

# The VIP family of plans

+ Cherries are rich in cyanidins which may help to prevent cancer.



The VIP family of plans allows you to choose a health insurance policy that fits your particular needs. This document sets out the benefits and Policy Limits that apply under each of the VIP plans to help you decide which plan may suit you. This document is provided to assist you to compare the benefits and Policy Limits only - for actual benefits and the terms and conditions that apply you should refer to the Terms and Conditions and the Schedule of Benefits. Note that all Policy Limits include GST charged by the providers.

Where capitalised terms are used in this Schedule of Benefits, it means that the word has a special medical or legal meaning set out in the Terms and Conditions of Insurance.

This Schedule of Benefits should be read together with the Prosthesis Schedule, which is available on the website ([www.southerncross.co.nz/plans](http://www.southerncross.co.nz/plans)) or by calling Southern Cross on 0800 800 181. Eligibility Criteria may apply to some procedures, please refer to [www.southerncross.co.nz/society/eligibilitycriteria](http://www.southerncross.co.nz/society/eligibilitycriteria).

**VIP Plan 1 includes benefits listed under the Surgical and Medical Treatment and Other Benefits headings below.**

## SURGICAL AND MEDICAL TREATMENT Eligibility Criteria may apply.

## VIP Plan 1

MAXIMUM PAYABLE PER PERSON

### **Surgery performed in a Certified Private Facility or other Southern Cross approved facility**

Surgery performed by a Medical Practitioner Band II, III or IV, an Oral Surgeon or a Medical Practitioner vocationally registered in diagnostic and interventional radiology in private practice.

#### **Surgeon Fees, Anaesthetist Fees, Intensivist Fees**

#### **Hospital Charges: Accommodation, Operating Theatre Fee**

**Ancillary Hospital Charges** – includes: anaesthetic supplies, dressings, Drugs (prescribed and taken in hospital), special in-hospital nursing, x-ray examination, ECG, in-hospital post-operative physiotherapy.

#### **Disposable Laparoscopic Equipment**

#### **Prostheses**

\$100,000 per Operation

Prosthesis Schedule applies

Reimbursement for oral surgery relates to all procedures undertaken during the one Operation. No cover is provided for implants, and the benefit also excludes periodontal, orthodontic and endodontal procedures.

There is no cover for subsequent breast reconstruction surgery (including procedures related to, associated with, or as a consequence of the member's first Medically Necessary breast reconstruction surgery) unless it is completed within two years of the member's first Medically Necessary breast reconstruction surgery (following a Medically Necessary mastectomy).

### **Cardiac Surgery performed in a Certified Private Facility or other Southern Cross approved facility**

Cardiac surgery performed by a Medical Practitioner Band IV in private practice.

#### **Surgeon Fees, Anaesthetist Fees, Intensivist Fees**

**Perfusionist Fees** – including bypass machine supplies and off-bypass stabilisation consumables.

#### **Hospital Charges: Accommodation, Operating Theatre Fee**

**Intensive Post-operative Care** – including special nursing.

**Ancillary Hospital Charges** – including anaesthetic supplies, ECG and specialised x-ray, intravenous fluids, irrigating solutions, dressings, in-hospital post-operative physiotherapy and Drugs (prescribed and taken in hospital).

#### **Prostheses**

\$100,000 per Operation

Prosthesis Schedule applies

## AFFILIATED PROVIDER ONLY SURGICAL TREATMENT

## VIP Plan 1

The following surgical treatments must be performed by an Affiliated Provider to be eligible for cover under the Policy. Unless the Policyholder is advised otherwise by Southern Cross and/or the Affiliated Provider, Southern Cross will pay 100% of the amount charged by the Affiliated Provider, less any Excess. In order to receive cover the treatment must be Medically Necessary and meet applicable Eligibility Criteria. Please be aware that not all procedures are available from all Affiliated Providers or in all areas.

### Adenoidectomy

### Balloon sinuplasty

### Carpal tunnel release

### Catheter based cardiology procedures

Coronary angiogram and/or angioplasty, electrophysiology studies and ablation of cardiac arrhythmias, percutaneous patent foramen ovale (PFO) closure and percutaneous atrial septal defect (ASD) closure.

### Cholecystectomy

Cholecystectomy and associated procedures.

### Corneal crosslinking

### CT angiogram

### CT coronary angiogram

On referral by a Medical Practitioner Band III or IV in private practice.

### Endoscopic modified Lothrop

### Eye surgery

Cataract surgery, excision of pterygium, excision of pinguecula. 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 for correction of refractive visual errors). This benefit includes cover for follow-up consultations within six weeks of eligible cataract surgery.

### Gastrointestinal endoscopy

Gastroscopy and associated procedures, colonoscopy and associated procedures, balloon enteroscopy, wireless pH capsule and wireless capsule endoscopy.

### Grommets

Insertion and/or removal of grommets in theatre.

### Hernia repair

Femoral, hiatus, inguinal and umbilical hernia repair.

### Hip joint replacement

Primary hip joint replacement.

### Intravitreal injections

Intravitreal injections must be performed by a Medical Practitioner Band IV who is also an Affiliated Provider, unless there are no Affiliated Providers within 100km of your home.

Cover for Drug costs is limited to \$100 per injection regardless of the type of Drug used.

### Knee joint replacement

Primary total knee joint replacement, primary partial (hemi) knee joint replacement.

### Laparoscopic renal cryotherapy

### Laser eye treatment

YAG laser capsulotomy, laser iridotomy, laser iridoplasty, laser trabeculoplasty, photocoagulation of the retina, pan retinal laser, macular laser.

### Mohs surgery

This benefit includes cover for excision and closure and follow-up consultations within six weeks of eligible Mohs surgery.

### MR angiogram

On referral by a Medical Practitioner Band II, III or IV in private practice.

### Peripheral angiography

Peripheral angiogram and/or angioplasty.

### Prostate treatment

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 and robotically assisted laparoscopic prostatectomy.

### Sacral nerve stimulation

No reimbursement will be made towards the cost of the stimulation device.

### Skin lesion removal

Excision of skin lesions under general anaesthetic or IV sedation.

### Tonsillectomy

**Tooth extraction****Varicose vein (legs)**

Endovenous laser treatment, Ultrasound guided sclerotherapy, Varicose vein surgery, VNUS closure and duplex vein mapping. Cover is limited to two Varicose Vein Procedures per leg per Lifetime.

**Vasectomy**

After two years of continuous cover. This benefit does not include reversals.

**SURGICAL AND MEDICAL TREATMENT CONTINUED** Eligibility Criteria may apply.**VIP Plan 1****Cancer Care****Chemotherapy**

Treatment provided by a Medical Practitioner Band III or IV vocationally registered in oncology in private practice, either as an out-patient or in a Certified Private Facility or other Southern Cross approved facility in New Zealand. Includes the cost of materials, Chemotherapy Drugs, hospital accommodation (on a single room basis, excluding suites) and ancillary hospital charges.

Maximum also includes reimbursement of the actual cost up to \$10,000 per Claims Year for non-Pharmac Approved MedSafe indicated Chemotherapy Drugs.

\$60,000 per Claims Year

**Radiotherapy**

Must be performed by an Affiliated Provider.

Unless the Policyholder is advised otherwise by Southern Cross and/or the Affiliated Provider, Southern Cross will pay 100% of the amount charged by the Affiliated Provider, less any Excess. Please note not all procedures are available from all Affiliated Providers or in all areas, and that a limited range of radiotherapy treatments are funded. This benefit is inclusive of any radiotherapy planning and radiation treatment (does not include cover for initial or follow-up oncologist consultations, Drugs, hospital accommodation, other Healthcare Services, or follow-up CT scans).

**Home Nursing**

Post-operative nursing commencing within 14 days of related surgery and performed by a registered nurse in private practice on the referral of a registered Medical Practitioner.

\$175 per day  
up to \$2,800 per Claims Year**Post-operative physiotherapy**

Post-operative physiotherapy by a physiotherapist registered with the Physiotherapy Board of New Zealand and in private practice.

Includes cover for treatment by a registered hand therapist registered with the New Zealand Association of Hand Therapists, and in private practice.

Must be performed within six months after related surgery.

\$60 per visit  
up to \$300 per Claims Year**Post-operative speech and language therapy**

Post-operative treatment by a qualified speech and language therapist who is a member of the NZSTA following referral from a Medical Practitioner.

Must be performed within six months after related surgery.

\$70 per visit  
up to \$350 per Claims Year**Overseas Treatment**

Reimbursement is available for receipted medical expenses (not accommodation or transport) for the cost of Medically Necessary treatment not available in the public or private sector within New Zealand, following approval from Southern Cross, based on a medical report the member provides before treatment takes place. The treatment must be recommended by a Medical Practitioner Band III or IV in private practice. Ordinary Policy Exclusions apply.

\$10,000 per Claims Year

**Non-surgical hospitalisation**

Referred by and under the control of a Medical Practitioner Band III or IV in private practice for treatment, convalescence or observation in a Certified Private Facility. Includes reimbursement for hospital accommodation (on a single room basis, excluding suites) and ancillary hospital charges.

Excludes hospice, geriatric and psychiatric hospital care.

\$60,000 per Claims Year

**Psychiatric Hospitalisation**

Referred by and under the control of a Medical Practitioner vocationally registered in psychiatry for treatment, convalescence or observation in a Certified Private Facility. Includes reimbursement for hospital accommodation and ancillary hospital charges.

\$330 per night  
\$200 for Drugs/ancillary  
\$1,650 per admission  
(including accommodation Drugs/ancillary)**Minor skin surgery**

Performed by a Medical Practitioner Band III or IV, or an Affiliated Provider in private practice under a local anaesthetic.

Excision and radiosurgery of skin lesions must be performed by an Affiliated Provider to be eligible for cover under your Policy. Please be aware that not all procedures are available from all Affiliated Providers or in all areas.

Excludes Mohs surgery – refer to the benefit on page 2.

\$7,500 per Claims Year

**Minor Surgery**

Performed by a Medical Practitioner Band I in private practice including removal of cysts, skin lesions and ingrown toenails.

\$450 per Operation

**Post mastectomy Allowance to achieve breast symmetry**

Payable on receipt of a medical report by a Medical Practitioner Band IV prior to surgery.

Treatment must be completed within two years of initial reconstruction following eligible mastectomy.

\$2,500 one-off payment per  
Lifetime

**Loyalty Benefit****Sterilisation**

After two years of continuous cover. Does not include reversals.

A vasectomy must be performed by an Affiliated Provider to be eligible for cover under this Policy. Refer to the list of Affiliated Provider only surgical treatment.

Surgery reimbursement levels apply

**Bilateral Breast Reduction Allowance**

After three years continuous cover. Payable on receipt of a medical report by a Medical Practitioner Band IV prior to surgery, (this Allowance also includes any subsequent treatment that may be required).

\$5,000 one-off payment

**Gastric Bypass/Bypass Allowance**

After three years of continuous cover. Payable on receipt of a medical report by a Medical Practitioner Band IV prior to surgery, (this Allowance also includes any subsequent treatment that may be required).

\$7,500 one-off payment

**OTHER BENEFITS****VIP Plan 1****Public Hospital Cover****Public Hospital**

If specifically accepted in writing by Southern Cross prior to treatment, treatment in a District Health Board (DHB) facility or under the direct or indirect control of a DHB will be covered up to the stated maximums in this Policy.

**Public Hospital – Cash Grant**

For overnight admissions for other than Accident, Treatment Injury or maternity conditions.

A copy of the hospital discharge summary must accompany the claim form.

\$50 per night  
up to \$2,400 per Claims Year

**Hospice Cover**

For overnight admissions for other than Accident or Treatment Injury conditions.

**Child**

\$25 per night  
up to \$250 per admission  
up to \$1,200 per Claims Year

**Adult**

\$50 per night  
up to \$500 per admission  
up to \$2,400 per Claims Year

**Waiver Of Premium**

Upon the death of the Policyholder from a cause other than an Accident before age 60 years, the surviving Dependants will continue to qualify for the cover provided by the existing Policy free of charge for 24 months, from the date of the Policyholder's death.

**Parent Accommodation Allowance**

For hospital expenses incurred when accompanying a Dependant Child where accommodation is provided in a Certified Private Facility.

\$100 per day  
\$500 per Operation

**Travel and Accommodation Allowance**

When private treatment is not available in the member's hometown or city and the member has to travel more than 100km from home to receive an eligible Healthcare Service. Payable to cover the person covered by this Policy receiving the eligible Healthcare Service and a support person. Payable for public transport costs and hotel/motel rooms within New Zealand only.

\$500 per Claims Year

**Accident and Treatment Injury Cover**

If the ACC refuses to cover the cost of treatment in a Certified Private Facility or in the event that the member's ACC refunds are less than those that apply for non-Accident or non-Treatment Injury conditions under this Policy, Southern Cross may make up the difference, if any, between the ACC contribution to the cost of treatment and the maximum payable under this Policy. The total refunded by Southern Cross, together with the payment made by ACC will not exceed the maximum payable under this Policy.

**SPECIALISTS AND TESTS** *Eligibility Criteria may apply.***VIP Plan 1****Imaging**

Performed by a Medical Practitioner vocationally registered in Diagnostic & Interventional Radiology and carried out within six months before or after related surgery in a Certified Private Facility or other Southern Cross approved facility

**X-ray** Includes x-rays performed by an Oral Surgeon.

**Mammography****Ultrasound**

**Nuclear Scanning** Referred by a Medical Practitioner Band II, III or IV in private practice.

**Myocardial perfusion scan** Referred by a Medical Practitioner Band II, III or IV in private practice.

**Computed Axial Tomography (CT/CAT Scan)** Must be performed by an Affiliated Provider, and be Medically Necessary. Unless the Policyholder is advised otherwise by Southern Cross and/or the Affiliated Provider, Southern Cross will pay 100% of the amount charged by the Affiliated Provider up to the \$10,000 per Claims Year (in total) listed above. Please be aware that not all procedures are available from all Affiliated Providers or in all areas. Cone Beam Computed Tomography (CBCT) must be referred by a Medical Practitioner Band IV or an Oral Surgeon.

**Magnetic Resonance Imaging (MRI Scan)** Referred by a Medical Practitioner Band II, III or IV in private practice. Must be performed by an Affiliated Provider and be Medically Necessary. Unless the Policyholder is advised otherwise by Southern Cross and/or the Affiliated Provider, Southern Cross will pay 100% of the amount charged by the Affiliated Provider up to the \$10,000 per Claims Year (in total) listed above. Please be aware that not all procedures are available from all Affiliated Providers or in all areas.

\$10,000 per Claims Year (in total)

**Positron Emission Tomography / Computed Tomography (PET/CT)**

Must be performed by an Affiliated Provider on referral by a Medical Practitioner Band III or IV in private practice.

Cover is limited to specific diagnosed cancers only. Unless the Policyholder is advised otherwise by Southern Cross and/or the Affiliated Provider, Southern Cross will pay 100% of the amount charged by the Affiliated Provider up to the \$2,500 per Claims Year (in total). Please be aware that not all procedures are available from all Affiliated Providers or in all areas.

\$2,500 per Claims Year

## SPECIALISTS AND TESTS CONTINUED Eligibility Criteria may apply.

### VIP Plan 1

#### Tests

Carried out within six months before or after related surgery in a Certified Private Facility or other Southern Cross approved facility. Tests must be carried out following referral by a Medical Practitioner Band III or IV in private practice.

#### Cardiac Tests

**Diagnostic Tests** Optical Coherence Tomography must be performed by an Affiliated Provider, on referral by a Medical Practitioner Band IV, unless there are no Affiliated Providers within 100km of the member's home. Heidelberg Retinal Tomography (HRT) and GDx Retinal scanning must be performed by an Affiliated Provider, on referral by a Medical Practitioner Band IV. Unless the Policyholder is advised otherwise by Southern Cross and/or the Affiliated Provider, Southern Cross will pay 100% of the amount charged by the Affiliated Provider up to the \$3,000 per Claims Year (in total). Please be aware that not all procedures are available from all Affiliated Providers or in all areas.

\$5,000 per Claims Year  
\$3,000 per Claims Year (in total)

#### Consultations

Carried out within six months before or after related surgery (unless specifically noted).

#### Medical Practitioner Band II

#### Medical Practitioner Band III

**Medical Practitioner Band IV** includes consultations by a Medical Practitioner Band IV registered in Anaesthesia for chronic pain or pre-operative clinic consultations only.

#### Oncologist

Consultations do not have to be carried out within six months before or after surgery.

#### Oral Surgeon

\$5,000 per Claims Year (in total)

#### Dietitian consultations

Treatment six months before or after related surgery by a dietitian registered with the New Zealand Dietitian Board, and in private practice.

On referral by a Medical Practitioner Band III or IV.

\$100 per consultation  
up to \$500 per Claims Year

**VIP Plan 2 includes all benefits from VIP Plan 1 except Specialists and Tests heading on page 4, these are replaced by the benefits listed under Specialists and Tests heading below.**

## SPECIALISTS AND TESTS Eligibility Criteria may apply.

### VIP Plan 2

#### Imaging

Performed by a Medical Practitioner vocationally registered in Diagnostic & Interventional Radiology and carried out in a Certified Private Facility or other Southern Cross approved facility.

**X-ray** Includes x-rays performed by an Oral Surgeon.

#### Mammography

#### Ultrasound

**Nuclear Scanning** Referred by a Medical Practitioner Band II, III or IV in private practice.

**Myocardial perfusion scan** Referred by a Medical Practitioner Band II, III or IV in private practice.

**Computed Axial Tomography (CT Scan)** Must be performed by an Affiliated Provider and be Medically Necessary. Unless the Policyholder is advised otherwise by Southern Cross and/or the Affiliated Provider, Southern Cross will pay 100% of the amount charged by the 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. Cone Beam Computed Tomography (CBCT) must be referred by a Medical Practitioner Band IV or an Oral Surgeon.

**Magnetic Resonance Imaging (MRI Scan)** Must be performed by an Affiliated Provider and be Medically Necessary. Unless the Policyholder is advised otherwise by Southern Cross and/or the Affiliated Provider, Southern Cross will pay 100% of the amount charged by the 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.

\$60,000 per Claims Year (in total)

#### Positron Emission Tomography / Computed Tomography (PET/CT)

Must be performed by an Affiliated Provider on referral by a Medical Practitioner Band III or IV in private practice. Cover is limited to specific diagnosed cancers only. Unless the Policyholder is advised otherwise by Southern Cross and/or the Affiliated Provider, Southern Cross will pay 100% of the amount charged by the Affiliated Provider up to the \$2,500 per Claims Year (in total). Please be aware that not all procedures are available from all Affiliated Providers or in all areas.

\$2,500 per Claims Year

#### Tests

Carried out in a Certified Private Facility or other Southern Cross approved facility. Tests must be carried out following referral by a Medical Practitioner Band III or IV in private practice.

#### Cardiac Tests

**Diagnostic Tests** Optical Coherence Tomography must be performed by an Affiliated Provider, on referral by a Medical Practitioner Band IV, unless there are no Affiliated Providers within 100km of the member's home. Heidelberg Retinal Tomography (HRT) and GDx Retinal scanning must be performed by an Affiliated Provider, on referral by a Medical Practitioner Band IV. Unless the Policyholder is advised otherwise by Southern Cross and/or the Affiliated Provider, Southern Cross will pay 100% of the amount charged by the Affiliated Provider up to the \$3,000 per Claims Year (in total). Please be aware that not all procedures are available from all Affiliated Providers or in all areas.

\$5,000 per Claims Year  
\$3,000 per Claims Year (in total)

	MAXIMUM PAYABLE PER PERSON
<b>Audiologist</b> Performed by a member of the NZ Audiological Society.	\$200 per Claims Year
<b>Audiometric Tests including: Brain Stem Evoked Response</b> Performed by a member of the NZ Audiological Society.	\$210 per Claims Year
<b>Allergy Testing</b>	\$175 per Claims Year
<b>Laboratory Tests</b> (incurred charges)	\$70 per Claims Year
<b>Consultations</b>	\$5,000 per Claims Year (in total)
<b>Medical Practitioner Band II</b>	
<b>Medical Practitioner Band III</b>	
<b>Medical Practitioner Band IV</b> includes consultations by a Medical Practitioner Band IV registered in Anaesthesia for chronic pain or pre-operative clinic consultations only.	
<b>Oncologist</b>	
<b>Oral Surgeon</b>	
<b>Dietitian consultations</b> Treatment by a dietitian registered with the New Zealand Dietitian Board, and in private practice. On referral by a Medical Practitioner Band III or IV.	\$100 per consultation up to \$500 per Claims Year
<b>Psychiatrist</b>	\$200 per Claims Year
<b>Obstetrics</b> After one year of continuous cover, reimbursement for obstetric care carried out by a Medical Practitioner vocationally registered in obstetrics and gynaecology or anaesthesia, and/or for accommodation in a Southern Cross approved facility.	\$1,500 per Policy per Claims Year

**VIP Plan 3 includes all benefits from VIP Plan 1 (except Specialists and Tests on page 4), and VIP Plan 2, plus those listed under the General Medical heading below.**

GENERAL MEDICAL	VIP Plan 3
<b>Doctor Visits</b> Medical Practitioner Band I	
<b>Surgery consultation</b>	\$50 per consultation
<b>Home consultation</b>	\$75 per consultation
<b>After hours</b>	\$75 per consultation
<b>Practice nurse</b> (where no Medical Practitioner Band I fee applies)	\$22 per consultation
<b>Prescriptions</b> Charges for prescription Drugs prescribed by a Medical Practitioner (all Bands) or registered nurse Band II.	\$600 per Claims Year
<b>Other Paramedical Services</b>	
<b>Registered Optometrist</b>	\$50 per consultation
<b>Acupuncture</b> (Carried out by a Medical Practitioner Band I or II)	\$40 per consultation
<b>Chelation Therapy</b> (Carried out by a Medical Practitioner Band I)	\$40 per consultation
<b>Registered Physiotherapist</b>	\$50 per consultation \$250 per Claims Year
<b>Registered Orthoptist</b>	\$200 per Claims Year
<b>Registered Clinical Psychologist</b> (must hold a clinical diploma and be in private practice. Reimbursements are made for clinical treatments, excluding educational, industrial or sports psychology.)	\$300 per Claims Year
<b>Registered Podiatrist</b>	\$35 per consultation \$175 per Claims Year
<b>Ambulance</b> (Emergency transportation only)	\$180 per Claims Year
<b>Registered Chiropractor</b> (Including x-rays and cost of medication)	\$50 per consultation \$250 per Claims Year
<b>Registered Osteopath</b> (Including x-rays and cost of medication)	\$50 per consultation \$250 per Claims Year
<b>Health management</b> NZ Registered Dietitian or NSNZ registered Nutritionist	\$300 per Claims Year
<b>Dental</b>	\$100 per Claims Year

**VIP Plan 4 includes all benefits from VIP Plan 1 (except Specialists and Tests on page 4), VIP Plan 2 and VIP Plan 3 (except Dental), plus those listed under the Dental and Optical heading below. This section provides 75% reimbursement of medical charges up to the Policy Limits specified for each category of cover.**

DENTAL AND OPTICAL	VIP Plan 4
<b>Dental</b> Dental treatment by a dental practitioner or dental hygienist registered with the Dental Council of New Zealand or Oral Surgeon in private practice including extraction of teeth, dentures, and endodontic, periodontic or orthodontic treatment.	75% of expenses incurred up to \$750 per Claims Year
<b>Prescription glasses/sunglasses and contact lenses (including frames)</b>	75% of expenses incurred up to \$500 per Claims Year
<b>Annual general medical checkup with a Medical Practitioner Band I</b> (Policyholder only)	\$90 per Claims Year