

The VIP family of plans

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



The modular approach of 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 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.

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

SURGICAL AND MEDICAL TREATMENT

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, pathology tests, Drugs (prescribed and taken in hospital), special in-hospital nursing, x-ray examination, ECG, in-hospital post-operative physiotherapy.

Disposable Laparoscopic Equipment

Prostheses

Reimbursement for oral surgery relates to all procedures undertaken during the one Operation.

Removal of teeth is restricted to impacted and unerupted teeth only. No cover is provided for implants, and 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 your first Medically Necessary breast reconstruction surgery) unless it is completed within two years of your first Medically Necessary breast reconstruction surgery (following a Medically Necessary mastectomy).

\$100,000 per Operation

Prosthesis Schedule applies

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

Home Nursing

For the cost of care by a registered nurse in private practice recommended by a Medical Practitioner Band IV or Oral Surgeon immediately following general, oral or cardiac surgery.

\$100 per day

\$2,000 per Claims Year

<p>Overseas Treatment</p> <p>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 you provide before treatment takes place. The treatment must be recommended by a Medical Practitioner Band III or IV in private practice. Ordinary Policy Exclusions apply.</p>	<p>\$10,000 per Claims Year</p>
<p>Angioplasty</p> <p>Coronary or peripheral vascular angioplasty performed by a Medical Practitioner Band III or IV or a Medical Practitioner vocationally registered in diagnostic and interventional radiology in private practice, and in a Certified Private Facility or other Southern Cross approved facility.</p> <p>Cardiologist/Radiologist Fee</p> <p>Hospital Charges: Accommodation, Operating Theatre Fee</p> <p>Ancillary Hospital Charges – including anaesthetic supplies, angioplasty catheters, ECG and specialised x-ray, intravenous fluids, irrigating solutions, dressings, Drugs (prescribed and taken in hospital).</p> <p>Stent - conventional - drug eluting, no cover unless angioplasty procedure performed by an Affiliated Provider.</p>	<p>\$100,000 per Operation (including stents)</p> <p>\$2,000 per stent</p>
<p>Angiography</p> <p>Including MRI angiograms, CT angiograms, fluorescein angiograms, cardiac catheterization and all coronary and peripheral angiograms. Must be performed by a Medical Practitioner Band III or IV or a Medical Practitioner vocationally registered in diagnostic and interventional radiology in private practice. Includes reimbursement for hospital accommodation.</p>	<p>\$60,000 per procedure</p>
<p>CT Coronary Angiograms</p> <p>No cover for CT coronary angiogram unless the treatment is provided by an Affiliated Provider. The treatment must be Medically Necessary, as determined by the eligibility criteria. Please be aware that not all procedures are available from all Affiliated Providers or in all areas.</p>	<p>Policy Limits will apply. Prior to receiving treatment your Affiliated Provider will advise the balance payable by you.</p>
<p>Varicose Veins (legs)</p> <p>No cover for varicose veins unless the treatment is provided by an Affiliated Provider. Please be aware that not all procedures are available from all Affiliated Providers or in all areas, and that a limited range of procedures for leg varicose veins are funded. In order to receive cover the treatment must be Medically Necessary as determined by the eligibility criteria, and not for Cosmetic Treatment. This benefit is inclusive of any consultations, treatment and/or follow up assessment or treatment that may be required.</p>	<p>2 Varicose Vein Procedures per leg, per Lifetime. Policy Limits will apply. Prior to receiving treatment your Affiliated Provider will advise the balance payable by you.</p>
<p>Prostate Treatment</p> <p>No cover for Laparoscopic Prostatectomy, Prostate Brachytherapy, External Beam Radiotherapy and Prostate Cryotherapy, Radical Retropubic Prostatectomy, Perineal Prostatectomy, Transurethral Resection of Prostate (TURP) and Laser Prostatectomy procedures unless the treatment is provided by an Affiliated Provider. Please be aware that not all procedures are available from all Affiliated Providers or in all areas.</p>	<p>Policy Limits will apply. Prior to receiving treatment your Affiliated Provider will advise the balance payable by you.</p>
<p>Colonoscopy</p> <p>No cover for a colonoscopy unless the procedure is carried out by an Affiliated Provider. Please be aware that not all procedures are available from all Affiliated Providers or in all areas. In order to receive cover the procedure must be Medically Necessary, as determined by the eligibility criteria and not for Health Screening.</p>	<p>Policy Limits will apply. Prior to receiving treatment your Affiliated Provider will advise the balance payable by you.</p>
<p>Gastroscopy</p> <p>No cover for a gastroscopy unless the procedure is carried out by an Affiliated Provider. Please be aware that not all procedures are available from all Affiliated Providers or in all areas. In order to receive cover the procedure must be Medically Necessary, as determined by the eligibility criteria and not for Health Screening.</p>	<p>Policy Limits will apply. Prior to receiving treatment your Affiliated Provider will advise the balance payable by you.</p>
<p>Cataract surgery</p> <p>No cover for cataract surgery unless the procedure is carried out by an Affiliated Provider. Please be aware that not all procedures are available from all Affiliated Providers or in all areas. Cover is limited to the surgical insertion of a monofocal intraocular lens only (there is no cover for the cost of any other type of surgically implanted intraocular lens). This benefit includes cover for follow up consultations within 6 weeks of Medically Necessary cataract surgery.</p>	<p>Policy Limits will apply. Prior to receiving treatment your Affiliated Provider will advise the balance payable by you.</p>
<p>Intravitreal injections</p> <p>No cover for Intravitreal injections unless carried out by an Affiliated Provider, if there is an Affiliated Provider within 100km of your home. Please be aware that not all procedures are available from all Affiliated Providers or in all areas. Cover is limited to Intravitreal injections for the treatment of Age Related Macular Degeneration (AMD).</p>	<p>Policy Limits will apply. Prior to receiving treatment your Affiliated Provider will advise the balance payable by you.</p>
<p>Mohs surgery</p> <p>No cover for Mohs surgery unless carried out by an Affiliated Provider. Please be aware that not all procedures are available from all Affiliated Providers or in all areas. In order to receive cover the treatment must be Medically Necessary and not for Cosmetic Treatment, as determined by the eligibility criteria. This benefit includes cover for excision and closure and follow up consultations within 6 weeks of eligible Mohs surgery.</p>	<p>Policy Limits will apply. Prior to receiving treatment your Affiliated Provider will advise the balance payable by you.</p>
<p>Medical Hospitalisation</p> <p>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. Note: Excludes hospice, geriatric and psychiatric hospital care.</p>	<p>\$25,000 per admission \$60,000 per Claims Year</p>
<p>Psychiatric Hospitalisation</p> <p>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.</p>	<p>\$330 per night \$200 for drugs/ancillary \$1,650 per admission (including accommodation drugs/ancillary)</p>
<p>Out-of-hospital Specialists</p> <p>Following a referral from a Medical Practitioner Band I or II, pre and post operative consultations 4 months before and after surgery* with a Medical Practitioner Band II, III or IV, or an oral surgeon in private practice.</p> <p>Pre operative consultation</p> <p>Post operative consultation</p> <p>Cover is excluded where the consultation does not relate to surgery. *The 4 month limit does not apply to VIP 2, 3 and 4 plans.</p>	<p>\$175 \$125</p>

Out-of-hospital Tests* (not available when Plans 2, 3 or 4 are purchased)

On referral from a Medical Practitioner Band III or IV, pre and post operative tests 4 months before and after surgery, and in an approved facility.

CT Scan

\$1,500 per Claims Year

MRI Scan

\$2,000 per Claims Year

Positron Emission Tomography / Computed Tomography (PET/CT)

\$2,500 per Claims Year

No cover for PET/CT unless the service is provided by an Affiliated Provider. Cover is limited to cancer indications only and eligibility criteria will apply. Please be aware that not all procedures are available from all Affiliated Providers or in all areas.

Myocardial perfusion scan

\$1,500 per test

Cardiac Tests

\$5,000 per Claims Year

Diagnostic Tests

\$3,000 per Claims Year

Optical Coherence Tomography is only available following referral by a Medical Practitioner Band IV and must be performed by an Affiliated Provider, if there is an Affiliated Provider within 100km of your home.

Policy Limits will apply.

Prior to receiving treatment your Affiliated Provider will advise the balance payable by you.

*Excludes x-rays and all other imaging.

Cover is excluded where the test does not relate to surgery.

Minor skin surgery

\$7,500 per Claims Year

Excision of skin lesions performed by a Medical Practitioner Band III or IV in private practice under a local anaesthetic. Excludes Mohs surgery - refer to the benefit above.

Minor Surgery

\$450 per Operation

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

Oncology**Chemotherapy**

\$60,000 per Claims Year

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 payment of 50% of the cost (up to a maximum of \$10,000 per Claims Year) for non-Pharmac Approved MedSafe indicated chemotherapy drugs.

Radiotherapy treatment

Policy Limits will apply.

Cover for radiotherapy treatment is only available when the procedure is provided by an Affiliated Provider.

Please be aware that 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, prescriptions, Drugs, hospital accommodation, other Healthcare Services, or follow-up CT scans).

Prior to receiving treatment your Affiliated Provider will advise the balance payable by you.

Renal lithotripsy

\$25,000 per admission

Performed by a Medical Practitioner Band IV in a Certified Private Facility or other Southern Cross approved facility.

\$75,000 per Claims Year

Post mastectomy Allowance to achieve breast symmetry

\$2,500 one off payment per

Payable at the discretion of Southern Cross on receipt of a medical report prior to surgery performed by a Medical Practitioner Band IV. Surgery must be completed within 2 years of initial reconstruction following eligible mastectomy

Lifetime

Loyalty Benefit**Sterilisation**

Surgery reimbursement levels apply

After two years of continuous cover, reimbursement for surgery by a Medical Practitioner for sterilisation.

Bilateral Breast Reduction Allowance

50% of actual costs up to \$3,000

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

one-off payment

Gastric Banding/Bypass Allowance

\$7,500 one-off payment

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

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 hospital discharge summary must accompany claim form.

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

Note: The above cash grants do not apply if the treatment in a DHB facility is reimbursed under another section in this Policy.

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 children 5 years or under where accommodation is provided in a Certified Private Facility.

\$50 per night
\$500 per Claims Year

Travel and Accommodation Allowance

When private treatment is not available in your hometown or city and you have 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 your 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.

VIP Plan 2 includes all benefits from Plan 1 (except Out-of-hospital Tests), plus those listed under the Specialists and Tests heading below.

SPECIALISTS AND TESTS**VIP Plan 2****Medical Practitioner Band II**

Initial consultation

\$150

Follow-up consultation

\$115

Medical Practitioner Band III

Consultation following referral from a Medical Practitioner Band I or II.

Initial consultation

\$300

Follow-up consultation

\$125

The above reimbursements have no yearly limits on the number of consultations.

Oncologist

Consultation following referral from a Medical Practitioner Band I or II.

Initial consultation

\$300

Follow-up consultation

\$125

Maximum per year

\$1,500 per Claims Year

Psychiatrist

Consultation following referral from a Medical Practitioner Band I or II.

Maximum per year

\$200 per Claims Year

Surgeons

Consultation following referral from Medical Practitioner Band I or II to a Medical Practitioner Band IV or an Oral Surgeon. Including consultations by a Medical Practitioner Band IV vocationally registered in Anaesthesia for chronic pain or pre-operative clinic consultations only.

Initial consultation

\$175

Follow-up consultation

\$125

Consultation with minor surgery (Including preceding consultation)

Surgery reimbursement levels apply

The above reimbursements have no yearly limits on the number of consultations.

Imaging

Carried out in a Certified Private Facility or other Southern Cross approved facility.

X-ray

\$500 per Claims Year

Mammography

\$500 per Claims Year

Ultrasound

\$500 per Claims Year

Nuclear Scanning*

\$700 per Claims Year

Computed Axial Tomography (CT/CAT Scan)

\$60,000 per Claims Year

Magnetic Resonance Imaging (MRI Scan)*

\$60,000 per Claims Year

Positron Emission Tomography / Computed Tomography (PET/CT)

\$2,500 per Claims Year

No cover for PET/CT unless the service is provided by an Affiliated Provider. Cover is limited to cancer indications only and eligibility criteria will apply. Please be aware that not all procedures are available from all Affiliated Providers or in all areas.

Myocardial perfusion scan

\$1,500 per test

*Must be referred by a Medical Practitioner Band II, III or IV.

Tests**Cardiac Tests*****Diagnostic Tests***

Optical Coherence Tomography is only available following referral by a Medical Practitioner Band IV and must be performed by an Affiliated Provider, if there is an Affiliated Provider within 100km of your home.

Audiologist

Performed by a member of the NZ Audiological Society.

Audiometric Tests Including: Brain Stem Evoked Response***Allergy Testing****Laboratory Tests** (incurred charges)

*Tests must be carried out following referral by a Medical Practitioner Band III or IV in private practice.

\$5,000 per Claims Year
\$3,000 per Claims Year
Policy Limits will apply.
Prior to receiving treatment your Affiliated Provider will advise the balance payable by you.
\$200 per Claims Year

\$210 per Claims Year
\$175 per Claims Year
\$70 per Claims Year

Loyalty Benefit**Obstetrics**

After three years 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.

\$1,250 per Policy per Claims Year

VIP Plan 3 includes all benefits from Plans 1 (except Out-of-hospital Tests), and 2, plus those listed under the General Medical heading below.

GENERAL MEDICAL**VIP Plan 3****Doctor Visits**

Medical Practitioner Band I

Surgery consultation**Home consultation****After hours****Practice nurse** (where no Medical Practitioner Band I fee applies)

The above reimbursements have no yearly limits on the number of consultations.

Prescriptions

Charges for prescription Drugs prescribed by a Medical Practitioner (all Bands) or registered nurse Band II.

\$50 per consultation
\$75 per consultation
\$75 per consultation
\$22 per consultation

\$400 per Claims Year

Other Paramedical Services**Registered Optometrist****Acupuncture** (Carried out by a Medical Practitioner Band I or II)**Chelation Therapy** (Carried out by a Medical Practitioner Band I)**Registered Physiotherapist*****Registered Orthoptist***

Registered Clinical Psychologist* (must hold a clinical diploma and be in private practice. Reimbursements are made for clinical treatments, excluding educational, industrial or sports psychology.)

Registered Podiatrist***Ambulance** (Emergency transportation only)**Registered Chiropractor*** (Including x-rays and cost of medication)**Registered Osteopath*** (Including x-rays and cost of medication)**NZ Registered Dietitian* or NSNZ registered Nutritionist*****Dental** (not available when Plan 4 is purchased)

*On referral by a Medical Practitioner Band I or II.

\$50 per consultation
\$40 per consultation
\$40 per consultation
\$50 per consultation
\$250 per Claims Year
\$200 per Claims Year
\$300 per Claims Year

\$35 per consultation
\$175 per Claims Year
\$180 per Claims Year
\$50 per consultation
\$250 per Claims Year
\$50 per consultation
\$250 per Claims Year
\$300 per Claims Year
\$100 per Claims Year

VIP Plan 4 includes all benefits from Plans 1 (except Out-of-hospital Tests), 2 and 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****Annual general medical checkup by a Medical Practitioner** (Policyholder only)**Dental****Dental hygienist**

Performed by a hygienist registered with the Dental Council of New Zealand and in private practice.

Prescription lenses/spectacles (including frames)

\$90 per Claims Year
75% of expenses incurred up to \$500 per Claims Year
75% of expenses incurred up to \$100 per Claims Year
75% of expenses incurred up to \$400 per Claims Year

