



Your insurance plan

# Hospital Select

Effective 1 April 2025

HealthCare+  
It's good to belong

UniMed



And Affiliate Unions

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## Welcome to Hospital Select a HealthCarePlus product underwritten by Union Medical Benefits Society Ltd (UniMed)

Thank you for choosing Hospital Select from HealthCarePlus underwritten by UniMed. We are sure that you will find that it's good to belong.

This is your Health Plan document. Please take the time to read it carefully and if you have any questions please call UniMed:

**0800 600 666**

Monday – Friday

8 am – 5 pm

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## What is Hospital Select?

This Health Plan covers unlimited surgical cover for eligible treatment.

This includes a wide range of healthcare treatment and other benefits from minor surgery, cancer care and chemotherapy to imaging and support following surgery.

Alongside your HealthCarePlus Primary Care, Primary Care Extra or #care4U plans there are additional options you can add to your Hospital Select Health Plan such as specialist cover, day to day treatment, dental and vision care, and natural health.

Hospital Select is underwritten by UniMed. Only UniMed can approve and accept your policy and UniMed will be responsible for all claims and other matters relating to your policy.

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## Terms used in this document

'We' and 'us' means Union Medical Benefits Society Ltd (UniMed).

'You' means the Primary Member and any additional members on your HealthCarePlus health insurance policy underwritten by UniMed.



## Who is HealthCarePlus?

HealthCarePlus is the trading name for The Education Benevolent Society Incorporated ("EBS"). EBS was started in 1963 to enable teachers, education sector members, and their families to access competitive insurance products to support their families' health and provide financial protection for unforeseen events.

In 2018 the Board of EBS conducted a fundamental review of the business and decided to enter a strategic partnership with UniMed whereby UniMed underwrites all HealthCarePlus branded health insurance products, and EBS focusses on providing members access to a range of competitively priced health insurance products underwritten by UniMed.

Through its partnership with Monument, HealthCarePlus offers other insurance products for you to choose from such as Hospital Cover and Risk Insurance including; life insurance, income/mortgage protection and trauma insurance.

To find out more about the benefits of these products, please call HealthCarePlus' financial advice partner Monument:

**0800 268 3763** (Select option 1)

Monday – Friday  
8.30 am – 5 pm

Hospital Cover and Risk Insurance may be underwritten by a range of New Zealand insurers. These products are distributed by financial advisers employed or contracted by Monument Insurance, a division of Gallagher.







## Who is UniMed?

UniMed is the trading name for Union Medical Benefits Society Limited established in 1979. UniMed provides a comprehensive range of health insurance plans. Like HealthCarePlus, UniMed was established by Unions to provide its members with health insurance benefits. UniMed is a New Zealand licensed insurer.

UniMed is a not-for-profit incorporated society. This means UniMed is owned by you, its members, and any profits (called surpluses) are applied for the benefit of those members. Unlike a company, there are no dividends paid to shareholders.

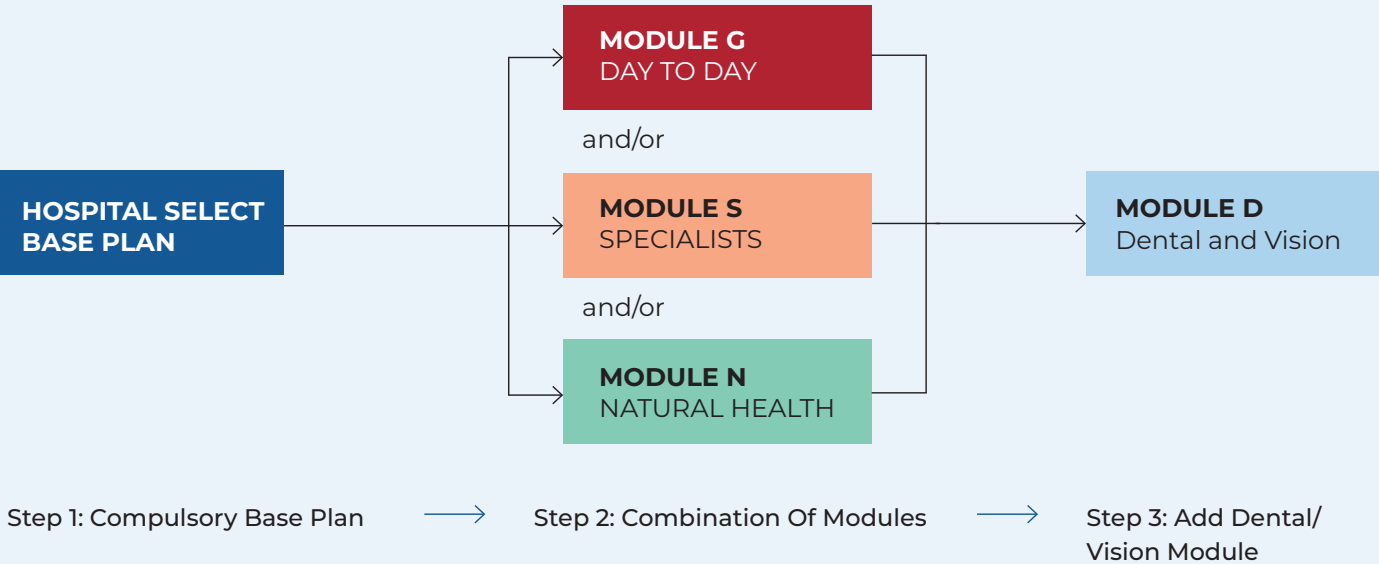
When you have health insurance policy underwritten by UniMed, you also become a Member of UniMed.

The UniMed logo is displayed in a dark blue serif font. The 'i' in 'Uni' has a red dot above it. The logo is centered on a light blue rectangular background.

**PLEASE NOTE:** All benefits in all sections apply to each person on the Health Plan unless otherwise stated.  
 All benefits included in this document are inclusive of GST charged by providers of service.

**Voluntary Excess Option:** Any voluntary excess option selected applies per claim. All benefits where an Excess applies are indicated within this document.

**Hospital Select is the base plan to which the other modules may be added, individually or together, with the exception of Module D which cannot be added to Hospital Select Base Plan on its own.**



**Private hospitalisation surgical benefits**

THE FOLLOWING SECTION REFUNDS 100% OF THE USUAL AND CUSTOMARY CHARGES LIMITED TO THE BENEFIT MAXIMUMS FOR ANY ADMISSION.

**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 and special In-Hospital Nursing
  - Recovery Nurse
  - X-Ray examination, ECG
  - Intravenous Fluids, Irrigating Solutions, Dressings, Prescriptions and Antibiotics
  - 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)
  - Emergency Ambulance for hospital admission
  - Surgically Implanted Prostheses
  - Laparoscopic Disposable

**Per Admission**      **Excess Applies**



No Maximum

	Per Year	Excess Applies
<b>Post-operative Therapy</b> Post-operative Therapy up to six months following surgery, cycle of chemotherapy and/or radiation oncology: <ul style="list-style-type: none"> <li>• Occupational therapy</li> <li>• Physiotherapy</li> <li>• Speech and language therapy</li> <li>• Osteopath</li> <li>• Chiropractor</li> <li>• Dietitian consultations (excludes food/food substitutes)</li> <li>• Lymphoedema physiotherapy (excludes garments)</li> </ul>		1,500 combined per surgical event, cycle of chemotherapy and/or radiation oncology.
<b>Surgical Tests &amp; Investigations</b> Gastroscopy and/or Colonoscopy	Per Year No Maximum	
<b>Surveillance Colonoscopy or Gastroscopy</b> 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	Per 24 Months  2,500	
<i>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 Health Plan excess applies.</i>		
<b>In-Patient Non-Pharmac Subsidised Pharmaceuticals</b> 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.	Per Year 2,000	
<b>Oral Surgery</b> 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. Wisdom tooth extraction including the removal of un-erupted or impacted wisdom teeth, including all associated costs.	Per Year No Maximum	<input checked="" type="checkbox"/>
<b>Breast Reconstruction</b> Breast Reconstruction performed by a Registered Medical Practitioner in Private Practice. Breast reconstruction required as a result of a prophylactic mastectomy is not included.	Per Year No Maximum	<input checked="" type="checkbox"/>
<b>Breast Symmetry, Post Mastectomy</b> 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 Plan.	Per Lifetime 6,500	
<b>Angiography</b> Angiograms & Angioplasty including hospitalisation, specialist & ancillary fees.	Per Year No Maximum	<input checked="" type="checkbox"/>



## Lithotripsy

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

**Per Year** **Excess Applies**

No Maximum ☒

## 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 Hospitalisation 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.



## Home Nursing – Following Surgery

Home Nursing by a Registered Nurse, following surgery in a Private Hospital on referral from a Registered Medical Practitioner.

**Per Day**

150

**Per Year**

6,000

## Ambulance

Emergency ambulance call out, excluding injuries.

**Per Year**

200

## Parent Support Accommodation

In the event of a Health Plan holder's insured child having surgery in a private hospital for which cover is available, a benefit for parent accommodation in the hospital is payable of:

**Per Night**

150

**Per Year**

600

## Hospital Cash Allowance – Medical/surgical admissions

When admitted to Public Hospital for a full 24 hours or more.  
Child Benefit - 50% of benefit limit. (All injury admissions excluded)

**Per 24 Hours**

150

**Per Year**

1,800

## IMAGING

- CT Scan
- MRI Scan
- PET Scan
- Cardioversion
- Myocardial Perfusion Scan
- Scintigraphy

**Per Year**

Combined  
Maximum  
300,000

## Surgery - prior/post admission benefits (Six months before and six months after surgery)

### Imaging

- X-rays
- Mammography
- Ultrasounds
- Nuclear Scanning

**Per Year**

Combined  
Maximum  
300,000

## Specialist/Surgeon/Consultant Physician

Consultations following referral from a Registered Medical Practitioner.

**Per Year**

300,000

## Private Hospitalisation

### Radiation Oncology

Per Year

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

65,000

### Chemotherapy

Per Year

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 \$10,000 per annum. Included in cover is genetic/genomic testing. Testing is payable following a cancer diagnosis and referral by a Registered Oncologist.

65,000

### Surveillance Following Cancer Treatment

Following surgery or treatment for cancer, associated with an eligible claim under your Health Plan, 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.

### Medical Hospitalisation

Per Year

Cover is for Non Acute Medical Hospitalisation (Excludes Psychiatric/Geriatric) in a Licensed Private Hospital, on admission and under the care of a Registered Medical Practitioner. Ancillary hospital charges.

65,000

500

### Acute Private Hospitalisation Medical/Surgical Grant

Per Year

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

5,000

### Psychiatric/Geriatric Hospitalisation

Per Year

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

5,000

## MINOR SURGERY

### Registered Medical Specialist

Per Year

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

No Maximum

### Registered Medical Practitioner or Registered Nurse/Nurse Practitioner

Per Visit

Per Year

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

500

No Maximum

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

Per Year

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

2,000

**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.

**Per Lifetime**  
20,000

**WAIVER OF PREMIUM**

Upon the death by natural or accidental causes prior to age 65 of any Member paying the adult contribution rate the surviving spouse and/or qualifying dependants named on the Health Plan will receive two years' free coverage at the benefit levels applying at the date of death.

**FUNERAL GRANT**

**Per Life**

Upon death by natural or accidental causes prior to age 65 of any person on the Health Plan. 2,400

**"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.

NB: For a claim to qualify, ACC must have provided financial assistance towards treatment costs.

**LOYALTY BENEFITS****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 the benefit limit. For Breast Reduction Surgery, an underlying medical condition must apply. Excluding removal of implants or cosmetic reduction.

8,000

**Overseas Treatment**

**Per Year**

Benefits apply after five years' continuous membership in this plan. A grant is payable of 100% of the usual and customary charge for the identical procedure in New Zealand. The procedure must be available in New Zealand and eligible under the terms of your Health Plan 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.

30,000

**Sterilisation**

**Per Year**

Sterilisation procedures are covered after three years' continuous membership in this plan.

5,000

**Prophylactic Surgery**

**Per Lifetime**

Benefits apply after five years' continuous membership in this plan. A one time grant is payable for a prophylactic mastectomy and/or bilateral salpingo-oophorectomy due to an increased risk of cancer due to a genetic mutation or family history. Eligibility criteria applies to claim for this benefit. Breast reconstruction is not included under this benefit.

40,000

**Hospital Select  
services and claims:**

Ph: 0800 600 666 | 03 365 4048  
Monday – Friday  
8 am – 5 pm

**Queries:**

[members@unimed.co.nz](mailto:members@unimed.co.nz)

**Claims:**

Submit in the UniMed Member Portal or email:  
[claims@unimed.co.nz](mailto:claims@unimed.co.nz)

**Download forms at:**

[unimed.co.nz/important-documents](http://unimed.co.nz/important-documents)

**Monument Financial Adviser line:**

0800 268 3763  
Monday – Friday  
8.30 am – 5 pm

