

Wellbeing Two

Benefit summary



Wellbeing Two provides cover for cancer care, surgical treatment and specialist consultations, diagnostic imaging and tests whether or not you undergo surgical treatment.

TAILORING YOUR COVER

You can add the Keeping Well Module* (GP, vision, dental and other benefits), Body Care Module (preventative, allied and natural healthcare services), Day-to-day Module* and Vision and Dental Module*. To help reduce your premiums, you can apply an excess.

*Day-to-day and Vision and Dental modules cannot be held with the Keeping Well Module.

Effective from 22 October 2024.

Summary of benefits under **Wellbeing Two**

This document provides a summary of the benefits offered under **Wellbeing Two**. For comprehensive details on policy benefits, terms and conditions, maximums and exclusions that apply please visit southerncross.co.nz/plans. Here you can find the policy document and view the various documents that form part of the policy or you can contact us.

The documents that make up your policy include the eligibility criteria, the list of unapproved healthcare services, the list of prostheses and specialised equipment, the list of Affiliated Provider-only healthcare services, the list of policy variations and any changes that we make to these lists from time to time.

Claims year

This is not a calendar year, but each successive 12 month period from your claims anniversary date. Claims fall into the period based on the date of treatment, not the date of the claim or receipt.

BENEFITS	Wellbeing Two
	We'll cover 100% of the cost of eligible healthcare services, up to the relevant policy limit. Eligibility criteria may apply and some procedures are Affiliated Provider only. Refer to the policy document for details.

CHEMOTHERAPY FOR CANCER **Excess applies**

Chemotherapy for cancer (Base)	\$60,000 per claims year for Pharmac approved chemotherapy drugs. Maximum also includes \$10,000 per claims year for non-Pharmac approved Medsafe indicated chemotherapy drugs. Must be performed by an Affiliated Provider.
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Cancer Cover Plus - Optional chemotherapy for cancer upgrades

You can choose to upgrade your chemotherapy for cancer benefit from the base cover set out above. If you do not upgrade, Chemotherapy for cancer (Base) will apply.

Chemotherapy 100	\$100,000 per claims year for Pharmac approved chemotherapy drugs and non-Pharmac approved Medsafe indicated chemotherapy drugs. Must be performed by an Affiliated Provider.
Chemotherapy 300	\$300,000 per claims year for Pharmac approved chemotherapy drugs and non-Pharmac approved Medsafe indicated chemotherapy drugs. Must be performed by an Affiliated Provider.

RADIOTHERAPY **Excess applies**

Radiotherapy	Unlimited. Must be performed by an Affiliated Provider.
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SURGICAL TREATMENT **Excess applies (except for GP minor surgery and skin surgery with local or no anaesthetic)**

Surgical procedures	Unlimited (prosthesis maximums apply). Refer to the Affiliated Provider-only healthcare services list for the surgical procedures that must be performed by an Affiliated Provider.
Skin surgery under general anaesthetic or sedation, and Mohs	Refunded as per surgical procedures. Must be performed by an Affiliated Provider.
Skin surgery with local or no anaesthetic	\$5,000 per claims year. Includes \$1,000 per claims year when performed by a GP. Must be performed by an Affiliated Provider or General Practitioner. Includes all consultations related to skin lesions.
GP minor surgery	\$1,000 per claims year. Excludes consultations and skin lesion services.

SURGICAL ALLOWANCES

Breast symmetry allowance	\$10,000 per lifetime. Specialist consultations and diagnostic imaging must be performed by an Affiliated Provider.
Overseas treatment allowance	\$30,000 per claims year

RECOVERY **Must be within 6 months of related eligible surgical treatment, chemotherapy or radiotherapy**

Post-operative home nursing	\$175 per day, up to \$2,800 per claims year
Post-operative physiotherapy	\$60 per visit, up to \$300 per claims year
Post-operative speech and language therapy	\$70 per visit, up to \$350 per claims year

SUPPORT

Ambulance allowance	\$180 per claims year
Travel and accommodation allowance	\$500 per claims year
Parent accommodation allowance	\$100 per night, up to \$500 per operation
Accident and treatment injury top-up	For healthcare services related to an accident, treatment injury or work related gradual process injury where ACC have not provided full cover, Southern Cross will provide cover under the applicable benefit and associated policy limits and terms and conditions of cover will apply. We will refund up to 100% of the remaining balance of the eligible healthcare service, after the ACC contribution has been deducted.

IMAGING AND TESTS

Diagnostic imaging	\$60,000 per claims year. Must be performed by an Affiliated Provider.
Cardiac tests	\$5,000 per claims year. Must be performed by an Affiliated Provider.
Diagnostic tests	\$3,000 per claims year. Refer to the Affiliated Provider-only healthcare services list for the diagnostic tests that must be performed by an Affiliated Provider.
Laboratory tests	\$70 per claims year

CONSULTATIONS

Specialist consultations	\$5,000 per claims year. Excludes psychiatrist and all skin lesion consultations. Must be performed by an Affiliated Provider.
Psychiatrist consultations	\$750 per claims year
Dietitian consultations	\$100 per consultation, up to \$500 per claims year.

NON SURGICAL TREATMENT

IV infusions (non-cancer)	\$750 per claims year. For IV infusions of Medsafe indicated drugs provided by or under the care of a Specialist in an approved facility. Excludes consultations and the cost of non-Pharmac approved drugs.
Psychiatric hospitalisation	\$3,500 per claims year
Allergy services	\$750 per claims year. Must be performed by or under the care of an Affiliated Provider or a General Practitioner with an Easy-Claim agreement with us.

AFTER 1 YEAR CONTINUOUS COVER Excess applies (except for Obstetrics allowance)

Obstetrics allowance	\$750 per claims year
Extraction of unerupted or impacted teeth	Refunded as per surgical procedures

AFTER 3 YEARS CONTINUOUS COVER

Gastric banding/bypass allowance	\$7,500 per lifetime. Specialist consultations and diagnostic imaging must be performed by an Affiliated Provider.
Breast reduction allowance	\$15,000 per lifetime. Specialist consultations and diagnostic imaging must be performed by an Affiliated Provider.
Prophylactic treatment allowance	\$40,000 per lifetime. Specialist consultations and diagnostic imaging must be performed by an Affiliated Provider.
Palliative care and treatment allowance	\$2,400 per claims year

Interested in joining?

Call **0800 100 777**, or if your employer has a work scheme call **0800 438 268**

For a free quote, or to apply, visit **join.southerncross.co.nz/quote**

Already a member?

For member queries, please call **0800 800 181**