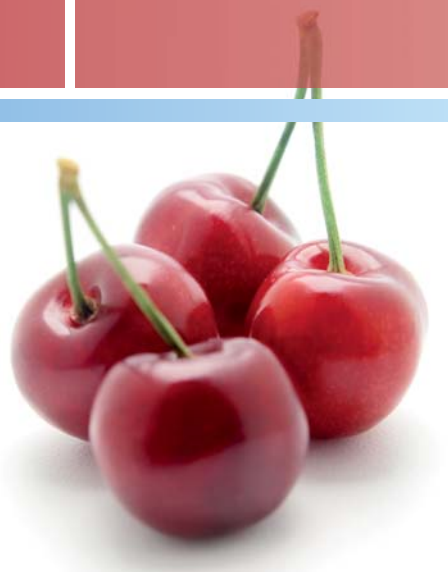
Southern Cross
Health Society

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 level of cover to fit your particular needs. This Schedule lists the reimbursements available for the VIP Plans 1-4. Other terms and conditions (including limitations and exclusions) apply. This Schedule should be read in conjunction with the Terms and Conditions for the VIP Plans. The VIP Policies provide 100% reimbursement of expenses (unless otherwise stated) for Medically Necessary procedures based on Reasonable Charges, up to the Policy Limits stated below. 75% reimbursement applies to the dental and optical benefits of VIP Plan 4. A Deductible may apply per Policy, per year. An Excess may apply per person per year (VIP Plans 1 and 2 only).
Note that all Policy Limits include GST charged by the Providers.

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 Private Hospital 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**	$75,000 per Operation
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).	Prosthesis Schedule applies
Cardiac Surgery performed in a Private Hospital 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 octopus system. **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)	$75,000 per Operation
Prostheses	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

	MAXIMUM PAYABLE PER PERSON
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 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.	$10,000 per Claims Year
Angioplasty Coronary angioplasty performed by a Medical Practitioner Band III in private practice, and in a Private Hospital or other Southern Cross approved facility. **Cardiologist/Radiologist** **Hospital Charges: Accommodation, Operating Theatre Fee** **Ancillary Hospital Charges** – including anaesthetic supplies, angioplasty catheters, ECG and specialised x-ray, intravenous fluids, irrigating solutions, dressings, Drugs (prescribed and taken in hospital).	$75,000 per Operation (including stents)
Stent - conventional - drug eluting, no cover unless angioplasty procedure performed by an Affiliated Provider.	$2,000 per stent
Angiography Including MRI angiograms, CT angiograms, fluorescein angiograms, cardiac catheterization and all coronary and peripheral angiograms. No cover for CT coronary angiogram (CTA) unless procedure performed by an Affiliated Provider. 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.	$60,000 per procedure
CT Coronary Angiograms No cover for CT coronary angiogram (CTA) unless the treatment is provided by an Affiliated Provider.	Policy Limits will apply. Prior to receiving treatment your Affiliated Provider will advise the balance payable by you.
Varicose Veins (legs) 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 agreed clinical guidelines, and not for Cosmetic Treatment. This benefit is inclusive of any consultations, treatment and/or follow up assessment or treatment that may be required.	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.
Prostate Brachytherapy No cover for Prostate Brachytherapy unless the treatment is provided by an Affiliated Provider.	Policy Limits will apply. Prior to receiving treatment your Affiliated Provider will advise the balance payable by you.
Colonoscopy 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 agreed clinical guidelines and not for Health Screening.	Policy Limits will apply. Prior to receiving treatment your Affiliated Provider will advise the balance payable by you.
Gastroscopy 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 agreed clinical guidelines and not for Health Screening.	Policy Limits will apply. Prior to receiving treatment your Affiliated Provider will advise the balance payable by you.
Cataract Surgery 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.	Policy Limits will apply. Prior to receiving treatment your Affiliated Provider will advise the balance payable by you.
Medical 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 Private Hospital. Includes reimbursement for hospital accommodation (on a single room basis, excluding suites) and ancillary hospital charges. Note: Excludes hospice, geriatric and psychiatric hospital care.	$25,000 per admission $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 Private Hospital. Includes reimbursement for hospital accommodation and ancillary hospital charges.	$330 per night $200 for drugs/ancillary $1,650 per admission (including accommodation drugs/ancillary)
Out-of-hospital Specialists Following a referral from a Medical Practitioner Band I or II, pre and post operative consultations 4 months before and after hospitalisation with a Medical Practitioner Band III or IV in private practice.	
Pre operative consultation	$175
Post operative consultation	$125
Cover is excluded where the consultation does not relate to hospitalisation.	

	MAXIMUM PAYABLE PER PERSON
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 hospitalisation, and in an approved facility.	
CT Scan	$1,500 per Claims Year
MRI Scan	$2,000 per Claims Year
Myocardial perfusion scan	$1,500 per test
Cardiac Tests	$5,000 per Claims Year
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. Cover is excluded where the test does not relate to hospitalisation.	$3,000 per Claims Year Policy Limits will apply. Prior to receiving treatment your Affiliated Provider will advise the balance payable by you.
Minor Surgery Performed by a Medical Practitioner Band I in private practice including removal of cysts, moles and toenails.	$350 per Operation
Oncology	
Chemotherapy Performed by a Medical Practitioner vocationally registered in radiation oncology or internal medicine, either as an out-patient or in a Private Hospital or other Southern Cross approved facility within New Zealand, including the cost of materials and prescription Chemotherapy Drugs, hospital accommodation (on a single room basis, excluding suites) and ancillary hospital charges.	$25,000 per Course of Treatment $60,000 per Claims Year
Radiotherapy treatment 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).	Policy Limits will apply. Prior to receiving treatment your Affiliated Provider will advise the balance payable by you.
Lithotripsy Performed by a Medical Practitioner Band IV in a Private Hospital or other Southern Cross approved facility.	$25,000 per admission $75,000 per Claims Year
Loyalty Benefit	
Sterilisation After two years of continuous cover, reimbursement for treatment from a Medical Practitioner for sterilisation.	Surgery reimbursement levels apply
Bilateral Breast Reduction Allowance 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).	50% of actual costs up to $3,000 one-off payment
Gastric Banding/Bypass Allowance 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).	$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 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 not excluded under the Policy before age 60 years, the surviving husband/wife or partner and Dependants named on the Policy 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 Private Hospital.	$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 for treatment. Payable to cover the person covered by this Policy requiring the 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 Accident Compensation Corporation (ACC) refuses to cover the cost of treatment in a Private Hospital 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, we 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 Private Hospital 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
Computerised Axial Tomography (CT/CAT Scan)*	$60,000 per Claims Year
Magnetic Resonance Imaging (MRI Scan)*	$60,000 per Claims Year
Myocardial perfusion scan*	$1,500 per test
*Must be referred by a Medical Practitioner Band II, III or IV in private practice.	
Tests	
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.
Audiologist	$200 per Claims Year
Performed by a member of the NZ Audiological Society.	
Audiometric Tests Including: Brain Stem Evoked Response*	$210 per Claims Year
Allergy Testing	$175 per Claims Year
Laboratory Tests (incurred charges)	$70 per Claims Year
*Tests must be carried out following referral by a Medical Practitioner Band III or IV in private practice.	
Loyalty Benefit	
Obstetrics	$1,250 per Policy per Claims Year
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.	

MAXIMUM PAYABLE PER PERSON

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	$50 per consultation
Home consultation	$75 per consultation
After hours	$75 per consultation
Practice nurse (where no Medical Practitioner Band I fee applies)	$22 per consultation
The above reimbursements have no yearly limits on the number of consultations.	
Prescriptions	$400 per Claims Year
Charges for prescription Drugs prescribed by a Medical Practitioner (all Bands) or registered nurse Band II.	
Other Paramedical Services	
Registered Optometrist	$50 per consultation
Acupuncture (Carried out by a Medical Practitioner Band I or II)	$40 per consultation
Chelation Therapy (Carried out by a Medical Practitioner Band I)	$40 per consultation
Registered Physiotherapist*	$50 per consultation $250 per Claims Year
Registered Orthoptist*	$200 per Claims Year
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.)	$300 per Claims Year
Registered Podiatrist*	$35 per consultation $175 per Claims Year
Ambulance (Emergency transportation only)	$180 per Claims Year
Registered Chiropractor* (Including x-rays and cost of medication)	$50 per consultation $250 per Claims Year
Registered Osteopath* (Including x-rays and cost of medication)	$50 per consultation $250 per Claims Year
NZ Registered Dietitian* or NSNZ registered Nutritionist*	$300 per Claims Year
Dental (not available when Plan 4 is purchased)	$100 per Claims Year

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

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)	$90 per Claims Year
Dental	75% of expenses incurred up to $500 per Claims Year
Prescription lenses/spectacles (including frames)	75% of expenses incurred up to $400 per Claims Year

Underwritten by Southern Cross Medical Care Society Phone **0800 800 181** www.southerncross.co.nz/society
Level 1, Ernst & Young Building, 2 Takutai Square, Auckland 1010
Private Bag 99934, Newmarket, Auckland 1149

0098/MC/1SXA373/0411