

HOSPITAL SELECT SURGICAL BASE PLAN

It's the security of knowing we're there.

PLEASE NOTE: All benefits in all sections apply to each person on the policy unless otherwise stated.

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

All benefits included in this brochure are net of any social security refund and include GST charged by providers of service.

HOSPITAL SELECT BASE PLAN

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
- Post Operative Physiotherapy fees from a Registered Physiotherapist
- Emergency Ambulance for hospital admission
- Surgically Implanted Prostheses
- Laparoscopic Disposables

Per Admn

Per Year

Excess
Applies



300,000

300,000



Post-operative Occupational Therapy

Treatment by a Registered Occupational Therapist.

Per Visit

3 Visits

100

persurgical
admission

Surgical Tests & Investigations

Gastroscopy and/or Colonoscopy

Per Admn

Per Year

5,000

5,000

Surveillance Colonoscopy or Gastroscopy

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 Admn

Per 24
Months

2,500

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.

In-Patient Non-PHARMAC Subsidised Pharmaceuticals		Per Year	2,000	
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.				
Oral Surgery		Per Admn	Per Year	
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.	}	300,000	300,000	<input checked="" type="checkbox"/>
Wisdom tooth extraction including the removal of un-erupted or impacted wisdom teeth, including all associated costs.				
Breast Reconstruction		300,000	300,000	<input checked="" type="checkbox"/>
Breast Reconstruction performed by a Registered Medical Practitioner in Private Practice. No benefit will be paid under this section unless UniMed has paid for the initial mastectomy.				
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	
Angiography		300,000	300,000	<input checked="" type="checkbox"/>
Angiograms & Angioplasty including hospitalisation, specialist & ancillary fees				
Lithotripsy		300,000	300,000	<input checked="" type="checkbox"/>
Performed by a Registered Medical Specialist Special conditions apply, refer to full conditions of membership.				
Accident Surgery				<input checked="" type="checkbox"/>
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 Hospital Surgical Benefits" section.				
Obesity 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.			8,000	
Overseas Treatment		Per Admn	Per Year	
Benefits apply after five years' continuous membership in this plan. A grant is payable of 100% of usual and customary charge for the identical procedure in New Zealand. The procedure must be available in New Zealand, eligible under the terms of 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. Prior approval is required for the treatment to be eligible.		30,000	30,000	<input checked="" type="checkbox"/>
Sterilisation		Per Admn	Per Year	
Sterilisation procedures are covered after three years continuous membership in this plan			5,000	5,000
Home Nursing – Following Surgery		Per Day	Per Year	
Home Nursing by a Registered Nurse, following surgery in a Private Hospital on referral from a Registered Medical Practitioner			150	6,000
Speech and Language Therapy		Per Visit	Per Year	
Treatment by a Registered Speech Therapist following surgery, excluding consequence of injury by accident (see separate benefits).			80	400
Ambulance			Per Year	
Emergency transportation for Public Hospital inpatient admission			200	
Parent Support Accommodation		Per Night	Per Year	
In the event of a policyholder'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:			150	600
Hospital Cash Allowance – Medical/surgical 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 excluded)			150	1,800
IMAGING			Per Year	
<ul style="list-style-type: none"> • CT Scan • MRI Scan • PET Scan • Cardioversion • Myocardial Perfusion Scan • Scintigraphy 	}	Combined Maximum 300,000 Per Year		

IMAGING (six months prior and six months after surgery)		Per Year
<ul style="list-style-type: none"> • X-rays • Mammography • Ultrasounds • Nuclear Scanning 		Combined Maximum 300,000 Per Year
SPECIALISTS (six months prior and six months after surgery)		Per Year
Specialist/Surgeon/Consultant Physician		
Consultation following referral from a Registered Medical Practitioner		300,000
Medical Hospitalisation		
Cover is provided for Non Acute Medical Hospitalisation (Excludes Psychiatric/Geriatric) in a Licensed Private Hospital, on admission and under the care of a Registered Medical Practitioner.		65,000
Ancillary hospital charges		500
Radiation Oncology		
Limited to Planning, Shielding and Accessories, Field Setup and XRT Simulation and performed in an approved Private Hospital facility.		65,000
Chemotherapy		
Benefit payable for treatment by a Registered Oncologist in Private Practice. Benefit applies to the cost of materials, Chemotherapy drugs per course 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 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.		
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		5,000
Psychiatric/Geriatric Hospitalisation		
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		Per Year
Registered Medical Specialist		
Not requiring general anaesthetic, including preceding consultation and performed in specialist rooms		300,000
Registered Medical Practitioner		Per Procedure
Not requiring general anaesthetic, including preceding consultation performed in practice rooms	500	No Max
Minor Skin Lesions Removed by a GP		Per Visit
Performed by a Registered Medical Practitioner in General Practice. Note: Prior Approval must be sought for this benefit	2,000	2,000
OVERSEAS TREATMENT		Per Lifetime
In the event of Heart, Lung, or Liver transplant surgery being required outside New Zealand, UniMed will assist with a once only grant		20,000
WAIVER OF PREMIUM		
Upon death by natural causes prior to age 60 of any member paying the adult contribution rate the surviving spouse and/or qualifying dependents named on the policy will receive two years free coverage at the benefit levels applying at the date of death.		
FUNERAL GRANT		
Upon death by natural or accidental causes prior to age 65 of any person on the policy a grant towards funeral costs is available.		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.		



Need to know more before making your choice?

UniMed and HealthCarePlus have contracted Monument Insurance Limited, a division of Crombie Lockwood to provide financial advice in relation to HCP Hospital Select health insurance underwritten by UniMed.

Contact the HealthCarePlus enquiry line to speak to a HealthCarePlus Representative

0800 268 3763



Get in touch

HealthCarePlus Hospital Select is administered and underwritten by Union Medical Benefits Society Ltd (UniMed). Any cover issued in response to this application is subject to the terms and conditions contained in the relevant policy documentation and UniMed/HealthCarePlus Conditions of Membership.

For policy queries and claims contact UniMed's friendly staff on:

0800 600 666

Head Office

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