

How to join

- Call us on **0800 100 777** to discuss the best option for you.
- Join online at www.southerncross.co.nz/apply-now
- If your employer has a work scheme, call **0800 GET COVER (0800 438 268)** to speak to your Southern Cross consultant. Or you can discuss your options when they visit your organisation.

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Newmarket, Auckland 1149

Comparison chart

Compare the benefits of our policies

This comparison chart is designed to give you a general idea of some of the benefits offered under the policies listed. For full details of the benefits and maximums for each policy and any exclusions, limitations or other conditions that may apply please refer to the relevant policy document (available on request).

Standard & Poor's rating
Southern Cross Medical Care Society (trading as Southern Cross Health Society) has an A+ (Strong) financial strength rating given by Standard & Poor's (Australia) Pty Limited.

The rating scale is:

AAA (Extremely Strong)	AA (Very Strong)	A (Strong)
BBB (Good)	BB (Marginal)	B (Weak)
CCC (Very Weak)	CC (Extremely Weak)	SD or D (Selective Default or Default)
R (Regulatory Action)	NR (Not Rated)	

Ratings from 'AA' to 'CCC' may be modified by the addition of a plus (+) or minus (-) sign to show relative standing within the major rating categories. Full details of the rating scale are available at www.standardandpoors.com. Standard & Poor's is an approved rating agency under the Insurance (Prudential Supervision) Act 2010.

Benefit overview	Shared cover – lower premiums, but you pay a higher contribution towards your healthcare costs			Major medical cover	Extensive cover	Comprehensive cover
	KiwiCare and KiwiCare Budget ¹	RegularCare and RegularCare Budget ¹	SuperCare	Wellbeing One ¹	Wellbeing Two ²	UltraCare Base and UltraCare 400
	Your refund will be either the maximum in the column below or 80% of the actual cost (whichever is lower). Refer to the Schedule of Surgical Maximums for more information. Eligibility Criteria may apply.	Your refund will be either the maximum in the column below or 80% of the actual cost (whichever is lower). Refer to the Schedule of Surgical Maximums for more information. Eligibility Criteria may apply.	Your refund will be the maximum in the below column or the actual cost – whichever is lower . Eligibility Criteria may apply.	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.	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.	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.
SURGICAL TREATMENT						
General surgery	Refer to the Schedule of Surgical Maximums	Refer to the Schedule of Surgical Maximums	Refer to Coverage Tables	Up to \$100,000 per operation	Up to \$100,000 per operation	Unlimited
Minor surgery performed by a Medical Practitioner Band I	\$360 per operation	\$360 per operation	\$400 per operation	\$450 per operation	\$450 per operation	\$450 per operation
Minor skin surgery ³	\$6000 per claims year	\$6000 per claims year	\$6,750 per claims year	\$7,500 per claims year	\$7,500 per claims year	\$10,000 per claims year
CONSULTATIONS						
Band II, III and IV Medical Practitioner ² Oncologist Oral surgeon	Up to \$4,000 per claims year	Up to \$4,000 per claims year	Up to \$4,500 per claims year	Up to \$5,000 per claims year. All consultations (except for Oncologist) must be within 6 months of related eligible surgery	Up to \$5,000 per claims year	Up to \$10,000 per claims year
Psychiatrist consultations	\$600 per claims year	\$600 per claims year	\$675 per claims year	\$750 per claims year	\$750 per claims year	\$750 per claims year
Dietitian	\$80 per visit, \$400 per claims year	\$80 per visit, \$400 per claims year	\$90 per visit, up to \$450 per claims year	\$100 per visit, up to \$500 per claims year Must be within 6 months of related eligible surgery	\$100 per visit, up to \$500 per claims year	\$125 per visit, up to \$625 per claims year
IMAGING AND DIAGNOSTICS						
X-rays (excluding x-rays performed by a dentist or chiropractor) Mammography Ultrasound (excluding obstetrics and varicose vein (legs) treatment) Nuclear scanning (scintigraphy) CT/CAT scan (excluding calcium scoring) ³ MRI scan ³	Up to \$8,000 per claims year	Up to \$8,000 per claims year	Up to \$9,000 per claims year	Up to \$10,000 per claims year Must be within 6 months of related eligible surgery	Up to \$10,000 per claims year	Up to \$100,000 per claims year
PET/CT scan ³	\$2,000 per claims year	\$2,000 per claims year	\$2,250 per claims year	\$2,500 per claims year Must be within 6 months of related eligible surgery	\$2,500 per claims year	\$5,000 per claims year
TESTS						
Cardiac tests (limited to procedures listed in section 14 of the Schedule or List)	\$3,000 per claims year	\$3,000 per claims year	\$3,750 per claims year	\$5,000 per claims year Must be within 6 months of related eligible surgery	\$5,000 per claims year	\$5,000 per claims year
Diagnostic tests (limited to procedures listed in section 14 of the Schedule or List)	\$2,000 per claims year	\$2,000 per claims year	\$2,500 per claims year	\$3,000 per claims year Must be within 6 months of related eligible surgery	\$3,000 per claims year	\$3,000 per claims year
CANCER CARE						
Chemotherapy treatment/hospitalisation	Up to \$48,000 per claims year	Up to \$48,000 per claims year	Up to \$54,000 per claims year	Up to \$60,000 per claims year	Up to \$60,000 per claims year	Up to \$60,000 per claims year
Radiotherapy treatment ³	80% of the amount charged ⁴	80% of the amount charged ⁴	100% of the amount charged ⁴	100% of the amount charged ⁴	100% of the amount charged ⁴	Up to \$60,000 per claims year
DAY-TO-DAY TREATMENT						
Medical Practitioner Band I consultations	No cover	\$36 per visit (no annual limit)	\$45 per visit (no annual limit)	No cover	Add module for cover ⁵	\$100 per visit (no annual limit)
Prescriptions	No cover	\$400 per claims year	Up to \$500 per claims year	No cover	Add module for cover ⁵	\$600 per claims year
Laboratory tests	No cover	\$56 per claims year	Up to \$63 per claims year	No cover	\$70 per claims year	\$70 per claims year
Physiotherapy	No cover	\$30 per visit, up to \$180 per claims year	\$55 per visit, up to \$220 per claims year	No cover	Add module for cover ⁵	\$60 per visit, up to \$300 per claims year
Audiology consultations	No cover	\$40 per visit, up to \$128 per claims year	\$72 per visit, up to \$180 per claims year	No cover	Add module for cover ⁶	\$80 per visit, up to \$200 per claims year
Hearing tests	No cover	\$128 per claims year	Up to \$180 per claims year	No cover	Add module for cover ⁵	\$200 per claims year
Clinical psychology	No cover	No cover	\$95 per visit, up to \$380 per claims year	No cover	No cover	\$150 per visit, up to \$600 per claims year
RECOVERY AND SUPPORT						
Public hospital cash allowance (for overnight admissions)	\$30 per night, up to \$2,100 per claims year	\$30 per night, up to \$2,100 per claims year	\$30 per night, up to \$2,100 per claims year	\$50 per night, up to \$2,400 per claims year	\$50 per night, up to \$2,400 per claims year	\$50 per night, up to \$2,400 per claims year
Speech and language therapy (following surgery)	\$56 per consultation, up to \$280 per claims year Must be within 6 months following related eligible surgery	\$56 per consultation, up to \$280 per claims year Must be within 6 months following related eligible surgery	\$63 per visit, up to \$315 per claims year	\$70 per visit, up to \$350 per claims year Must be within 6 months following related eligible surgery	\$70 per visit, up to \$350 per claims year Must be within 6 months following related eligible surgery	\$80 per visit, up to \$400 per claims year
Ambulance allowance	No cover	\$144 per claims year	\$162 per claims year	\$180 per claims year	\$180 per claims year	\$180 per claims year
Home nursing	No cover	\$150 per day, up to \$900 per claims year (after 1 year continuous cover)	\$150 per day, up to \$900 per claims year (after 1 year continuous cover)	\$175 per day, up to \$2,800 per claims year Must be within 6 months following related eligible surgery	\$175 per day, up to \$2,800 per claims year Must be within 6 months following related eligible surgery	\$175 per day, up to \$2,800 per claims year
Obstetrics allowance (after 1 year of continuous cover)	No cover	\$700 per claims year	\$800 per claims year	No cover	\$1,500 per claims year	\$2,500 per claims year
NON SURGICAL HOSPITALISATION						
Hospital accommodation (excludes hospice, geriatric, oncology and psychiatric)	\$450 per night or day stay, up to \$48,000 per claims year	\$450 per night or day stay, up to \$48,000 per claims year	\$560 per night or day stay, up to \$54,000 per claims year	\$700 per night or day stay, up to \$60,000 per claims year	\$700 per night or day stay, up to \$60,000 per claims year	\$700 per night or day stay, up to \$60,000 per claims year
Psychiatric hospitalisation	\$450 per night or day stay up to \$2,250 per claims year	\$450 per night or day stay up to \$2,250 per claims year	\$560 per night or day stay up to \$2,800 per claims year	\$700 per night or day stay up to \$3,500 per claims year	\$700 per night or day stay up to \$3,500 per claims year	\$700 per night or day stay up to \$3,500 per claims year
Ancillary hospital charges	\$160 per claims year	\$160 per claims year	\$180 per claims year	\$200 per claims year	\$200 per claims year	\$200 per claims year
VISION CARE AND DENTAL						
Orthoptist	\$128 per claims year	\$128 per claims year	\$144 per claims year	No cover	Add module for cover ⁶	\$160 per claims year
Optometrist consultations	No cover	No cover	\$45 per visit, up to \$225 per claims year	No cover	Add module for cover ⁶	\$70 per visit, up to \$350 per claims year
Prescription glasses and contact lenses	No cover	No cover	No cover	No cover	Add module for cover ⁶	UltraCare Base: No cover; UltraCare 400: \$500 per claims year
Dental treatment	No cover	No cover	\$100 per claims year	No cover	Add module for cover ⁶	UltraCare Base: No cover; UltraCare 400: \$750 per claims year
AFTER 3 YEARS CONTINUOUS MEMBERSHIP						
Certain pre-existing conditions will qualify for normal benefit refunds	Refunded under Coverage Tables in the policy document or Schedule of Surgical Maximums	Refunded under Coverage Tables in the policy document or Schedule of Surgical Maximums	Refunded under relevant sections in the Coverage Tables	No cover	No cover	Refunded under relevant sections in the Coverage Tables

¹ Excess options are available. ² For more information about specialists and their Bands, please refer to the policy document. ³ This procedure must be carried out by an Affiliated Provider (on all plans except UltraCare). ⁴ Unless you are advised otherwise by Southern Cross and/or your Affiliated Provider. ⁵ Day-to-day Care module must be added to obtain cover.

⁶ Vision and Dental module must be added to obtain cover.