11 October 2018

Dear

Southern Cross plans are regularly reviewed to make sure they fit the long term needs of our members, and we look at many things, including benefit use, the cost of claims and premium affordability.

As a result of the latest review, there are some important updates being made to your policy. This is formal notice of the updates in line with your policy document. Please read it all carefully so you understand the changes to your cover.

We're here for our members for the long term

As a not-for-profit Friendly Society, Southern Cross is unique in the value we return to members. Last year, for every \$1 we received in premiums, we paid out 92c to members in claims.

However, healthcare costs in New Zealand and globally continue to rise. For Southern Cross to be able to fund the healthcare needs of our members over the long term, we need to carefully manage premiums while also making sure the cost of claims remains sustainable.

We're making these changes because we know you want us to keep premiums as low as possible while continuing to make sure you're looked after when you need us most.

Best of health

Anthony MPhil

Anthony McPhail Chief Operating Officer

More information

For more information please see **policyupdates.co.nz/ulc** where you'll find your new policy document, more details about the changes, answers to common questions, and how to contact us.



Important updates to your UltraCare 400 policy

Here's a summary of the key changes to your UltraCare 400 plan from 10 December 2018:

• Skin lesion services are now covered under one benefit Skin lesion services performed with no or local anaesthetic are now covered under one benefit with a limit of \$10,000 per member, per claims year. This benefit includes cover for specialist consultations and treatment relating to skin lesion services.

Included in the \$10,000 limit is \$1,000 per member, per claims year for skin lesion services performed by a GP and any related GP consultations.

This benefit and all cover for skin surgery is now in one place in the policy document so you can easily see what cover you have.

• Eligibility criteria change

Policy number

The eligibility criteria for Mohs surgery have been updated.

Changes to cover for extraction of teeth

Cover for extraction of teeth is limited to teeth that are impacted and/or unerupted only. Also, to be eligible for cover a loyalty period of one year of continuous membership on this plan is now required (current tenure will be recognised).

Loyalty period added to sterilisation benefit

To be eligible for cover for sterilisation a loyalty period of one year continuous membership on the plan is now required (current tenure is recognised).

Obstetrics allowance reduced

The obstetrics allowance maximum has been reduced and is now \$1,000 per member, per claims year.

Removal of benefits

These allowances/benefits have been removed from your plan:

- public hospital cash allowance
- uvulopalatopharyngoplasty (UPPP) a surgical procedure for sleep apnoea
- funeral allowance
- waiver of premium.

We've updated the **Member Privacy Statement**, including changes to help us continue to deliver award winning customer service. It will also ensure you can receive relevant information about the products and services of Southern Cross branded businesses.

Not-for-profit means more for our members

We are owned by – and exist for – our members. You, and anyone on your policy, are a member of Southern Cross.

We're here only to return value to our members by paying claims for the healthcare services you receive under your policy; not to make money for shareholders.

Last year we paid 92c in claims for every \$1 received in premiums. Compare this to the health insurance industry average of 65c for every \$1.





What you tell us

When asked about the long-term*:

94%

of members tell us it's very important that they can continue to be able to afford premiums



agree that balancing the amount paid in claims with the amount received in premiums is key

We'll use this feedback to help shape new plans and future policy updates.

Southern Cross Member Opinion Survey, September 2018

Did you know, you don't always need to phone us for approval?

- your Affiliated Provider will apply for approval and submit your claim to us. Any questions, talk to your Affiliated Provider first
- if you're not seeing an Affiliated Provider, apply for approval online through My Southern Cross or the mobile app
- if the date of your healthcare service changes, you only need a new approval if it's more than 60 days from the original date. Any earlier, and your existing approval applies
- if your healthcare service changes, you'll need a new approval. Remember, if it's with an Affiliated Provider they'll do this for you
- if your Affiliated Provider can't submit your claim for any reason, you can just submit it online or via the app for assessment.

For over 20 years, through the Affiliated Provider programme, we have partnered with medical professionals and facilities to agree contracted prices for the healthcare services they provide every day to our members.

Do more online with My Southern Cross

- get communications faster, and have documents in one place
- update your contact details
- make quick claims for faster refunds
- get updates on claim progress
- request prior approval
- check benefits and balances
- manage premium payments.

See what members say in app store reviews:

"Now that the last used bank account number is automatically input a claim can be submitted easily within 30 seconds."

"Great app, flawless and very user-friendly."

Scan the code or download at **schs.nz/app**



Need help

Save yourself a call and check out **southerncross.co.nz/help** first for answers to common questions.