

Eligibility criteria for prophylactic treatment allowance - effective from 14 December 2026

Southern Cross will only reimburse the cost for prophylactic treatment under the prophylactic treatment allowance when criteria **1, 2, 3 or 4** below are met for that member.

1. Breast - risk-reducing mastectomy and reconstruction

Southern Cross will only reimburse the cost of the eligible healthcare service if the member is considered high risk of breast cancer when **at least one** of the criteria a, b, c or d below is met for that member.

- a) High risk defined by a $\geq 30\%$ lifetime risk assessed on a validated risk-assessment models (NICE or equivalent)

OR
- b) Pathogenic high-penetrance genetic variants (for example BRCA1, BRCA2 or TP53)

OR
- c) Pathology-based contralateral breast risk (LCIS or invasive lobular carcinoma)

OR
- d) Prior therapeutic chest irradiation where future breast cancer risk is increased.

2. Ovarian - risk-reducing bilateral salpingo-oophorectomy

Southern Cross will only reimburse the cost of the eligible healthcare service if the member is considered to have a lifetime ovarian cancer risk of 5% or greater when **at least one** of the criteria a, b or c below is met for that member.

- a) A pathogenic genetic variant associated with hereditary ovarian cancer risk (for example, BRCA1, BRCA2, RAD51C, RAD51D, BRIP1, or mismatch repair genes)

OR
- b) Documented risk calculation from a validated risk assessment model (CanRisk, NICE or equivalent) demonstrating a lifetime ovarian cancer risk of $\geq 5\%$

OR
- c) Documentation by a clinical geneticist or genetics multidisciplinary team that the member's lifetime ovarian cancer risk is $\geq 5\%$ based on family history assessment.

3. Gastric - prophylactic total gastrectomy

Southern Cross will only reimburse the cost of the eligible healthcare service if the member has risk of hereditary diffuse gastric cancer or an equivalent inherited gastric cancer, when **at least one** of the criteria a or b below are met for that member.

- a) A pathogenic CDH1 variant with documented evidence supporting prophylactic gastrectomy from a clinical geneticist and upper gastrointestinal multidisciplinary team

OR

- b) Another specialist multidisciplinary team and clinical geneticist confirmed indication where prophylactic total gastrectomy is recognised as appropriate risk-management.

4. Eligibility criteria for other prophylactic treatment

- If a member requires prophylactic treatment other than the healthcare services covered under points 1, 2 and 3 above, a genetics report confirming a geneticist's support for prophylactic treatment is required. Eligibility for cover will be at Southern Cross' discretion.

Documentation requirements

All documentation must be retained for audit purposes and include sufficient supporting clinical evidence to demonstrate that these criteria have been met, including factors contributing to risk score and, where applicable, provision of the geneticist and/or pathology report and be made available on request by Southern Cross.

Please also ensure you are familiar with all **policy exclusions**, including:

- Acute care
- Congenital conditions
- Cosmetic treatment/procedures
- Health screening
- Treatment of any condition not detrimental to health
- Unapproved healthcare services.

Refer to the relevant policy document for specific conditions and exceptions that apply to these exclusions.