



Southern Cross  
Health Society

## BENEFIT SUMMARY

# UltraCare

Our most comprehensive cover for surgery, consultations, imaging, tests and day-to-day healthcare

**Tailoring your cover: UltraCare 400** is available if you want to add optical and dental cover.

Effective from 4 April 2016

# Example of benefits under UltraCare

These are **some of the benefits** that UltraCare 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](https://southerncross.co.nz/plans) or call **0800 800 181**.

BENEFITS	UltraCare
	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. <b>Refer to the policy document for details.</b>
<b>SURGICAL TREATMENT</b>	
Surgery	Unlimited
Minor skin surgery	\$10,000 per claims year
Minor surgery	\$450 per operation
<b>SURGICAL ALLOWANCES</b>	
Overseas treatment allowance	\$30,000 per claims year
<b>RECOVERY AND SUPPORT</b>	
Public hospital 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
Waiver of premium	2 years free cover for surviving dependants on the death of the policyholder prior to age 60
Obstetrics allowance	\$2,500 per claims year (after one year continuous cover)
Home nursing	\$175 per day, up to \$2,800 per claims year (following surgery)
Speech and language therapy	\$80 per visit, up to \$400 per claims year (following surgery)
Post-operative physiotherapy	\$60 per visit up to \$300 per claims year (within six months after related eligible surgery)
Funeral allowance	\$2,400 one-off payment
<b>IMAGING AND TESTS</b>	
	\$100,000 per claims year
X-ray; Ultrasound; Nuclear scanning (scintigraphy); Myocardial perfusion scan; Mammography; CT angiogram; MR angiogram; CT scan; MRI scan; PET/CT scan	
<b>CONSULTATIONS</b>	
Specialist consultations	\$10,000 per claims year
Psychiatrist consultations	\$750 per claims year
Dietitian consultations	\$125 per consultation, up to \$625 per claims year
<b>NON SURGICAL TREATMENT</b>	
Non-surgical hospitalisation	\$60,000 per claims year
Psychiatric hospitalisation	\$3,500 per claims year
Allergy services	\$1,000 per claims year
<b>CANCER CARE</b>	
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	\$60,000 per claims year
<b>DAY-TO-DAY TREATMENT</b>	
General Practitioner	\$100 per consultation
Annual health check	UltraCare Base: no cover. UltraCare 400: \$100 per claims year
Nurse	\$30 per consultation
Prescriptions	\$600 per claims year
Laboratory tests	\$70 per claims year
Physiotherapist	\$60 per visit, up to \$300 per claims year
Chiropractor / osteopath	\$60 per visit, up to \$300 per claims year for each benefit
Audiologist	\$200 per claims year
Hearing tests	\$210 per claims year
Dietitian/nutritionist	\$440 per claims year
Podiatrist	\$400 per claims year
Clinical psychologist	\$150 per visit, up to \$600 per claims year
<b>VISION CARE</b>	
Orthoptist	\$200 per claims year
Optometrist	\$70 per visit, up to \$350 per claims year
Prescription glasses and contact lenses	UltraCare Base: No cover. UltraCare 400: \$500 per claims year
<b>DENTAL TREATMENT</b>	
Dental treatment	UltraCare Base: No cover. UltraCare 400: \$750 per claims year
<b>AFTER THREE YEARS CONTINUOUS COVER</b>	
Gastric banding/bypass allowance	\$7,500 one-off payment
Bilateral breast reduction allowance	\$5,000 one-off payment
Prophylactic treatment allowance	\$50,000 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 UltraCare, we have chosen a common sinus surgery. Details of this example are highlighted in the table below.

<b>EXAMPLE: Sinus surgery (bilateral endoscopic sinus surgery)</b>				
	<b>Assume you were charged the amount stated in this column:</b>		<b>In this example, your refund from Southern Cross will be:</b>	<b>Your share of the cost in this example will be:</b>
<b>Costs of surgery</b>				
Surgeon's operating fee	\$2,932	<b>Your refund will be your actual costs based on reasonable charges*</b>	\$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
<b>Consultations</b>				
Surgeon's initial consultation	\$180	<b>Up to \$10,000 per claims year*</b>	\$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](https://southerncross.co.nz/society/quote)

Apply online at [southerncross.co.nz/apply-now](https://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 where accepted after three years **continuous cover** on an UltraCare plan. The following conditions are not considered **congenital conditions** by us: 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 dental benefit;
- **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 31 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 check ups (except as specifically provided by the annual health check under Day-to-day treatment) 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, psychiatric hospitalisation and clinical psychology benefits;
- Obesity except as specifically provided by the gastric banding/ bypass **allowance**;
- 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, other than when used to perform a prostatectomy or partial nephrectomy;
- 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**;
- Treatment of cleft palate;
- **Unapproved healthcare services**;
- Vaccinations.