



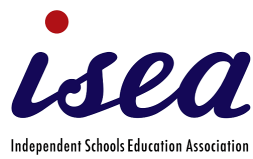
Your insurance policy

Hospital Select Plus Options

Effective 1 April 2025

HealthCare+
It's good to belong

UniMed



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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. We are sure that you will find that it's good to belong.

This is your insurance plan document. Please take the time to read your insurance plan document carefully and if you have any questions please call:

0800 600 666

Monday – Friday

8 am – 5 pm

What is Hospital Select?

This product covers unlimited surgical cover for eligible treatment. This includes a wide range of health care treatment and other benefits from minor surgery, cancer care and chemotherapy to imaging and support following surgery.

Alongside your Health Care Plus 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.

Need to know more before making your choice? You can contact your Monument Insurance Financial adviser who can also advise you on other insurance products including Risk Insurance, life insurance, income/mortgage protection, trauma insurance and a home loans solution.

To find out more about the benefits of these products, please call:

0800 268 3763 (Select option 1)

Monday – Friday

8.30 am – 5 pm

Hospital Select is underwritten by UniMed. Hospital Cover and Risk Insurance may be underwritten by a range of New Zealand insurers. The Home Loans Solution is arranged through a range of New Zealand registered banks. These products are distributed by financial advisers employed or contracted by Monument Insurance, a division of Gallagher.

Welcome to Hospital Select plus Options a HealthCarePlus product underwritten by Union Medical Benefits Society Ltd (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 health insurance products, and EBS focusses on providing members with a range of competitively priced health insurance products underwritten by UniMed.



Who is UniMed?

UniMed is the trading name for Union Medical Benefit Society Limited established in 1979 and 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.



GoodForYou

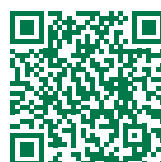
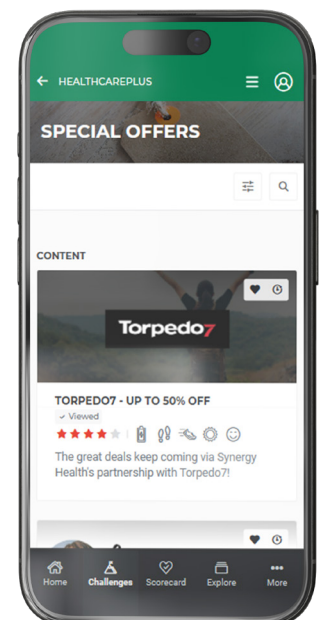
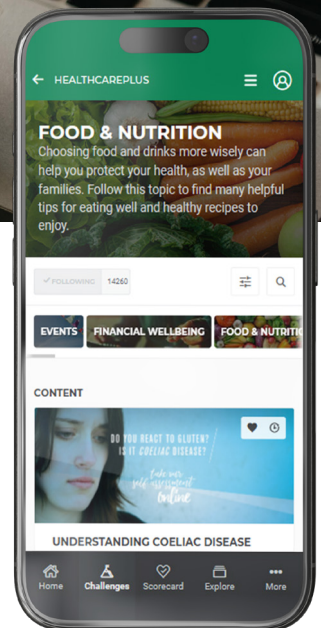
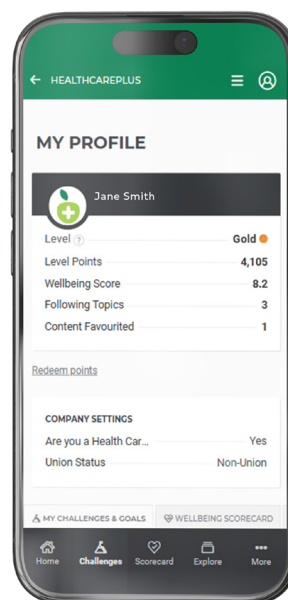


As well as more generous cover, we've teamed up to bring you 'Good For You' - your free, online health and wellbeing platform.

'Good For You' gives you all that you need to measure, manage and increase your day-to-day health and wellbeing - all in one easy place. When you first register and log in, we'll ask some simple questions around your age, lifestyle, and health - and then create your personalised 'wellbeing dashboard' where you can see, and track, the measures that matter most to you.

You'll also get ongoing health & wellbeing advice, tailored to your age and situation - such as articles, videos and tips - as well as ongoing challenges that you can take yourself, or with family & friends. And whenever you take action to invest in your wellbeing - you can also earn points towards a range of exclusive 'wellbeing' discounts and rewards!

It's all part of making sure that we do everything we can to help you take control of your physical, mental and financial wellbeing while also making your union (and HealthCarePlus) membership, work even harder for you and your whānau.

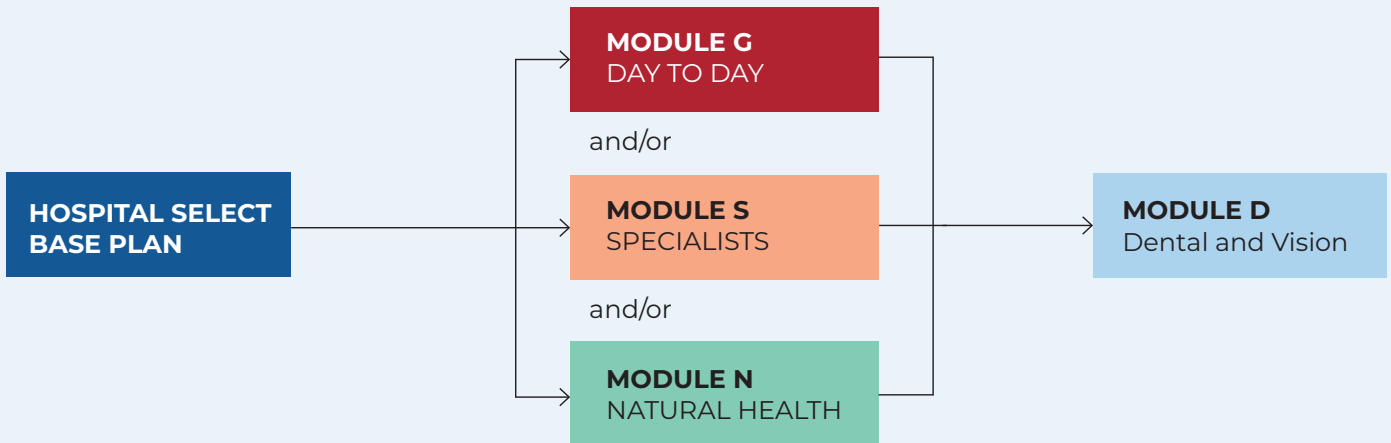


To get started, register online using the QR Code.

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.

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

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.



Step 1: Compulsory Base Plan → Step 2: Combination Of Modules → Step 3: Add Dental/ Vision Module

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.

Per Admission **Excess Applies**



- 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

No Maximum

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

Lithotripsy	Per Year
Performed by a Registered Medical Specialist Special conditions apply, refer to full conditions of membership.	No Maximum <input checked="" type="checkbox"/>

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 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	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

Ambulance	Per Year
Emergency ambulance call out, excluding injuries.	200

Parent Support 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:	150	600

Hospital Cash Allowance – Medical/surgical admissions	Per 24 Hours	Per Year
When admitted to Public Hospital for a full 24 hours or more. Child Benefit - 50% of benefit limit. (All injury admissions excluded)	150	1,800

IMAGING	
<ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • X-rays • Mammography • Ultrasounds • Nuclear Scanning 	Per Year Combined Maximum 300,000

Specialist/Surgeon/Consultant Physician	Per Year
Consultations following referral from a Registered Medical Practitioner.	300,000

Private Hospitalisation

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

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

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

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.

Per Year

65,000

500

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

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.

Per Year

5,000

MINOR SURGERY

Registered Medical Specialist

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

Per Year

No Maximum

Registered Medical Practitioner or Registered Nurse/Nurse Practitioner

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

Per Visit

500

Per Year

No Maximum

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

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

Per Year

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

Specialists - Module "S"

THE FOLLOWING BENEFIT SECTIONS REFUND 100% OF ACTUAL MEDICAL COSTS TO THE SPECIFIED MAXIMUMS.

Imaging	Per Year
<ul style="list-style-type: none"> • Bone density scan • X-rays • Mammography, including surveillance • Ultrasounds • Nuclear scanning • Holter monitoring • Exercise ECG • Blood pressure monitoring • Stress echocardiography • Cardiovascular ultrasound • Echocardiography • Transoesophageal Echocardiography • Urodynamic assessment • Audiology 	<div style="border-left: 1px solid black; border-right: 1px solid black; border-bottom: 1px solid black; padding: 10px;"> <p>Combined Maximum 7,500</p> </div>

SPECIALISTS

Specialist/Surgeon/Consultant Physician	Per Year
Consultations following referral from a Registered Medical Practitioner.	5,000

Obstetrics	Per Year
Treatment by a Registered Medical Practitioner for obstetric conditions.	1,000

"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 within this option.

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

Day to Day - Module "G"

THE FOLLOWING BENEFIT SECTIONS REFUND 100% OF ACTUAL MEDICAL COSTS TO THE SPECIFIED MAXIMUMS.

General Practitioners	Per Visit	Per Year
Treatment and consultation by a Registered Medical Practitioner, including dressings, acupuncture, ECG.	65	No Maximum
After Hours	Per Visit	Per Year
Home Visits.	70	No Maximum
Registered Practice Nurse/Registered Nurse Practitioner	Per Visit	Per Year
Treatment and consultation by a Registered Practice Nurse or Registered Nurse Practitioner.	45	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.		400
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.		1,000
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 for out of hospital expenses 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 Hospital Select plan with Day to Day Module. Consultation with a psychiatrist who is vocationally registered in New Zealand.	150	Three Visits

Natural Health - Module "N"

THE FOLLOWING BENEFIT SECTIONS REFUND 100% OF ACTUAL MEDICAL COSTS TO THE SPECIFIED MAXIMUMS.

Osteopath

Consultation and treatment provided by an Osteopath with NZ Registration.

Chiropractor

Services from a Registered Chiropractor including X-rays.

Per Year

Combined
maximum
200

Treatment provided by the following Registered Practitioners

- Chiropodist
- Physiotherapist
- Dietitian
- Podiatrist
- Acupuncture
- Homeopathy
- Naturopathy
- Nutritionist
- Medical Herbalist
- Remedial Massage Therapy
- Rongoa Māori Practitioner, as per Ministry of Health list of Practitioners (excludes food/food substitutes)
- Traditional Chinese Medicine Practitioner registered with the Chinese Medical Council of New Zealand (excludes food/food substitutes)

Per Year

Combined
maximum
800

Wellness benefit

A health check by a Registered Medical Practitioner.

Every 3 Years

100

"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 within this option.

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

Dental & Vision - Module "D"

THE FOLLOWING BENEFIT SECTIONS REFUND 100% OF ACTUAL MEDICAL COSTS TO THE SPECIFIED MAXIMUMS.

Orthoptist		Per Year
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Treatment by a Registered Orthoptist.		300
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Optometrist	Per Visit	Per Year
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Consultation by a Registered Optometrist	75	300
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NB: Vision testing only, for spectacles/lenses see below.

Spectacles and Lenses		Per Year
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Reimbursement of costs (excluding replacement for loss or breakage) of spectacles or contact lenses.		500
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Dental		Per Year
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Dental treatment by a Registered Dental Practitioner including routine maintenance, fillings, extraction of teeth, dentures, periodontic and orthodontic treatment.		500
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Dental Hygienist		Per Year
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Treatment by a Hygienist registered with the NZ Dental Hygienist Association.		100
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**Hospital Select
services and claims:**

Ph: 0800 600 666 | 03 365 4048

Fax: 03 365 4066

Monday – Friday

8 am – 5 pm

Queries:

members@unimed.co.nz

Claims:

claims@unimed.co.nz

Download forms at:

unimed.co.nz/important-documents

Monument Financial Adviser line:

0800 268 3763

Monday – Friday

8.30 am – 5 pm

