

UniCare 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.

Voluntary Excess Option: Any voluntary excess selected will apply per claim and will be additional to the standard policy excess and any other deductibles applying to this plan.

PRIVATE HOSPITALISATION SURGICAL BENEFITS

Payments under this section are limited to 80% of the 'Usual and Customary' costs of the procedure up to the per admissions limit stated. All benefits included in this brochure are inclusive of GST charged by providers of service.

Compulsory Policy Excess: The first \$150.00 of the TOTAL refundable costs per admission under the Private Hospital Surgical Benefits section are payable by the patient/member.

Surgery

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
- Anaesthetist's fee
- Hospital fees, in a Licensed Private Hospital or Private Facility approved by UniMed for:
 - Accommodation
 - Theatre fees and Anaesthetic supplies
 - Perfusionist
 - Intensive Care Nursing
 - Recovery Nurse
 - X-Ray Examination, ECG
 - Intravenous Fluids, Irrigating Solutions, Dressings, Prescriptions and Antibiotics
- Pre op Consultation
- Emergency Ambulance for Hospital admission
- Surgically Implanted Prostheses
- Laparoscopic Disposables
- 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)

Per Admission

Per Year

60,000

No limit on number of admissions

Breast Reconstruction

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

ALL BENEFIT SECTIONS FROM THIS POINT FORWARD REFUND 100% OF ACTUAL MEDICAL COSTS TO THE SPECIFIED MAXIMUMS.

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
900 Per Surgical Event

In-Patient Non-PHARMAC Subsidised Pharmaceuticals

Per Year

Pharmaceuticals prescribed by a Registered Medical Practitioner which have been approved by Medsafe and are not fully or partly subsidised by PHARMAC through the New Zealand Pharmaceutical Schedule.

330

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.

6,500

Surgical Tests and Investigations

Per Year

Gastroscopy and/or Colonoscopy

5,000

Surveillance Colonoscopy or Gastroscopy

Per 24 Months

Payable where no signs or symptoms are present, reimbursement of 50% of actual costs up to limit. Limit of one procedure every 24 months.

Gastroscopy and/or Colonoscopy

2,500

Please note: if the procedure extends to a polypectomy, the claim will be considered under the Private Hospitalisation Surgical Admission benefit, and if applicable, the policy excess applies.

Angiography

Per Year

Angiograms, Angioplasty including Hospitalisation, Specialist and Ancillary fees.

Angiogram

2,500

Angioplasty (Grant)

8,400

Lithotripsy

Per Year

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

Lithotripter

3,800

Urologist

720

Anaesthetist

430

Hospital

380

5,330

Overseas Transplant

In the event of Heart, Lung, or Liver transplant surgery being required outside New Zealand, UniMed will assist with a once only grant of \$3,500.

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.

"PUBLIC HOSPITAL" BENEFITS

"Public hospital" Cash Grant

Surgical and Medical Admissions	Per Day	Per Year
When Admitted to Public Hospital for a full 24 hours or more. (Child Benefit - 50% of above. All injury admissions are excluded).	140	1,680

PRIVATE HOSPITALISATION 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
	3,500

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
	3,500

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
	2,220

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	350	Unlimited

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

Registered Medical Specialist**Per Year**

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

550

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 Admn****Per Year**

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

600

Unlimited

240

Unlimited

In Private Hospital**Per Admn****Per Year**

Oral Surgeon's fees including consultation and post op care.
Anaesthetist including anaesthetic supplies.
Operating Theatre fee, all Medication, Dressings etc whilst in Hospital.
Accommodation

600

Unlimited

240

Unlimited

1,750

Unlimited

5,180

Unlimited

CHEMOTHERAPY

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 \$5,900 per annum. Included in cover is genetic/genomic testing. Testing is payable following a cancer diagnosis and referral by a Registered Oncologist.

Per Year

38,500

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

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

Per Year

38,500

GENERAL MEDICAL EXPENSES

THIS BENEFIT SECTION REFUNDS 100% OF ACTUAL MEDICAL COSTS TO THE SPECIFIED MAXIMUMS.

General Practitioners**Per Visit****Per Year**

Treatment and consultation by a Registered Medical Practitioner, including Dressings, Acupuncture, ECG.

50

Unlimited

GP After Hours**Per Visit****Per Year**

Home Visits.

45

90

Registered Practice Nurse & Registered Nurse Practitioner	Per Visit	Per Year
Treatment and consultation by a Registered Practice Nurse or Registered Nurse Practitioner	35	Unlimited
<hr/>		
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.	20	120
<hr/>		
Non-PHARMAC Subsidised Pharmaceuticals		Per Year
Pharmaceuticals prescribed by a Registered Medical Practitioner which have been approved by Medsafe and are not fully or partly subsidised by PHARMAC through the New Zealand Pharmaceutical Schedule.		330
<hr/>		
Laboratory Tests	Per Visit	Per Year
The cost of Laboratory charges for occult blood or Glucose tests, requested by a Registered Medical Practitioner.	50	Unlimited
<hr/>		
Physiotherapist	Per Visit	Per Year
Treatment by a Registered Physiotherapist.	20	260
<hr/>		
Audiology	Per Visit	Per Year
Consultations and audiology testing fees by a Registered Audiologist.	60	200
Audiometric Tests: For Puretone, Audiometry, Impedance, Tympanometry, Brain-stem evoked response.		220
<hr/>		
Ambulance		Per Year
Emergency ambulance call out, excluding injuries		150
<hr/>		
Specialist/Surgeon/Consultant Physician		Per Year
Consultations following referral from a Registered Medical Practitioner.		4,000
<hr/>		
Imaging		Per Year
Treatment provided by a Registered Medical Practitioner in Private Practice.		
<ul style="list-style-type: none"> • Bone Density Scan • X-Rays and Image Intensifiers • Ultrasound • Mammography, including surveillance • Scintigraphy • CT Scan • MRI Scan • PET Scan 		Combined maximum 10,000

“ACC” TOP UP BENEFIT

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.

HEALTH MAINTENANCE BENEFITS

Home Care	Per Day	Per Year
Home Nursing by a Registered Nurse, following surgery in a Private Hospital on referral from a Registered Medical Practitioner.	100	600

Vision Care	Per Year
Treatment by a Registered Orthoptist.	170

Urodynamic Assessment	Per Year
Treatment by a Specialist Urologist.	800

Cardiac Diagnostic Procedures	Per Year
<ul style="list-style-type: none"> • Holter Monitoring • Treadmill Exercise • Ambulatory BP Monitoring • Cardio Vascular Ultrasound • Stress Echocardiography • Echocardiography • Transoesophageal Echocardiography 	Combined maximum 1,000

NON MEDICAL BENEFITS

Funeral Grant	Per Life
Upon death by natural or accidental causes prior to age 65 of any person on the policy.	600

LOYALTY BENEFITS

THESE BENEFITS RECOGNISE LONG TERM CONTINUOUS MEMBERSHIP.

Obesity Surgery or Breast Reduction Surgery	Per Lifetime
Benefits apply after five years' continuous membership in this plan. A one time grant is payable of 50% of actual costs up to benefit limit. For Breast Reduction Surgery, an underlying medical condition must apply. Excluding removal of implants or cosmetic reduction.	4,000

Overseas Treatment

Benefits apply after five years' continuous membership in this plan. A grant is payable of up to \$2,000. The procedure must be available in New Zealand 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.

Psychiatric Consultations	Per Visit	Per Year
Benefits apply after five years' continuous membership in this plan. Consultation with a psychiatrist who is vocationally registered in New Zealand.	100	Three Visits

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