.

TERMS AND CONDITIONS

All dollar figures include GST.

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.

Other terms and conditions (including limitations and exclusions) apply. This benefit summary should be read in conjunction with the policy document which is available on request.

*See the chart in your policy document for how your refund will be calculated.

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**;
- Abdominoplasty and/or repair of rectus divarication;
- **Acute care**;
- Appliances or equipment (surgical, medical or dental) for example CPAP machines, crutches;
- Breast reduction except as specifically provided by the bilateral breast reduction **allowance**;
- Breast thermography;
- Brow lift;
- **Chronic conditions**;
- Cochlear implants;
- Colonic irrigation;
- **Congenital conditions** except for umbilical hernia; inguinal hernia; undescended testes; hydrocele; tongue tie, phimosis and squint;
- Contraception or intrauterine devices except for Mirena 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 deformities or abnormalities of the facial skeleton and associated structures;
- Embolisation or surgery for cerebral vascular abnormality (including aneurysm);
- Extracorporeal shock wave therapy (other than for lithotripsy);
- Fat grafting and liposuction;
- Gender reassignment surgery and directly related **healthcare services**;
- Gynaecomastia;
- **Health screening** except as specifically provided by mammography (under diagnostic imaging) and colonoscopy (under gastrointestinal endoscopy in **Affiliated Provider** surgical treatment);
- **Healthcare services** performed by a dentist, periodontist, endodontist or orthodontist except as specifically provided by the Vision and Dental Care Module;
- **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 on page 32 of the **policy** document;
- **Healthcare services** provided in relation to, or as a consequence of, any **accident** or **treatment injury** except as specifically provided on page 12 of the **policy** document;
- **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;
- HIV, HIV disorders including AIDS, and any medical condition that arises in any way from HIV infection;
- Hospital charges of a personal convenience nature for example, newspapers, spouse/family meals, alcohol, TV rental;
- Hyperbaric oxygen therapy;
- Implantation of teeth and/or titanium dental implants;
- 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;
- Labiaplasty;
- Laser treatment of skin lesions;
- **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 Care 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;
- Obesity except as specifically provided by the gastric banding/ bypass **allowance** and the Body Care Module;
- Organ transplants, transfusions of autologous blood/blood products, autologous chondrocyte implantations and stem cell transplants, including related expenses for both donors and recipients;
- Pacemakers;
- Pathology and laboratory tests except as specifically provided by the laboratory tests benefit;
- Percutaneous aortic valve replacement and transcatheter aortic valve implantation/replacement;
- 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**;
- Renal artery denervation;
- Renal dialysis;
- Respite and convalescent care;
- Robotically assisted surgery except as specifically provided by the prostate treatment and robotic partial nephrectomy benefits;
- Self-inflicted illness or injury;
- Sterilisation except as specifically provided by the sterilisation **allowance**, or its reversal;
- Subsequent breast reconstruction surgery unless completed within two years of the first **eligible** breast reconstruction surgery (following an **eligible** mastectomy);
- Surgery designed to assist or allow the implementation of orthodontic **healthcare services**;
- Surgically implanted lens(es) other than monofocal lens(es);
- Termination of pregnancy;
- Treatment of any condition not **detrimental to health** except as specifically provided by the Day-to-day Care Module;
- **Unapproved healthcare services**;
- Vaccinations except as specifically provided by the Day-to-day Care Module.