

Plan comparison

Compare the benefits of our policies



This plan comparison provides 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 at southerncross.co.nz/plans

Interested in joining?

Southern Cross Medical Care Society (Southern Cross) (trading as Southern Cross Health Society) is a licensed insurer and a licensed financial advice provider. For financial advice on Southern Cross products call 0800 100 777, or if your employer has a work scheme call 0800 438 268. For a free quote, visit southerncross.co.nz/quote or apply online at southerncross.co.nz/apply-now

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Benefit overview	SHARED COVER		BALANCED COVER	PREMIUM
	KiwiCare and RegularCare		Wellbeing One and Wellbeing Two	UltraCare and UltraCare 400
We will pay for 100 percent of expenses (unless otherwise stated) for eligible healthcare services, up to the policy limits.	KiwiCare covers 80% of the amount charged up to the policy limits for cancer care, surgical treatment, specialist consultations, diagnostic imaging and tests. RegularCare provides the same cover as KiwiCare but also provides a contribution towards day-to-day treatment. To help reduce premiums you can apply a \$500 excess.		Surgical plans that cover the actual costs of qualifying surgeries. Wellbeing One covers cancer care, surgical treatment, diagnostic imaging and tests and specialist consultations within 6 months of related eligible surgery, chemotherapy or radiotherapy. Wellbeing Two gives the advantage of cover for specialist consultations, diagnostic testing and imaging at any time. To reduce your premiums you can apply a \$500, \$1,000, \$2,000 or \$4,000 excess.	UltraCare Base provides cover for cancer care, surgical treatment, diagnostic imaging, tests, specialist consultations and day-to-day treatment. UltraCare 400 offers the same cover as the UltraCare Base plan, as well as prescription glasses/contact lenses and dental. Qualifying pre-existing conditions will be covered after 3 years (except under Cancer Cover Plus).
CHEMOTHERAPY AND RADIOTHERAPY				
Chemotherapy for cancer	\$48,000 per claims year ² (includes \$8,000 per claims year for non-Pharmac approved, Medsafe indicated chemotherapy drugs) OPTIONAL: Upgrade your chemotherapy for cancer cover to Chemotherapy 100 or Chemotherapy 300, see the back page for details.		\$60,000 per claims year ² (includes \$10,000 per claims year for non-Pharmac approved, Medsafe indicated chemotherapy drugs) OPTIONAL: Upgrade your chemotherapy for cancer cover to Chemotherapy 100 or Chemotherapy 300, see the back page for details.	\$60,000 per claims year (includes \$10,000 per claims year for non-Pharmac approved, Medsafe indicated chemotherapy drugs). OPTIONAL: Upgrade your chemotherapy for cancer cover to Chemotherapy 100 or Chemotherapy 300, see the back page for details.
Radiotherapy	Unlimited ²		Unlimited ²	Unlimited
Cancer Assist and Critical Illness	Optional cover available, see the back page for details.		Optional cover available, see the back page for details.	Optional cover available, see the back page for details.
SURGICAL TREATMENT				
Surgical procedures	\$100,000 ^{1,3} per operation		Unlimited ^{1,3}	Unlimited
Skin lesion removal under general anaesthetic or sedation, and Mohs	Refunded under surgical procedures ²		Refunded under surgical procedures ²	Refunded under surgical procedures
Skin lesion services with local or no anaesthetic	\$5,000 per claims year ^{6,9}		\$5,000 per claims year ^{6,9}	\$10,000 per claims year ⁶
GP minor surgery	\$800 per claims year		\$1,000 per claims year	\$1,000 per claims year
Sterilisation	No cover		No cover	Refunded under surgical procedures ⁵
DIAGNOSTIC IMAGING AND TESTS		Benefits with a * next to them must be performed within 6 months of related eligible surgery, chemotherapy or radiotherapy.		
Diagnostic imaging	\$8,000 per claims year ²		\$60,000 per claims year ^{2,*}	\$100,000 per claims year
Cardiac tests	\$3,000 per claims year		\$5,000 per claims year ^{2,*}	\$5,000 per claims year
Diagnostic tests	\$2,000 per claims year		\$3,000 per claims year ^{1,*}	\$3,000 per claims year
Laboratory tests	\$56 per claims year		Wellbeing One: No cover Wellbeing Two: \$70 per claims year	\$70 per claims year
CONSULTATIONS				
Specialist consultations	\$4,000 per claims year ¹²		\$5,000 per claims year ^{*,2,12}	\$10,000 per claims year ¹²
Psychiatrist consultations	\$600 per claims year ²		\$750 per claims year ²	\$750 per claims year
Dietitian consultations	\$400 per claims year ⁶		\$500 per claims year ^{*,6}	\$625 per claims year ⁶
RECOVERY AND SUPPORT				
Post-operative home nursing	\$900 per claims year ^{6,5}		\$2,800 per claims year ^{6,7}	\$2,800 per claims year ⁶
Post-operative speech and language therapy	\$280 per claims year ^{6,7}		\$350 per claims year ^{6,7}	\$400 per claims year ⁶
Post-operative physiotherapy	\$180 per claims year ^{6,7}		\$300 per claims year ^{6,7}	\$300 per claims year ^{6,7}
Ambulance allowance	\$144 per claims year		\$180 per claims year	\$180 per claims year
Travel and accommodation allowance	\$400 per claims year		\$500 per claims year	\$500 per claims year
Parent accommodation allowance	\$400 per claims year ⁶		\$500 per operation ⁶	Refunded under surgical procedures
Palliative care and treatment allowance	No cover		\$2,400 per claims year ⁴	\$2,400 per claims year ⁴
Accident and treatment injury top-up	For accident or treatment injury related to healthcare services where ACC have not provided full cover, Southern Cross will provide cover under the applicable benefit and associated annual limits and terms and conditions apply.		For accident or treatment injury related to healthcare services where ACC have not provided full cover, Southern Cross will provide cover under the applicable benefit and associated annual limits and terms and conditions apply.	For accident or treatment injury related to healthcare services where ACC have not provided full cover, Southern Cross will provide cover under the applicable benefit, associated annual limits and terms and conditions apply.
OBSTETRICS				
Obstetrics allowance	No cover		Wellbeing One: No cover Wellbeing Two: \$750 per claims year ⁵	\$1,000 per claims year ⁵
NON-SURGICAL TREATMENT				
IV infusion (non-cancer)	\$600 per claims year		\$750 per claims year	\$1,000 per claims year
Psychiatric hospitalisation	\$2,250 per claims year ⁶		\$3,500 per claims year ⁶	\$3,500 per claims year ⁶
Allergy services	\$600 per claims year ¹¹		\$750 per claims year ¹¹	\$1,000 per claims year
SURGICAL ALLOWANCES				
Gastric banding/bypass allowance	\$5,000 per lifetime ^{1,4}		\$7,500 per lifetime ^{1,4}	\$7,500 per lifetime ⁴
Bilateral breast reduction allowance	\$3,200 per lifetime ^{1,4}		\$5,000 per lifetime ^{1,4}	\$5,000 per lifetime ⁴
Post mastectomy allowance to achieve breast symmetry	\$6,500 per lifetime ¹		\$6,500 per lifetime ¹	\$6,500 per lifetime
Prophylactic treatment allowance	\$30,000 per lifetime ^{1,4,10}		\$40,000 per lifetime ^{1,4,10}	\$50,000 per lifetime ^{4,10}
Overseas treatment allowance	\$5,000 per claims year		\$30,000 per claims year	\$30,000 per claims year
DAY-TO-DAY SUMMARY	On top of the benefits listed above, RegularCare also offers some day-to-day treatment, see the back page under 'Day-to-day cover included in plans' for full details.		Optional modules available to add day-to-day benefits, see the back page under 'Wellbeing One and Two modules' for full details.	UltraCare has a wide range of day-to-day cover, to include prescription glasses/contact lenses and dental treatment consider UltraCare400. See the back page under 'Day-to-day cover included in plans' for full details.

*Must be performed within 6 months of related eligible surgical treatment or chemotherapy or radiotherapy to be covered. ¹Some healthcare services covered under this benefit must be performed by an Affiliated Provider. ²All healthcare services covered under this benefit must be performed by an Affiliated Provider. ³Prothesis maximums apply. ⁴Available after 3 years continuous cover ⁵Available after 1 year continuous cover. ⁶Sublimits apply. ⁷Must be performed within 6 months after eligible related surgical treatment or chemotherapy or radiotherapy. ⁸3 months stand down period. ⁹All healthcare services covered under this benefit must be performed by an Affiliated Provider or General Practitioner. ¹⁰Cover is not available where high risk status was present prior to the original date of joining. ¹¹All healthcare services covered under this benefit must be performed by an Affiliated Provider or General Practitioner who has an Easy claim agreement with us. ¹²Excludes psychiatrist and all skin lesion consultations.

Day-to-day cover included with plans

RegularCare Day-to-day treatment
80% of costs incurred up to the policy maximums

General Practitioner	\$45 per visit
Nurse	\$20 per visit
Prescriptions	\$400 per claims year
Physiotherapist	\$30 per visit up to \$180 per claims year
Orthoptist consultations	\$128 per claims year
Audiologist	\$40 per visit up to \$128 per claims year
Hearing test	\$128 per claims year

UltraCare Base Day-to-day treatment

General Practitioner	\$100 per visit
Annual health check	\$100 per claims year
Flu vaccination	One vaccination per claims year
Nurse	\$30 per visit
Prescriptions	\$600 per claims year
Physiotherapy	\$60 per visit up to \$300 per claims year
Chiropractor	\$60 per visit up to \$300 per claims year
Osteopath	\$60 per visit up to \$300 per claims year
Audiologist	\$200 per claims year
Hearing test	\$210 per claims year
Dietitian or Nutritionist	\$440 per claims year
Podiatrist	\$400 per claims year
Clinical Psychologist	\$150 per visit up to \$600 per claims year
Orthoptist	\$200 per claims year
Optometrist	\$70 per visit up to \$350 per claims year

UltraCare 400 Day-to-day treatment

UltraCare 400 offers the same day to day cover as the UltraCare Base plan, as well as the vision and dental healthcare services listed below.

Prescription glasses/contact lenses	\$500 per claims year
Dental	\$750 per claims year

Optional cover

HealthEssentials

A separate day-to-day health cover plan designed to help you actively take care of your health and keep costs down. You can claim up to \$1,650 in value every year. You will be reimbursed for 75% of the costs up to the policy maximums. Stand down periods may apply.

Cancer Assist

Provides you with a one-off payment if you are diagnosed with a qualifying cancer. You can use this payment for whatever you need, for example, mortgage payments and travel. You must hold a primary health insurance policy (excluding HealthEssentials) with Southern Cross Health Society in order to purchase Cancer Assist.

Critical Illness

Provides you with a one-off payment if you are diagnosed with a critical illness or suffer a trauma such as a heart attack, stroke, qualifying cancer or loss of independent living. You must hold a primary health insurance policy (excluding HealthEssentials) with Southern Cross Health Society in order to purchase Critical Illness.

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.

Wellbeing One and Two Modules

These modules are optional to add-on with the Wellbeing One and Wellbeing Two plans. Day-to-day and Vision and Dental module cannot be held with the Keeping Well module.

Keeping Well module

Flu vaccination	One vaccination per claims year
Prescriptions	\$100 per claims year
Clinical psychologist	\$100 per claims year

\$200 per claims year (in total) for the following healthcare services:
General Practitioner, Nurse, Optometrist, Audiologist and hearing tests, Dental

Body Care module

Dietitian or nutritionist	\$250 per claims year
Podiatrist	\$250 per claims year

\$500 per claims year (in total) for the following healthcare services:
Acupuncturist, Chiropractor or Osteopath, Homeopath or Naturopath, Registered massage therapist

Day-to-day module

Annual health check	\$90 per claims year
Flu vaccination	One vaccination per claims year
General Practitioner	\$65 per visit
Nurse	\$30 per visit
Prescriptions	\$600 per claims year
Physiotherapist	\$300 per claims year

Vision and Dental module

Prescription glasses and contact lenses	75% of expenses incurred up to \$500 per claims year
Optometrist	\$50 per claims year
Orthoptist	\$200 per claims year
Dental	75% of expenses incurred up to \$750 per claims year
Audiologist and hearing tests	\$200 per claims year
Brain stem evoked response tests	\$210 per claims year

Replacing policies

If you already have a healthcare policy or plan, you should be aware that changing policies comes with risks: Your new policy will have different benefits, conditions, exclusions and cover to your existing policy; any pre-existing medical conditions you have may not be covered under a replacement policy, and stand-down periods may apply (in relation to pre-existing conditions and other benefits). If you do not disclose to us any relevant information about your medical history, that could result in us declining a claim or voiding your policy, where you may already be covered for that condition/risk under your existing policy.

Cancer Cover Plus*

You can choose to upgrade your chemotherapy for cancer benefit from the base cover stated on the previous page.

Chemotherapy 100	\$100,000 per claims year for both Pharmac approved chemotherapy drugs and non-Pharmac approved, Medsafe indicated chemotherapy drugs
Chemotherapy 300	\$300,000 per claims year for both Pharmac approved chemotherapy drugs and non-Pharmac approved, Medsafe indicated chemotherapy drugs

*Cancer Cover Plus upgrades are fully underwritten regardless of any pre-existing condition concession. They cannot be purchased if you or any dependant on the policy is over 60 years old. Work scheme subsidy and discounts do not apply to Cancer Cover Plus.