

HealthEssentials

Policy document

Effective from 22 October 2024



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Our financial strength rating is A+ (Strong)

Southern Cross Medical Care Society, trading as Southern Cross Health Society, is the insurer of this *policy*.

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

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)

Ratings from 'AA' to 'CCC' may be modified with a plus (+) or minus (-) sign to show relative standing within the major rating categories. Full details of the rating scale are available at spglobal.com/ratings/en/about/intro-to-credit-ratings

Standard & Poor's is an approved rating agency under the Insurance (Prudential Supervision) Act 2010.

All dollar amounts are in New Zealand dollars and include GST

All references to dollar amounts in this policy document mean New Zealand currency and include GST.

Underwritten by:

Southern Cross Medical Care Society, Level 1, Te Kupenga, 155 Fanshawe Street, Auckland 1010.



As part of our commitment to you, this document meets the WriteMark Plus Plain Language Standard. The WriteMark Plus is a quality mark awarded to documents that achieve a high standard of plain language.

How to contact us

If you want to get in touch, you can reach us in a few ways.

- Enquire online, at southerncross.co.nz/contact
- Phone us from New Zealand on **0800 800 181**, or from overseas on **+64 9 979 9212**
- Send us a letter, to **Southern Cross Health Society, Private Bag 99934, Newmarket, Auckland 1149, Freepost Authority 1440.**

If you would like to make a complaint

If you have a complaint about our treatment of your *policy* or the service we've provided (including financial advice, a claim, a benefit entitlement, or our decision to cancel your *policy*), please tell us so we can work with you to resolve your concerns.

> **To make a complaint, contact us directly using our details above. Or, visit our website for more information on our complaints and dispute resolution process at southerncross.co.nz/complaints**

To resolve a complaint about your membership of Southern Cross, please refer to the Rules of Southern Cross at southerncross.co.nz/rules or contact us.

You can contact the Ombudsman if you're not satisfied

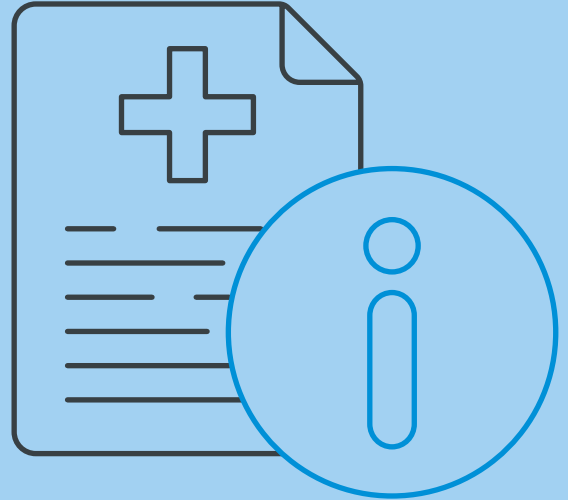
We're part of the Insurance & Financial Services Ombudsman's approved dispute resolution scheme (IFSO). This scheme is a free and independent dispute resolution service that helps investigate or resolve complaints for consumers.

If you're not satisfied with our response to your complaint or your complaint is not resolved, you can refer it on to IFSO.

> **For more information about IFSO or to contact them about a complaint, call 0800 888 202, or visit ifso.nz**

A

Welcome to your HealthEssentials plan



Thank you for choosing us to take care of your health insurance needs.

We want to make sure you understand your health insurance

Take your time to read this policy document and the other documents that make up your health insurance *policy* listed on **page 6** to make sure you understand your cover.

This policy document explains the benefits, and terms and conditions of your policy

This policy document explains what is and isn't covered, the *annual limits*, the terms and conditions of cover, how to make a claim, and your responsibilities under this *policy*.

We may make changes to this policy document from time to time, and this may change your cover under this *policy*. See the heading 'We may make changes that affect your policy' on **page 7**.

> **To access the latest policy document, contact us (see page 4 for contact details) or visit southerncross.co.nz/plans**

Some words in this policy document have specific meanings

When we use the following words in this policy document, here's what we mean.

- 'We', 'us', 'our' and 'Southern Cross' mean Southern Cross Medical Care Society, trading as Southern Cross Health Society – our registered office is at Level 1, Te Kupenga, 155 Fanshawe Street, Auckland 1010.
- 'You' and 'your' mean the *policyholder* and any *dependant* listed on the *membership certificate*.
- 'Cover' means the amount we'll pay for *eligible* claims as detailed under each benefit in the section 'What the HealthEssentials plan covers' from **page 9**.

Words in italics are defined in the 'Glossary of terms'

You'll also notice that some words and phrases in this policy document are in italics, *like this*. These words and phrases have specific meanings. They are defined in the 'Glossary of terms' from **page 25**.

Headings in this document are for your convenience only

We have used descriptive headings in this policy document to help you find information. You should not rely on these headings to interpret the terms and conditions of your *policy*.

The documents that make up your health insurance policy

Your health insurance *policy* is made up of:

- this policy document
- your application form
- your *membership certificate*
- the list of policy variations
- any changes made to the above documents from time to time.

These documents are designed to be read together to outline the cover your *policy* provides.

Your application form and *membership certificate* are specific to your *policy* only. The *policyholder* can request a copy of these by contacting us or they can view their *membership certificate* on MySouthernCross.

We may make changes from time to time that could affect your cover under this *policy*. See the heading 'We may make changes that affect your policy' on **page 7**.

> To access the latest version of the policy document and the list of policy variations, contact us (see page 4 for contact details) or visit southerncross.co.nz/plans

Your membership certificate contains information specific to your policy

Your *membership certificate* contains:

- the key dates relevant to your *policy*
- the people covered under your *policy*
- the name of your plan
- the *policyholder's* Southern Cross membership number
- any other information specific to your *policy*.

If information on your *membership certificate* contradicts what's stated in this policy document, the information on your *membership certificate* takes precedence over this policy document.

The list of policy variations sets out variations to your policy terms and conditions

This is a list of variations to your policy terms and conditions that may apply from time to time. These variations include the way we treat some *exclusions* (those listed from **page 13**) and certain benefit terms, or new ways of delivering *healthcare services* we're testing. This may mean you can access additional cover while these variations are included on the list of policy variations published on our website.

When cover starts under your policy

The *policyholder's* cover under this *policy* starts on the *policy start date* and a *dependant's* cover starts on the date we've added them to this *policy*. These dates are specified on your *membership certificate*.

A 3-month stand-down period applies to certain benefits. This means that for the first 3 months after the *policyholder* or *dependant's* cover starts, they won't be able to claim under these benefits for any *healthcare services* they receive during that period.

The terms of each benefit (starting from **page 9**) state if the 3-month stand-down period applies.

We may make changes that affect your policy

We regularly review our health insurance plans to ensure they remain relevant. So, from time to time we may change the *healthcare services* that are *eligible*, the scope of cover, terms and conditions of your *policy*, and your premiums.

If we change this policy document or your premiums, we'll tell the *policyholder* in writing what the changes are and the date that the changes will apply (this might be through MySouthernCross). The *policyholder* is responsible for telling *dependants* about any changes to the *policy*.

We regularly update the list of policy variations that forms part of your policy

The list of policy variations forms part of your *policy* and is regularly updated as we continuously review how we cover *healthcare services* and certain technology. So, you should always refer to our website at southerncross.co.nz/plans for the latest version.

The policyholder can cancel this policy if they don't like the changes

If you're unhappy with any changes we're making, the *policyholder* can contact us within 1 month of the notification of changes to discuss options (see **page 4** for contact details), or they can cancel this *policy*.

If the *policyholder* chooses to cancel this *policy*, we'll keep covering you for any period for which the premiums have been paid.

Who can be covered under the HealthEssentials plan

The HealthEssentials plan is only available to:

- New Zealand citizens
- New Zealand residents, and
- those who are entitled to publicly funded healthcare for all services as determined by the New Zealand Ministry of Health from time to time.

How the HealthEssentials plan works with ACC and the public health system

The New Zealand public healthcare system provides cover for all New Zealand residents for *acute care* and some elective treatment.

ACC provides no-fault injury cover for everyone in New Zealand.

The HealthEssentials plan is designed to complement the services provided by ACC and the New Zealand public healthcare system. This is why this plan does not provide cover for *healthcare services* related to an *accident*, *treatment injury* or *work-related gradual process injury* that ACC is legally responsible for. In some cases, ACC will not pay the full amount charged for your treatment. In these cases, you may be able to make a claim under your *policy* – refer to the ‘Accident and treatment injury top-up’ benefit on **page 12**.

How your Southern Cross membership works

By applying for this *policy*, the *policyholder* has also applied for membership of Southern Cross for themselves and their *dependants* covered under this *policy*.

By applying for membership, the *policyholder* agrees (both for themselves and on behalf of their *dependants*) to be bound by the Rules of Southern Cross Medical Care Society.

> **Read the Rules of Southern Cross Medical Care Society on our website at southerncross.co.nz/rules, or contact us if you have questions or want to request a copy (see page 4 for contact details)**

If the *policyholder*'s membership of Southern Cross is terminated for any reason (including death), this *policy* will be terminated.

If this *policy* is terminated (for whatever reason), the *policyholder* and any *dependant*'s membership of Southern Cross will end.

The *policyholder* can cancel this *policy* during the 14-day review period referred to under ‘Cancelling within 14 days’ on **page 20**. If this happens, then the *policyholder* and any *dependant*'s membership of Southern Cross will end from the date that the 14-day review period started.

B

What the HealthEssentials plan covers



This section details the *healthcare services* covered by the HealthEssentials plan.

The *annual limits* outlined under the benefits in this section apply to each person covered under your *policy* individually and revert to their maximum levels at the start of each *claims year*.

We'll cover up to 75% of the cost of *eligible healthcare services*. *Eligible* means all of the following apply:

- it's a *healthcare service* covered under or listed in this section
- it complies with any applicable terms and conditions
- it's an *approved treatment*
- costs have been incurred for the *healthcare service*
- it's not excluded under your *policy*
- it's performed in private practice by a *health services provider* with registration relevant to the *healthcare service*.

Contact us (see **page 4** for contact details) if you're unsure whether a *healthcare service* is covered under your *policy*.

We're not liable for the quality of the healthcare services you receive

We're not liable for the quality, standard, or effectiveness of any *healthcare services* you receive. This includes any actions of the *health services provider* or any of their employees or agents.

Primary care

\$250 each *claims year*

This benefit covers the following primary care *healthcare services*.

- **General practitioner and nurse services**

Consultations and treatment performed by a *general practitioner or nurse*.

- **Prescriptions**

Drugs prescribed by a *medical practitioner or nurse*. This excludes cover for drugs that are not *Pharmac approved*.

- **Annual health check**

Performed by a *medical practitioner or nurse*.

We'll reimburse 75% of the actual costs incurred, to a combined maximum of \$250 each *claims year*.

Dental care

\$500 each *claims year*

This benefit covers dental consultations and treatment performed by an oral health practitioner, including a dental hygienist, who is registered with the Dental Council of New Zealand.

We'll reimburse 75% of the actual costs incurred, to a combined maximum of \$500 each *claims year*.

A 3-month stand-down applies to this benefit.

Eye care

Consultations: \$100 each *claims year*
Prescription glasses and contact lenses:
\$250 each *claims year*

This benefit covers the following eye care *healthcare services*.

- **Optometry consultations**
Performed by an optometrist.
- **Prescription glasses and prescription contact lenses**
Prescribed by an optometrist or optician. This benefit is only available for glasses and lenses prescribed for change of vision or replacement due to loss or damage.

Optometrists and opticians providing the *healthcare services* must be registered with the New Zealand Optometrists and Dispensing Opticians Board.

For consultations, we'll reimburse 75% of the actual costs incurred, to a maximum of \$100 each *claims year*.

For the purchase of prescription glasses and prescription contact lenses, we'll reimburse 75% of the actual costs incurred, to a maximum of \$250 each *claims year*.

A 3-month stand-down applies to this benefit.

Ear care

\$300 each *claims year*

This benefit covers the following ear care *healthcare services*.

- **Audiology consultations**
Performed by an audiologist.
- **Hearing tests**
Performed by an audiologist or audiometrist.

Audiologists and audiometrists providing the *healthcare services* must be members of the New Zealand Audiological Society.

We'll reimburse 75% of the actual costs incurred, to a combined maximum of \$300 each *claims year*.

Self care

\$250 each *claims year*

This benefit covers *healthcare services* performed by the following *health services providers*.

- **Acupuncturist**

Who is registered with the Chinese Medicine Council of New Zealand (CMCNZ) or the NZ Chinese Medicine and Acupuncture Society (NZCMAS).

- **Registered massage therapist**

Who is level 6 or higher and is registered with Massage New Zealand.

- **Chiropractor**

Who is registered with the New Zealand Chiropractic Board.

This excludes cover for medication.

- **Osteopath**

Who is registered with the Osteopathic Council of New Zealand.

This excludes cover for medication.

- **Dietitian**

Who is registered with the New Zealand Dietitian Board. This excludes cover for the cost of food and food substitutes.

- **Nutritionist**

Who is registered with the Nutrition Society of New Zealand or the Clinical Nutrition Association. This excludes cover for the cost of food and food substitutes.

- **Physiotherapist**

Who is registered with the Physiotherapy Board of New Zealand.

- **Rongoā Māori practitioner**

Who is registered with ACC or *Health NZ Te Whatu Ora* to provide rongoā Māori consultations and treatment. This excludes the cost of food and food substitutes.

We'll reimburse 75% of the actual costs incurred, to a combined maximum of \$250 each *claims year*.

Accident and treatment injury top-up

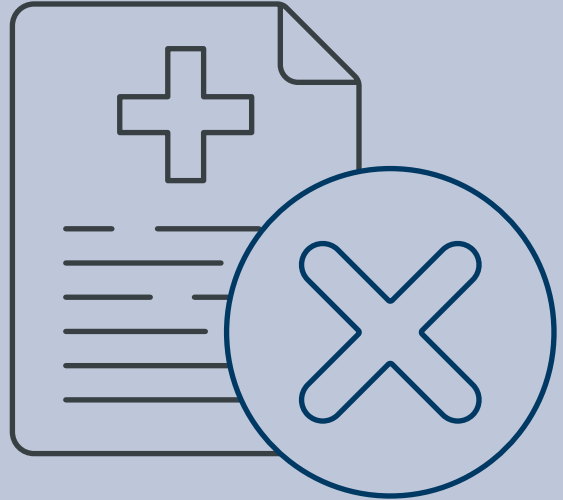
If your ACC entitlement doesn't cover you for the full amount charged for *healthcare services* related to an *accident*, *treatment injury* or *work-related gradual process injury*, you can make a claim for the shortfall under the relevant benefit if that *healthcare service* is covered under your *policy*. The *annual limits*, terms and conditions of that benefit will apply.

If you need a *healthcare service* related to an *accident*, *treatment injury*, or *work-related gradual process injury*, you must do everything you reasonably can to obtain ACC approval for payment of the cost of your *healthcare service*. This includes signing all documents and doing everything necessary to enable us to protect any entitlement from ACC.

We'll cover up to 75% of the remaining cost of the *eligible healthcare service* after the ACC contribution has been deducted, up to the *annual limits* for the relevant benefit.



What the HealthEssentials plan doesn't cover



Your *policy* doesn't cover any costs related to, or incurred as a consequence of, certain conditions, *healthcare services*, or situations. These *exclusions* apply to all benefits available under your plan unless we've specified otherwise in this policy document, or the list of policy variations published on our website at southerncross.co.nz/plans

ACC covered healthcare services

We don't cover any costs for *healthcare services* that are related to, or incurred as a consequence of, any *accident, treatment injury* or *work-related gradual process injury*, except for what you're entitled to under the 'Accident and treatment injury top-up' benefit on **page 12**.

Administrative charges

We don't cover any administrative charges such as statement fees, cancellation fees, or non-attendance fees.

Non-Pharmac approved drugs

We don't cover any costs for drugs that are not *Pharmac approved*.

Pregnancy and childbirth

We don't cover any costs related to, or incurred as a consequence of, pregnancy and childbirth, except for what we cover under the 'Primary care' benefit for prescriptions (**page 10**) and under the 'Self care' benefit for physiotherapist (**page 12**).

Termination of pregnancy

We don't cover any costs related to, or incurred as a consequence of, termination of a pregnancy.

Infertility or assisted reproduction

We don't cover any costs related to infertility or assisted reproduction.

Cosmetic treatments and procedures

We don't cover any costs related to, or incurred as a consequence of, any surgery, procedure or treatment that changes, improves, or enhances appearance, regardless of whether it was done for medical, physical, functional, psychological, or emotional reasons.

Examinations required by a third party

We don't cover any costs related to any examination required by a third party (including preparing reports) such as physical examinations for life insurance, travel insurance and driver licence.

Vaccinations

We don't cover any costs related to vaccinations.

Treatment for any condition not detrimental to health

We don't cover any costs related to, or incurred as a consequence of, treatment for any medical condition that's not causing significant problems to your physical health.

Healthcare services that are not approved treatment

We don't cover any costs related to, or incurred as a consequence of, *healthcare services* that are not *approved treatment*, as defined in the 'Glossary of terms' on **page 25**.

Healthcare services provided at a public facility

We don't cover any costs for *healthcare services* provided at a public facility that is directly or indirectly controlled by *Health NZ Te Whatu Ora*, except where we've approved it in writing before you receive the treatment.

Healthcare services provided outside of New Zealand

We don't cover any costs related to, or incurred as a consequence of, *healthcare services* provided outside of New Zealand.

Healthcare services provided by a person who is not a health services provider

We don't cover any costs related to *healthcare services* provided by a person who is not a *health services provider*, as defined in the 'Glossary of terms' on **page 27**.

Healthcare services for skin using digital imaging technology

We don't cover any costs related to *healthcare services* using technology (such as digital computer images) to help monitor and diagnose skin cancers and other skin lesions - for example, mole mapping.

Sterilisation

We don't cover any costs related to, or incurred as a consequence of, sterilisation or its reversal - for example, vasectomy.



How to make a claim



This section explains what you need to do when you make a claim.

Apply online, through our app, using Easy-Claim, or by contacting us

You can make a claim:

- online through MySouthernCross, at mysoutherncross.co.nz
- through our MySouthernCross app, available through the Apple App Store or Google Play
- using *Easy-Claim* at selected *health services providers*
- by contacting us using our details on **page 4**.

The mandatory fields on the claim must be fully completed to make sure your claim can be processed promptly.

Send us a copy of your itemised receipts

Make sure you keep your original itemised receipts and send us legible photographs or scanned copies along with your claim. We do not accept EFTPOS or credit card receipts.

To help us process your claim, please send us your receipts within 12 months from the date you received the *healthcare service*.

You can use Easy-Claim to claim for everyday healthcare services

Easy-Claim is a convenient way to authorise *health services providers* to claim electronically on your behalf for *eligible healthcare services* they've provided to you at the time of purchase or service.

The providers that offer *Easy-Claim* are our *Easy-Claim* partners and they can check whether you're covered for a particular product or *healthcare service* immediately and make a claim on your behalf.

> You can see which *health services providers* offer electronic claiming via *Easy-Claim* on our website at healthcarefinder.co.nz

Your Southern Cross Member card is an accepted form of identification to enable you to authorise claims electronically. Any claim you make using *Easy-Claim* is treated by us as a claim under your *policy* and lets us know that you've authorised us to pay the *health services provider* directly. You'll need to pay the provider any remaining balance that you're responsible for.

The first time you claim electronically through *Easy-Claim* for *eligible drugs* at a pharmacy, you're electing to electronically claim for that and any future *eligible drugs* that you get from that pharmacy. You must tell us or the pharmacy if you don't want any future *eligible drugs* to be automatically processed through *Easy-Claim*.

Other things you should know about making a claim

These additional terms and conditions apply to any claim you make under this *policy*.

Tell us if you have cover under another policy or are entitled to payment from someone else

When you submit a claim for a *healthcare service*, you must tell us if you have cover under another insurance policy or if you're entitled to payment for the *healthcare service* from someone else. The amount you're covered for under your *policy* will be reduced by any payment from the other insurer or person.

You must take all reasonable efforts to make a claim from the other insurer or get payment from the other person who is liable to pay for the *healthcare service*. It's your responsibility to let us know about any other cover or payment you get for any *healthcare services* you're claiming for under your *policy*.

We have the right to recover from the *policyholder* any amounts we've covered for a *healthcare service* where the cost is recoverable from another insurer or other person.

If you have more than one policy with us, you're not entitled to claim for, or receive payment for, any amount higher than the actual cost of the *healthcare service* provided.

Annual limits apply to the amounts we pay

Annual limits are the maximum amount we'll pay for *eligible healthcare services* as stated in the section 'What the HealthEssentials plan covers' from **page 9**.

All *annual limits* under the benefits are for each individual person covered under this *policy* and revert to their maximum levels at the start of each *claims year*. These limits can't be carried over from one *claims year* to the next, and can't be transferred from one person to another.

We assign claims to the *annual limits* based on the date the *healthcare services* are provided, not the date of the receipt or the date you make a claim.

We may recover any amount you owe us

If we're entitled to recover any money from you relating to this *policy*, we can deduct the amount you owe us from any future claim payments or other payments we make to you.

We may not cover healthcare services provided by certain health services providers

In rare circumstances (such as fraud) where we don't recognise a *health services provider* for reimbursement, we will not cover any *healthcare services* they provide. In these instances, we will first let you know, and if the *healthcare service* is *eligible* for cover, we'll approve cover for it with another *health services provider*.

We may keep amounts you do not claim within 4 years

If you don't claim any payments or other amounts we owe you within 4 years, we may keep the payment.

E

Your responsibilities under this policy



This section explains your responsibilities under this *policy*.

The *policyholder* is ultimately responsible for this *policy*, for making any changes to it and ensuring the premiums are paid. We rely on the *policyholder* to provide complete and accurate information about themselves and any *dependants*.

You must pay your premiums

Your premiums pay for the cover we provide you under this *policy*. The *policyholder* is responsible for making sure the premiums are paid. Payments must be up to date before we can pay claims under this *policy*.

If your premiums are not paid up to date, we may deduct any outstanding premiums from any claim payment or other payments we make to you.

If the premiums remain unpaid for 3 months or more, we will cancel this *policy*.

You must not give us incomplete, false, or misleading information

We may decline claims or cancel this *policy* on written notice to the *policyholder* for any non-disclosure, misrepresentation, fraud, or material breach of the terms of the *policy* by the *policyholder* or any *dependant* if we find they have:

- provided incomplete, false, or misleading information
- committed fraud or materially breached the terms of this *policy*.

We may take legal action for any of the above, including recovery of any money owed to us.

Before we cancel your *policy* for any of the above reasons, we'll tell the *policyholder* in writing of the reasons why we are considering cancelling your *policy*. You'll have at least 7 days to provide a written explanation (including any relevant evidence) that you wish us to consider, and we'll reasonably consider your explanation.

> **If you're unhappy with our decision to cancel your *policy*, you can refer it to the Insurance & Financial Services Ombudsman (see page 4 for contact details).**

You must tell us if your contact details have changed

The *policyholder* must tell us immediately if their contact number, postal, residential, or email address has changed. They can also update their details in MySouthernCross.

We send all communications to the *policyholder*

We'll send all communications required to be sent by us relating to the *policyholder*, this *policy*, or any *dependant* to the *policyholder* only.

Policyholders will receive communications from us through MySouthernCross if they're registered. When we send communications in MySouthernCross, we'll also notify the *policyholder* by email, text, or in the MySouthernCross app that a communication is available to view. We consider a message delivered on the day we send the notification.

If the *policyholder* is not registered for MySouthernCross, we'll send the notice or communication to the *policyholder* at their last known email or postal address. When we send a notice or communication by email or to a postal address, we consider it to be delivered 3 working days after we send it.

The *policyholder* is responsible for keeping their *dependants* informed

The *policyholder* is responsible for telling *dependants* about any changes or information relating to this *policy*. We don't send communications directly to *dependants* covered under this *policy*.

If we can't contact the *policyholder*

If we can't contact the *policyholder* at their last known postal or email address, we will stop sending notices or communications in relation to this *policy* until they've updated their contact details. If this happens, the *policyholder* acknowledges and agrees that we've met all our obligations to send notices or communications to them.

F

Changing or cancelling your policy



This section sets out what you need to know about making changes to your *policy*, including adding or removing *dependants*, and cancelling your *policy*.

Cancelling within 14 days

We provide a 14-day review period from the date the *policyholder* receives this policy document and the *membership certificate*.

During this review period, the *policyholder* can cancel this *policy* and we'll refund all premiums that have been paid unless a claim has been made under this *policy*.

The *policyholder* can cancel this *policy* at any other time, but we will not refund any premiums already paid to us – instead we'll keep covering you for the period for which the premiums have been paid. The *policyholder* will remain liable for premiums due up to the date the cancellation takes effect.

Changing your policy

The *policyholder* can contact us at any time to change this *policy* to another Southern Cross health insurance policy (see **page 4** for contact details).

Changing your *policy* can affect your cover for *pre-existing conditions*, *annual limits*, and premiums. Talk to us about any proposed changes to fully understand the implications of changing your *policy*.

The policyholder must complete new health insurance medical declarations to change to another health insurance policy

To change your *policy* to another Southern Cross health insurance policy, the *policyholder* must complete new health insurance medical declarations for themselves and all *dependants* to be covered by the new policy.

The time you're covered under this HealthEssentials *policy* will not be considered when calculating continuous cover under another Southern Cross health insurance policy.

Cover for pre-existing conditions may not be available after changing your policy

We will not provide cover under your new policy for conditions that exist at the time the *policyholder* applies to change this *policy* unless we specifically agree to do so in writing. This is regardless of whether we provided cover for the condition under this HealthEssentials plan.

Changing how or how often premiums are paid may change the policy anniversary date

The *policyholder* can change the way *policy* premiums are paid and how frequently they're paid. If the *policyholder* changes the payment method or frequency, a new *policy anniversary date* may apply – check your *membership certificate* for the new *policy anniversary date* if the *policyholder* has made changes to your *policy*.

If your *policy* is part of a work scheme or association scheme, your *policy anniversary date* will be the anniversary of the commencement date of the scheme. This date will be the same each year unless there are changes made to the scheme, or the *policyholder* leaves the scheme.

Adding and removing dependants

The *policyholder* can contact us at any time to add *dependants* to this *policy* and remove them from it (see **page 4** for contact details).

The policyholder can add dependants to this policy

The *policyholder* can add *dependants* to this *policy* at any time except for children aged 21 years or older.

A *dependant's* cover starts on the date we've added them to this *policy*, as specified on your *membership certificate*, and this is the date we'll start charging premiums for their cover.

The *policyholder* is responsible for making sure the premiums are paid for any *dependant* added to this *policy* as part of the normal billing cycle.

The policyholder can remove dependants from this policy

The *policyholder* can remove a *dependant* from this *policy* at any time. The *policyholder* is responsible for removing *dependants* where the *policyholder* no longer requires the *dependant* to be covered by this *policy* (for example, following a marital separation or a death).

Adult children will automatically stay on the *policy* unless the *policyholder* specifically asks us to remove them, or the *policyholder's* work scheme or association scheme specifically asks us to remove them.

Adult children can get their own policy if they're removed from this policy

If the *policyholder* wants to remove *adult* children from this *policy*, the *adult* children can apply for their own Southern Cross health insurance policy if they want to remain covered by us.

Cancelling your policy

The *policyholder* can cancel this *policy* any time by contacting us (see **page 4** for contact details). Unless the *policyholder* cancels during the 14-day review period (**page 20**), we will not refund any premiums that have already been paid.

The *policyholder* remains liable for any premiums due up to the date the cancellation takes effect, and we'll continue to provide cover up to the date that the *policy* is paid to.

Your rights under the Consumer Guarantees Act

Nothing in this *policy* affects your rights under the Consumer Guarantees Act 1993.



Your regulatory protection



This section sets out information about your regulatory protection.

We protect your privacy

Your privacy is very important to us. We value the trust you place in us to handle your personal and health information the right way.

Our Member Privacy Statement sets out how we'll collect, store, use, and share your information, and how you can access and correct your personal information. We'll do this in accordance with the Privacy Act 2020 and the Health Information Privacy Code 2020.

Contact us (see **page 4** for contact details) if you have any questions about how we handle your personal and health information or to request access to or correction of your information.

> **To read the Member Privacy Statement, visit southerncross.co.nz/privacy**

We're licensed to provide financial advice

We're a licensed financial advice provider, which means that our sales staff can provide financial advice on our range of health insurance products.

We're regulated by the Financial Markets Authority and have duties under the Financial Markets Conduct Act 2013 and the Code of Professional Conduct for Financial Advice Services for that financial advice.

See our financial advice disclosure statement on our website to learn more about:

- the limits on the nature and scope of the financial advice service we provide
- how we address any conflicts of interest
- our duties
- our complaints and dispute resolution process.

> **Go to southerncross.co.nz/disclosure-statement**

We're part of several industry organisations

We're registered as a Friendly Society under the Friendly Societies and Credit Unions Act 1982.

We're also a member of:

- the Financial Services Council of New Zealand
- the Insurance & Financial Services Ombudsman scheme, and
- the International Federation of Health Plans.



Glossary of terms



This section explains the meanings of words and phrases that appear in italics throughout this policy document. Singular words in this section can also be taken to mean the plural and vice versa.

ACC

The Accident Compensation Corporation referred to in the Accident Compensation Act 2001 (or its successor).

Accident

An 'accident' as defined in the Accident Compensation Act 2001 (or its successor).

Adult

A person who is 21 years of age or older.

Annual limits

The maximum amount we'll pay for any one person in any 1 *claims year*.

Approved treatment

A *healthcare service* to which all the following apply:

- it's necessary to treat the health condition involved
- it's not experimental or unorthodox
- it's accepted and in common use by the relevant Australasian or New Zealand society or college
- it's widely accepted professionally as effective, appropriate, and essential based on recognised standards of the healthcare specialty involved.

Child

A person who is 20 years of age or younger.

Claims anniversary date

The date 12 months after the *policyholder* started on the current plan, and each anniversary after that, as specified on your current *membership certificate*.

Claims year

The first 12 months after the *policy start date*, and after that every 12 months from your *claims anniversary date*.

Dependant

Dependants are the *policyholder's* spouse or partner (or former spouse or partner), and any of their children (including stepchildren or adopted children), who are listed on your *membership certificate*.

Drugs

Pharmac approved subsidised prescription medicines (and non-subsidised diabetic test strips and needles only) that are not excluded under your *policy*.

Easy-Claim

Southern Cross Health Society Easy-Claim which allows electronic claiming through participating *health services providers*.

Eligible

A private *healthcare services* to which all the following apply:

- it's covered under or listed in the section 'What the HealthEssentials plan covers' on **page 9**
- it complies with any applicable terms and conditions
- it's an *approved treatment*
- costs have been incurred for the *healthcare service*
- it's not excluded under your *policy*
- it's performed in private practice by a *health services provider* with the registration relevant to the *healthcare service*.

Exclusions

Conditions, treatments, or situations that this *policy* does not cover, as listed in this policy document in the section 'What the HealthEssentials plan doesn't cover' from **page 13**.

General practitioner

A *medical practitioner* who either:

- is vocationally registered in general practice, or
- has general or provisional general registration and is practising in general practice.

Health NZ Te Whatu Ora

Health New Zealand Te Whatu Ora is the health entity established under the Pae Ora (Healthy Futures) Act 2022 (or its successor).

Health services provider

A *medical practitioner* or registered practising member of certain professions allied to medicine, who is practising in private practice and who we've approved to provide *healthcare services* under this *policy*.

Healthcare services

Any private minor surgery or other procedure, treatment, investigation, or consultation provided by a *health services provider*.

Medical practitioner

A medical practitioner who is in private practice and holds a current practising certificate issued by the Medical Council of New Zealand (MCNZ). They must have a scope of practice that is relevant to the applicable *healthcare service* and be following any restrictions placed on them by the MCNZ.

Membership Certificate

The document we send the *policyholder* from time to time that contains:

- the key dates relevant to your *policy*
- the people covered under your *policy*
- the name of your plan
- the *policyholder's* Southern Cross membership number
- any other information specific to your *policy*.

Nurse

A nurse who holds a current practising certificate issued by the Nursing Council of New Zealand (NCNZ). They must be practising within their scope of practice and following any restrictions placed on them by the NCNZ.

Original date of joining

The most recent date of joining Southern Cross for each person this *policy* covers, as shown on your *membership certificate*.

Pharmac

The Pharmaceutical Management Agency, a Crown entity established by the New Zealand Public Health and Disability Act 2000 (or its successor).

Pharmac approved

Any *drug* specifically listed by *Pharmac* on the New Zealand Pharmaceutical Schedule as being subsidised by the Government for use in your particular treatment.

We may consider any criteria, prescribing guidelines, rules, conditions, and restrictions that *Pharmac* publishes for that *drug*.

Policy

The insurance contract between the *policyholder* and us, which is made up of:

- this policy document
- your application form
- your *membership certificate*
- the list of policy variations
- any changes made to the above documents from time to time.

Policy anniversary date

The policy anniversary date as specified on your *membership certificate*. It's the anniversary date of your *policy start date*, from which we'll renew your *policy* for the following year.

The date is the same for all people this *policy* covers, regardless of when they joined.

If this policy is part of a work scheme or association scheme

If this *policy* is part of a work or association scheme, the policy anniversary date is the anniversary of the date that scheme started. It's the date from which we'll renew your *policy* for the following year, unless changes are made to the scheme, or the *policyholder* leaves the scheme.

Policyholder

The person in whose name this *policy* was issued, as stated on your *membership certificate*.

Policy start date

The date your *policy* starts, as shown on your *membership certificate*.

Policy year

The period of time between your *policy start date* and first *policy anniversary date*, and after that the period from one *policy anniversary date* to the next.

Pre-existing condition

Any health condition, sign, symptom, or event that the *policyholder* or *dependant* was aware of, or should reasonably have been aware of before the date they change this *policy* to another Southern Cross health insurance policy.

Treatment injury

A 'treatment injury' as defined in the Accident Compensation Act 2001 (or its successor).

Work-related gradual process injury

A personal injury caused by a work-related gradual process, disease, or infection as included in the definition of 'work-related personal injury' as defined in the Accident Compensation Act 2001 (or its successor).



**Southern Cross
Health Insurance**

Call us on **0800 800 181**
or visit southerncross.co.nz/society