

# Critical Diagnosis

## Welcome to UniMed

We're one of New Zealand's most experienced health insurance providers and specialise in creating tailor-made health and wellbeing Plans for people from a diverse range of workplaces and occupations.

Our organisation has been covering Kiwi workers for more than 40 years, with over 100,000 people benefiting from memberships with us. We're a not-for-profit mutual Society; **Our** Members own us. This means we're able to reinvest our profits into extra benefits for Members.

Our ongoing mission is to provide people like you with better access to health and wellbeing and to support you when you need it most.

Thanks for choosing us, we look forward to taking special, expert care of your health and wellbeing needs.

If you want to learn more about how we can support your health and wellbeing, please visit [unimed.co.nz](https://unimed.co.nz)

By becoming a Member with UniMed you are accepting the Rules of UniMed. These can be found on our website [unimed.co.nz/important-documents/](https://unimed.co.nz/important-documents/).

## Financial strength rating

We're proud to have an A (Excellent) Financial Strength Rating from AM Best - September 2022.

For information on UniMed's current Financial Strength Rating and the scale used by AM Best, please visit our website at: [unimed.co.nz/about-unimed/financial-strength/](https://unimed.co.nz/about-unimed/financial-strength/).

## Why do you need critical diagnosis cover?

A critical diagnosis (listed on pages 1 - 3) is life changing. There are often many decisions to make, for you and your family, many of which may affect you both emotionally and financially.

We hope this lump sum payment will help reduce the stress these decisions can have on you and your family, so you can focus on your health and wellbeing.

## How much can you claim?

Any persons listed on this plan can claim a single lump sum payment of \$25,000 once per lifetime from the list of over 30 conditions.

## What's not covered:

- Conditions present at birth, recognised at birth or diagnosed within the first 12 months after birth.
- Conditions diagnosed prior to the start of the cover.
- Conditions diagnosed from medical investigation(s) commenced prior to the start of cover.
- Conditions diagnosed from signs/symptoms that are evident prior to the start date of cover. This will be assessed on a case by case, with UniMed holding the right to a final decision on cover in this circumstance.
- Secondary or metastatic cancer of any primary cancer excluded under your plan.
- Disability or illness from misuse of alcohol, drugs, participation in a criminal act, or intentional self-injury. If loss of life occurs within 14 days after a confirmed diagnosis the benefit is not payable.
- Please refer to UniMed's Conditions of Membership along with this brochure for a full list of terms, conditions and rules. These can be download from our website at [unimed.co.nz](https://unimed.co.nz) and will be provided in your New Member Welcome pack.

## What's covered:

### Cancer

- Malignant tumour
- Prostate cancer (if Gleason score is greater than 6)
- Malignant melanoma (if greater than 1.5mm in thickness, graded higher than Clark level 3 depth of invasion and are ulcerated)
- Urinary bladder cancer/thyroid cancer (carcinoma must be greater than 10mm in diameter)
- Non-Hodgkin's lymphoma
- Hodgkin's lymphoma
- Leukaemia; acute lymphoblastic, chronic lymphocytic, acute myeloid and chronic myeloid.

# Critical Diagnosis

## Organ failure

If you have been advised that a transplant is an appropriate procedure for the following;

- Heart
- Liver
- Lung
- Kidney
- Pancreas
- Small bowel
- Bone marrow

## Cardiovascular

### Aortic surgery

When medically necessary to surgically repair or correct an aortic aneurysm; an obstruction of the aorta; a coarctation of the aorta.

### Heart valve surgery

Heart valve surgery performed to replace or repair one or more heart valves that cannot be repaired by intra-arterial procedures.

### Heart attack

As evidenced by typical rise and/or fall of cardiac biomarkers with at least one cardiac troponin (cTn) concentration exceeding the 99th percentile of a normal reference population (when baseline cTn concentration is less than the 99th percentile), plus at least one of the following: signs and symptoms of ischaemia which are consistent with myocardial infarction; or imaging evidence of new loss of viable myocardium or new regional wall motion abnormality; or new serial ECG changes with the development of any one of the following: ST elevation or depression; T wave inversion; new left bundle branch block (LBBB); or pathological Q waves.



## Loss of function and/or independent living

**Paraplegia/Tetraplegia/Hemiplegia** diagnosed by a neurologist or specialist physician and meet the criteria of “Loss of independent living.”

## Stroke

Excluding a transient ischaemic attack (TIA); and meet the criteria of “Loss of independent living.”

## Brain aneurysm

A brain aneurysm of any size where the intracranial aneurysm is confirmed by an appropriate specialist and has been treated surgically via clipping or endovascular surgery. This needs to be evidenced by neuro-imaging changes consistent with the signs and symptoms and meet the criteria of “Loss of independent living.”

## Parkinson’s disease

The specific diagnosis of stage 3 Parkinson’s disease as confirmed by a geriatrician, geriatric psychiatrist, neurologist or neuropsychologist.

## Alzheimer’s disease

The specific diagnosis of stage 4 Alzheimer’s disease, which must confirm permanent irreversible failure of brain function. The diagnosis must be confirmed by a geriatrician, geriatric psychiatrist, neurologist or neuropsychologist.

## Dementia

The specific diagnosis of stage 4 dementia, which must confirm permanent irreversible failure of brain function and result in significant cognitive impairment for which no other cause has been identified. Significant cognitive impairment means a deterioration or loss of intellectual capacity that results in a requirement for continual supervision to protect the life assured or others. The diagnosis must be confirmed by a geriatrician, geriatric psychiatrist, neurologist or neuropsychologist.

## Multiple sclerosis

There must be multiple (more than one) episode of well-defined neurological deficit with persisting neurological abnormalities diagnosed by a neurologist or specialist and meet the criteria of “Loss of independent living.”

# Critical Diagnosis

## Motor neurone disease

The specific diagnosis of motor neurone disease diagnosed by a neurologist.

## Muscular dystrophy

The specific diagnosis of muscular dystrophy diagnosed by a neurologist and meet the criteria of "Loss of independent living."

### What we mean by "Loss of independent living"

- A registered medical practitioner has confirmed that your 'loss of function' is a result of the condition being claimed for under critical diagnosis.
  - You haven't been able to do at least two of these five everyday tasks without help from another person for at least three months:
    1. Eat and drink
    2. Use a toilet
    3. Bath or shower
    4. Dress and undress (including grooming and fitting of artificial limbs)
    5. Move between a bed, chair or wheelchair (or move from place to place).
- OR**
- You have scored 17 or under on the Montreal Cognitive Assessment (MOCA).
- OR**
- You have not been able to walk at least 15 metres without help (with or without a device) for at least 3 months.

### Other conditions covered

- Crohn's disease (where permanent immunosuppressive medication is required or the entire large bowel has been removed)
- Rheumatoid arthritis (stage 4)
- Ankylosing spondylitis (grade 4)
- Ulcerative colitis disease (where permanent immunosuppressive medication is required or the entire large bowel has been removed)



- Advanced Type 1 diabetes (if either diabetic retinopathy resulting in visual acuity uncorrected and corrected of 6/36 or worse in both eyes, diabetic neuropathy causing motor and/or autonomic impairment, diabetic gangrene requiring surgical intervention or diabetic neuropathy causing irreversible stage 4 renal impairment occurs)
- Removal of large bowel
- Aplastic Anaemia (when either a blood transfusion, marrow stimulating agent, immunosuppressive agent, bone marrow transplant or haemopoietic stem cell transplant has occurred)
- Chronic Obstructive Pulmonary Disease (stage 3 or 4)
- Cystic Fibrosis
- Polycystic Kidney Disease (stage 4 or 5).

### **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**

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