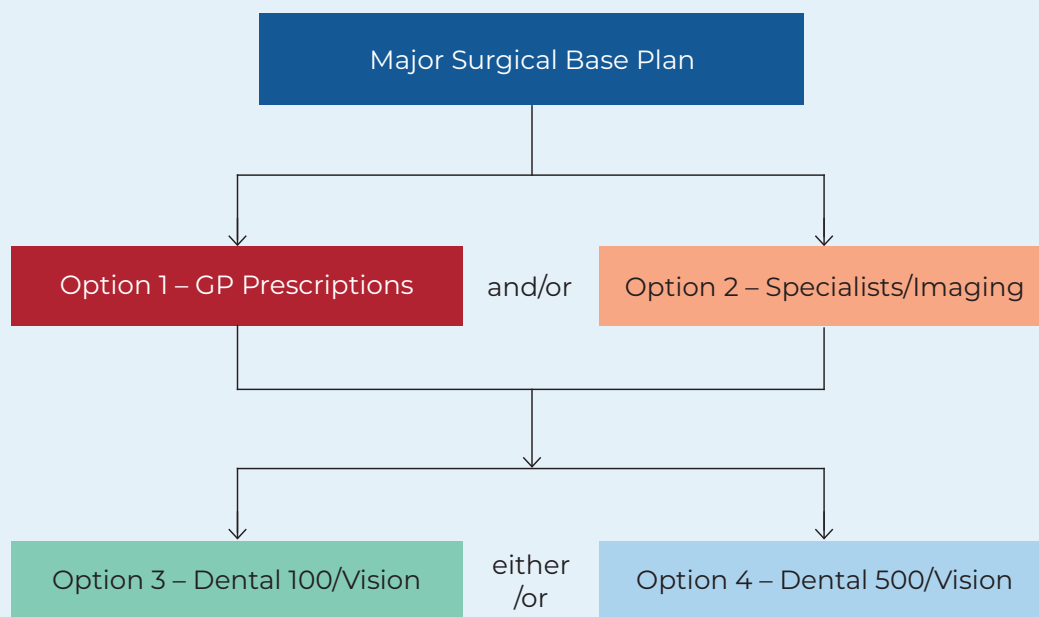


Major Surgical Plus Options Plan

It's the security of knowing we're there

Effective 1 August 2024

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



Major Surgical is the base plan to which the other options may be added, individually or together, with the exception of Options 3 and 4 which cannot be added to Major Surgical Base Plan on their own.

Major Surgical Base Plan

Private hospitalisation surgical benefits

Compulsory Health Plan Excess: The first \$500 when such costs are equal to or less than \$3,000, or the first \$750 when such costs are over \$3,000 of the TOTAL refundable costs per admission under this section are payable by the patient/member.

Voluntary Excess Option: Any voluntary excess option selected applies per admission. If a selected voluntary excess is greater than the compulsory excess the voluntary excess will apply. All benefits where an Excess applies are indicated within this brochure.

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
- 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 **Excess Applies**

No Maximum

Post-operative Therapy

Post Operative Therapy up to six months following surgery, cycle of chemotherapy and/or radiation oncology:

- Occupational therapy
- Physiotherapy
- Speech and language therapy
- Osteopath
- Chiropractor
- Dietitian consultations (excludes food/food substitutes)
- Lymphedema physiotherapy (excludes garments)

1,500 combined per surgical event, cycle of chemotherapy and/or radiation oncology.

Surgical Tests & Investigations

Gastroscopy and/or Colonoscopy

Per Year

No Maximum

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.

Per 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 health plan excess applies.

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.

2,000

Angiography

Per Year



Angiograms, Angioplasty including Hospitalisation, Specialist and Ancillary fees.

No Maximum

Lithotripsy

Per Year



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

No Maximum

Parent Accommodation	Per Night	Per Year
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:	200	600

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.

Oral Surgery 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. No Maximum

Wisdom Tooth Extraction ✓

Removal of un-erupted or impacted wisdom teeth, including all associated costs. No Maximum

Breast Reconstruction Per Year ✓

Breast Reconstruction performed by a Registered Medical Practitioner in Private Practice. No Maximum
Breast reconstruction required as a result of a prophylactic mastectomy is not included.

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 health plan. 6,500

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

"PUBLIC HOSPITAL" BENEFITS

"Public hospital" Cash Grant - Surgical and Medical Admissions Per 24 Hours Per Year

When Admitted to Public Hospital for a full 24 hours or more. 150 1,800
(Child Benefit - 50% of benefit limit. All injury admissions are excluded).

SURGERY PRIOR/POST ADMISSION BENEFITS

Please note: To qualify for a claim, costs falling under these benefits must be incurred within the three months before or after an operation. Please submit receipted accounts at the same time as your claim for surgical hospitalisation.

Consultant Physician Per Year

For Consultation(s) associated with Surgical Hospitalisation. 10,000 combined maximum

Specialist/Surgeons

For Consultation(s) associated with Surgical Hospitalisation.

Imaging Per Year

For Diagnostic Procedures associated with Surgical Hospitalisation.

- X-rays and Image Intensifiers
 - Ultrasound
 - Mammography
 - Scintigraphy
 - CT Scan
 - MRI Scan
 - PET Scan
- 15,000 combined maximum

MINOR SURGERY**Registered Medical Practitioner or Registered Nurse/Nurse Practitioner****Per Visit****Per Year**

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

450

No Maximum

Registered Medical Specialist**Per Year**

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

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

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.

150

1,500

PRIVATE HOSPITALISATION MEDICAL BENEFITS**Cover for Non Acute Medical Hospitalisation (Excludes Psychiatric/Geriatric) in a Licensed Private Hospital, on admission and under the care of a Registered Medical Practitioner.****Per Year**

- Refund of Hospital Accommodation fees
- Intravenous Fluids, Irrigating Solutions, Dressings, Prescriptions and Antibiotics

10,000

500

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

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

5,000

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

Per Year

65,000

RADIATION ONCOLOGY

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

Per Year

65,000

SURVEILLANCE FOLLOWING CANCER TREATMENT

Following surgery or treatment for cancer, associated with an eligible claim under your health plan, cover 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.

NON MEDICAL BENEFITS

Funeral Grant

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

Per Life

2,400

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.

LOYALTY BENEFITS – THESE BENEFITS RECOGNISE LONG TERM CONTINUOUS MEMBERSHIP.

Sterilisation Procedures



Sterilisation procedures are covered for males and females after three years' continuous membership in the Major Surgical plan. Benefit as per Surgery section.

Obesity Surgery or Breast Reduction Surgery

Per Lifetime

Benefits apply after five years' continuous membership in the Major Surgical 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 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

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

OPTION 1 – GP/PRESCRIPTIONS

GENERAL MEDICAL EXPENSES

General Practitioners

Treatment and Consultation by a Registered Medical Practitioner, Including Dressings, Acupuncture, ECG.

Per Visit

65

Per Year

No Maximum

After Hours

Home Visits.

Per Visit

70

Per Year

140

Registered Practice Nurse & Registered Nurse Practitioner

Treatment and consultation by a Registered Practice Nurse or Registered Nurse Practitioner.

Per Visit

45

Per Year

No Maximum

Prescriptions		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.		300
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.		2,000
Laboratory Tests	Per Visit	Per Year
The cost of laboratory charges for occult blood or glucose tests, requested by a Registered Medical Practitioner.	100	No Maximum

“ACC” TOP UP BENEFIT

The 'shortfall' between actual costs and “ACC” refunds incurred as a result of qualifying personal injury or employment related conditions are covered to the limits as shown within this option. NB: For a claim to qualify, “ACC” must have provided financial assistance towards treatment costs.

LOYALTY BENEFIT

Psychiatric Consultations	Per Visit	Per Year
Benefits apply after five years' continuous membership in the Major Surgical with GP/Prescriptions plan. Consultation with a psychiatrist who is vocationally registered in New Zealand.	150	Three Visits

OPTION 2 – SPECIALISTS/IMAGING

SPECIALISTS & IMAGING

Specialist/Surgeon/Consultant Physician	Per Year
Consultations following referral from a Registered Medical Practitioner.	2,500

IMAGING

Treatment provided by a Registered Medical Practitioner in Private Practice.	Per Year
<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 	5,000 combined maximum

HEALTH MAINTENANCE BENEFITS

Chiropodist/Podiatrist	Per Year
Consultation and treatment by a Registered Practitioner.	220

Osteopath	Per Visit	Per Year
Consultation and treatment provided by an Osteopath with NZ Registration.	200	500
Chiropractor		Per Year
Cost of services from a Registered Chiropractor including X-rays.		200
Physiotherapist	Per Visit	Per Year
Treatment by a Registered Physiotherapist, including acupuncture and manipulations.	50	500
Audiology	Per Visit	Per Year
Consultations and audiology testing fees by a Registered Audiologist. Audiometric Tests: For Puretone, Audiometry, Impedance, Tympanometry, Brain-stem evoked response.	100	250 250
Dietician	Per Visit	Per Year
Consultation by a New Zealand Registered Dietician on referral from a Registered Medical Practitioner.	40	200
Ambulance		Per Year
Emergency ambulance call out, excluding injuries.		180
Urodynamic Assessment		Per Year
Treatment by a Specialist Urologist.		1,200
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 \$12,500.		
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 		2,400 combined maximum
LOYALTY BENEFITS – THESE BENEFITS RECOGNISE LONG TERM CONTINUOUS MEMBERSHIP		
Sterilisation Procedures		Per Year <input checked="" type="checkbox"/>
Sterilisation procedures are covered for males and females after one years' continuous membership in the Major Surgical with Specialist/Imaging Plan.		No Maximum
Obstetrics		Per Year
Benefits apply after three years' continuous membership in the Major Surgical with Specialists/ Imaging plan. Treatment from a Registered Medical Practitioner for Obstetric conditions.		1,000

Hearing Aid Grant

Benefits apply after three years' continuous membership in the Major Surgical with Specialists/Imaging plan.

Per Year

1,000

"ACC" TOP UP BENEFIT

The 'shortfall' between actual costs and "ACC" refunds incurred as a result of qualifying personal injury or employment related conditions are covered to the limits as shown within this option.

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

OPTION 3 - DENTAL 100/VISION

VISION CARE

Optometrist

Consultation by a Registered Optometrist.
NB: Vision testing only. For spectacles/lenses see below.

Per Visit

75

Per Year

250

Ophthalmologist

Treatment by a Registered Ophthalmologist.
First claim in an insurance year
Subsequent claims in an insurance year

Per Visit

200

100

Per Year

200

No Maximum

Orthoptist

Treatment by a Registered Orthoptist.

Per Year

300

Spectacles and Lenses

Reimbursement of costs (excluding replacement for loss or breakage) of spectacles or contact lenses.

Per Year

500

DENTAL CARE

Dental treatment by a Registered Dental Practitioner including routine maintenance, fillings, extraction of teeth, dentures, periodontic and orthodontic treatment.

Per Year

100

OPTION 4 - DENTAL 500/VISION

VISION CARE

The benefits as detailed in Option 3 relating to Optometrist, Ophthalmologist, Orthoptist, and Spectacles and Lenses also apply to Option 4.

DENTAL CARE

Dental treatment by a Registered Dental Practitioner including routine maintenance, fillings, extraction of teeth, dentures, periodontic and orthodontic treatment.

Per Year

500

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