

Surgical Plus

YOU ARE INSURED FOR

1. The cost of Non Acute Approved Surgical Procedure(s) performed in a Licensed Private Surgical Hospital which includes

- (a) Surgeon's and anaesthetist's fees.
- (b) Private hospital accommodation fees.
- (c) Pre and post operative specialist's fees within six months of the date of related surgery.
- (d) Surgically implanted prosthesis.
- (e) Diagnostic procedures which lead to and occur within six months of related surgery in a private hospital.
- (f) Post operative physiotherapy fees from a registered physiotherapist for a maximum period of 30 days immediately following hospital discharge.
- (g) Ancillary treatment charges incurred while in hospital.
- (h) Oral and maxillofacial surgery performed by a Registered Oral Surgeon for the removal of impacted and unerupted teeth, cysts, soft tissue swellings and abscesses. Periodontal work is not covered.

2. The cost of medical treatment in a private hospital for

- (a) Angiography and angioplasty procedures.
- (b) Lithotripsy procedures.

3. 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. \$65,000 Per Year

4. Radiation Oncology

Limited to Planning, Shielding and Accessories, Field Setup and XRT Simulation and performed in an approved Private Hospital facility. \$65,000 Per Year

5. Imaging

Treatment provided by a Registered Medical Practitioner in Private Practice.
PET Scan \$15,000 Per Year

ADDITIONAL BENEFITS

1. Overseas Transplant Surgery Grant

If heart, lung or liver transplant surgery at an overseas approved hospital is recommended by a Registered Specialist because suitable treatment is not available in New Zealand, we will make a cash grant of up to \$10,000 when supported by original invoices.

2. Transfer Costs

If you require surgery in a private hospital, we will pay the cost of air ambulance and/or road ambulance to transport you within New Zealand to or from a private hospital in New Zealand on the recommendation of a Registered Medical Practitioner.

3. 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.

4. Travel/ Accommodation Allowance

Where you require surgery in a private hospital more than 150kms from your home and a Registered Medical Practitioner recommends a support person travels with you and stays at that location for more than 48 consecutive hours, we will pay an allowance of \$100 per 24 hour period with a maximum of \$600 in any twelve month period of insurance.

5. Public Hospital Grant

If you are admitted for surgery to a public hospital for a stay of three or more consecutive days, we will pay a grant of \$100 per 24 hour period to a maximum of \$500 per person in any twelve month period of insurance. This benefit does not include admissions on a fee paying basis or claims resulting from personal injury as defined under the Accident Rehabilitation and Compensation Insurance Act 1992 or any amendment thereto.

6. Homecare

We will give you a refund of up to \$100 per 24 hour period with a maximum of \$1000 per person in any twelve month period of insurance for home nursing by a Registered Nurse following eligible surgery and referral from a Registered Medical Practitioner.

7. Breast Reconstruction

Breast Reconstruction performed by a Registered Medical Practitioner in Private Practice.

For all stages of breast reconstruction performed under the same anaesthetic as the initial mastectomy: benefits as per "You are insured for" section.

For all stages of breast reconstruction performed after the initial mastectomy or not under the same anaesthetic as the initial mastectomy, an amount (payable once only) being the lesser of either the total cost of the reconstruction (including nipple reconstruction and tattooing); or \$15,000. For the avoidance of doubt, this benefit section excludes surgery to the breasts to achieve or correct the symmetry and/or look and/or feel of the breasts. This benefit is only available for surgery following first diagnosis of breast cancer on or after 1 May 2005 and no benefit will be paid under this section unless UniMed has paid for the initial mastectomy.

The Amounts You Can Claim

The maximum amount you can claim, including Additional Benefits, for any event giving rise to a claim is \$250,000. A standard excess of \$500 per claim will apply to all claims except where this excess is replaced by a higher excess selected by you.