

PrimaryCare Plan

It's the security of knowing we're there

Effective 1 August 2023

PLEASE NOTE: All benefits in all sections apply to each person on the policy unless otherwise stated.
This plan refunds 100% of actual medical costs to the specified maximums unless otherwise stated.
All benefits included in this brochure are inclusive of GST charged by providers of service.

GENERAL MEDICAL EXPENSES

| General Practitioners | Per Visit | Per Year |
|---|-----------|-----------|
| Treatment and consultation by a Registered Medical Practitioner, including Dressings, Acupuncture, ECG | 35 | Unlimited |
| GP After Hours | Per Visit | Per Year |
| Home Visits | 25 | 50 |
| Registered Practice Nurse & Registered Nurse Practitioner | Per Visit | Per Year |
| Treatment and consultation by a Registered Practice Nurse or Registered Nurse Practitioner. | 35 | Unlimited |
| Prescriptions | Per Visit | Per Year |
| User part charges for Prescription items on the New Zealand Pharmaceutical schedule and prescribed by a Registered Medical Practitioner. Psychiatric medications prescribed by a Registered Medical Practitioner are now included in this benefit | 5 | 35 |
| Laboratory Tests | Per Visit | Per Year |
| The cost of Laboratory charges for occult blood or glucose tests, requested by a Registered Medical Practitioner | 20 | Unlimited |
| Specialist/Surgeon/Consultant Physician | Per Year | |
| Consultations following referral from a Registered Medical Practitioner | 2,000 | |

Imaging

Per Year

Treatment provided by a Registered Medical Practitioner in Private Practice

- Bone Density Scan
- X-Rays and Image Intensifiers
- Ultrasound
- Mammography, including surveillance
- Scintigraphy
- CT Scan
- MRI Scan
- PET Scan

Combined maximum 5,000

Physiotherapist

Per Visit

Per Year

Treatment by a Registered Physiotherapist

15

155

Ambulance

Per Year

Emergency ambulance call out, excluding injuries

120

"ACC" TOP UP BENEFIT

Non Hospital

The "shortfall" between actual costs and "ACC" refunds for out of hospital expenses incurred as a result of qualifying personal injury or employment related conditions are covered to the limits as shown under the General Medical Expenses and Minor Surgery benefit sections. NB: For a claim to qualify, "ACC" must have provided financial assistance towards treatment costs.

MINOR SURGERY

Registered Medical Practitioner or Registered Nurse/Nurse Practitioner

Per Visit

Per Year

Not requiring general anaesthetic, including preceding consultation and performed in practice rooms.

250

Unlimited

Registered Medical Specialist

Per Year

Not requiring General Anaesthetic, including preceding consultation and performed in specialist rooms.

500

Minor Skin Lesions Removed by a GP, Registered Nurse/Nurse Practitioner

Per Visit

Per Year

Performed by a Registered Medical Practitioner Registered Nurse/Nurse Practitioner in practice rooms.

550

1,100

ORAL SURGERY

All Oral Surgery performed by a Registered Oral Surgeon excluding, under all benefit categories, the extraction or surgical removal of teeth, implantation of teeth or costs of titanium implants.

In Professional Rooms

Per Visit

Per Year

Oral Surgeon's fees including consultation and post op care
Anaesthetist including anaesthetic supplies

500
200

Unlimited
Unlimited

| In Private Hospital | Per Admn | Per Year |
|---|-----------------|-----------------|
| Oral Surgeon's fees including consultation and post op care | 500 | Unlimited |
| Anaesthetist including anaesthetic supplies | 200 | Unlimited |
| Operating Theatre fee, all medication, dressings etc whilst in hospital | 1,460 | Unlimited |
| Accommodation | 4,340 | Unlimited |

HEALTH MAINTENANCE BENEFITS

| Vision Care | Per Year |
|--------------------------------------|-----------------|
| Treatment by a Registered Orthoptist | 120 |

| Cardiac Diagnostic Procedures | Per Year |
|--|-------------------------|
| <ul style="list-style-type: none"> • Holter Monitoring • Treadmill Exercise • Ambulatory BP Monitoring • Cardio Vascular Ultrasound • Stress Echocardiography | Combined maximum 200 |

PRIVATE HOSPITAL SURGICAL BENEFITS

Payments under this section are limited to the lesser of either 100% of the "Usual and Customary" costs of the procedure or the specific benefit entitlement(s) stated below. Please note: "Policy Excess" applies to either settlement method.

Policy Excess

The first \$150.00 of the TOTAL refundable costs per admission under this section are payable by the patient/member.

| Surgery | Per Admission | Per Year |
|--|----------------------|-----------------|
| An admission for Non Acute Qualifying "Surgical Procedure(s)", together with that procedure's associated recovery time, performed by a Registered Medical Specialist in a Licensed Private Surgical Hospital. | | |
| • Surgeon's fee | 1,550 | |
| • Anaesthetist's fee | 550 | |
| • Hospital fees, in a Licensed Private Hospital or Private Facility approved by UniMed for: | | |
| • Accommodation | 4,960 | |
| • Theatre fees and Anaesthetic supplies | 850 | |
| • Perfusionist | 400 | |
| • Intensive Care Nursing | 750 | |
| • Recovery Nurse | 40 | Unlimited |
| • X-Ray Examination, ECG | 500 | |
| • Intravenous Fluids, Irrigating Solutions, Dressings, Prescriptions and Antibiotics | 1,200 | |
| • Pre op Consultation | 75 | |
| • Emergency Ambulance for Hospital admission | 120 | |
| • Surgically Implanted Prostheses (50% of costs) | 3,000 | |
| • Laparoscopic Disposables | 750 | |
| • Devices and Appliances (crutches, toilet seat, shower stool, walking frame, darco shoe, moonboot, non-motorised wheelchair hire, mastectomy bra when recovering from surgery, and the initial pacemaker insertion) | 200 | |

Angiography

Per Year

Angiograms, Angioplasty including Hospitalisation,
Specialist and Ancillary fees
Angiogram
Angioplasty (Grant)

2,000
7,000

Post Operative Therapy

Post Operative Therapy up to six months following surgery:

- Occupational therapy
- Physiotherapy
- Speech and language therapy
- Osteopath
- Chiropractor
- Dietician consultations (excludes food/food substitutes)

Combined Maximum
500 Per Surgical Event

Lithotripsy

Per Year

Performed by a Registered Medical Specialist
Special conditions apply, refer to full conditions
of membership.

Lithotripter 3,200
Urologist 600
Anaesthetist 350
Hospital 310

4,460

Breast Reconstruction

Breast Reconstruction performed by a Registered Medical Practitioner in Private Practice.
Benefits and limit as per surgery section.

Breast Symmetry, Post Mastectomy

Per Lifetime

The costs of unilateral breast reduction surgery in order to achieve breast symmetry after a mastectomy for the treatment of breast cancer. This procedure must occur within 24 months after a mastectomy approved by UniMed under this policy.

3,000

Accident Surgery

Before Qualifying "Surgical Procedures" are undertaken UniMed must receive written confirmation from the "ACC" regarding their decision to either accept or decline your claim for surgery. Qualifying Injury Claim(s) that the "ACC" agree to accept will also be accepted by UniMed for 'top-up' coverage to the benefit levels applicable to the "Private Hospital Surgical Benefits" section. If "ACC" decline your claim UniMed will, at its sole discretion, either assist with the total cost of surgery or pay the difference between the actual cost of surgery and what the "ACC" would have contributed had your claim been accepted by them to the levels applicable to the "Private Hospitalisation Surgical Benefits" section. The first \$150.00 of the TOTAL refundable costs per admission under this section are payable by the patient/member.

PRIVATE HOSPITAL MEDICAL BENEFITS

Cover is provided for Non Acute Medical Hospitalisation (includes Geriatric) in a Licensed Private Hospital, on admission and under the care of a Registered Medical Practitioner. Refund of Hospital Accommodation fees, and ancillary hospital charges.

Per Year
3,000

PSYCHIATRIC HOSPITALISATION

In a Licensed Private Hospital on admission and under the care of a Specialist Psychiatrist. Refund of Hospital Accommodation fees, and ancillary hospital charges.

Per Year
3,000

ACUTE PRIVATE HOSPITALISATION MEDICAL/SURGICAL GRANT

An admission for an "Acute" Qualifying Medical Condition or "Surgical Procedure" under the care of a registered Medical Practitioner in a Licensed Private Hospital.

Per Year
1,860

CHEMOTHERAPY BENEFIT

Benefit payable for treatment by a Registered Oncologist in Private Practice. Benefit applies to the cost of materials, chemotherapy drugs which are Pharmac approved, plus hospital accommodation together with approved ancillary hospital costs. Included in this benefit is cover for Non-PHARMAC chemotherapy drugs that are Medsafe approved for the treatment of cancer, up to a maximum of \$4,600 per annum. Included in cover is genetic/genomic testing. Testing is payable following a cancer diagnosis and referral by a Registered Oncologist.

Per Year
30,000

SURVEILLANCE FOLLOWING CANCER TREATMENT

Following surgery or treatment for cancer, associated with an eligible claim under your policy, cover exists for Registered Specialist consultations and investigations related to the cancer diagnosis. The benefit applies from the end date of treatment, for a period of five consecutive years, up to a limit of \$3,000 per year.

RADIATION ONCOLOGY BENEFIT

Limited to Planning, Shielding and Accessories, Field Setup and XRT Simulation and performed in an approved Private Hospital facility.

Per Year
30,000

NON MEDICAL BENEFITS

Funeral Grant

Upon death by natural or accidental causes prior to age 65 of any person on the policy.

Per Life
600

LOYALTY BENEFITS

THESE BENEFITS RECOGNISE LONG TERM CONTINUOUS MEMBERSHIP

Overseas Treatment

Benefits apply after five years' continuous membership in this plan. A grant is payable of up to \$1,500. The procedure must be available in New Zealand, with eligible cover under your policy, but the member prefers to be treated overseas. The procedure must be performed by a medical practitioner who is registered to carry out the procedure in the country where the procedure is taking place. A referral for the procedure from a New Zealand Registered Medical Practitioner will be required. Reimbursement of travel or accommodation costs is excluded. Benefit payable as reimbursement on production of invoices and prior approval is required for the treatment to be eligible.

Need to know more before making your choice?

Phone UniMed's friendly, helpful staff now and secure your future. If calling from Christchurch please phone 03 365 4048.

Freephone: **0800 600 666**

Head Office

Union Medical Benefits Society Limited
165 Gloucester Street, Christchurch
PO Box 1721, Christchurch 8140
unimed.co.nz