

Health Care Basic Plan

Keeping you and your family in life-long good health.

No other organisation champions the health needs of working New Zealanders and their whānau like us. We genuinely care about our members, who are the owners of our health society.

Care is what sets us apart. It is, and will continue to be, the heart of the experience we provide. We take care to the next level.

This is why over 130,000 Kiwis trust us to care for them.

Health Care Basic Cover

Your Health Care Basic Cover is designed to provide you with peace of mind, for your needs. The following table summarises the main features of the Health Care Basic Plan. (There are three refund levels available, see next page.)

Benefit / annual cover	Brief Description of Benefit
Medical \$1,200	GP, practice nurse, nurse practitioner, specialist (on referral), prescription drugs (on Pharmac drug tariff), medical tests.
Minor surgery \$1,000	Lacerations, suspect mole removal. Sterilisations (e.g. vasectomy) - to maximum of \$500.
Non-PHARMAC subsidised pharmaceuticals \$300	Pharmaceuticals prescribed by a Registered Medical practitioner in General Practice which have been approved by Medsafe and are not fully or partly subsidised by PHARMAC through the New Zealand Pharmaceutical Schedule.
Radiology \$1,000	X-rays, all types of diagnostic radiology to a maximum of \$500 each time.
Complementary \$600	Physiotherapy, chiropractic, podiatry, osteopathy, homoeopathy, acupuncture, Rongoā Māori, Chinese medicine, psychology (on referral). Each type of treatment is limited to no more than half of the annual cover. Does not include food or food substitutes.
Surgical \$2,400	Surgery in a licensed private hospital. Emergency or acute admissions are not covered. Chemo and radiotherapy (up to \$500). See Extra Surgical Option for additional cover.
Optical \$300	Eye test (\$50); new spectacle lenses or contact lenses (\$250), (not disposables or sunglasses).
Hearing aid \$500	Hearing test (\$50); cost of new hearing aid (\$450).
Wisdom teeth \$500 (min claim \$100)	Adult benefit for cost of extracting impacted unerupted wisdom teeth.
Orthodontic \$600 (min claim \$100)	Child benefit (one-off payment per child) for cost of medically required orthodontic braces.
Screening \$750	Loyalty benefit for smear and prostate tests, mammogram, mole checking, bone density scan, colonoscopy.
Birth A - \$150, B - \$240, C - \$300	Special grants on the birth of a baby to an adult member. Where both parents qualify the grant is increased by 50%

Generous refund limits

You decide the refund level you want for your Health Care Basic Plan:

- Plan A - 50%
- Plan B - 80%
- Plan C - 100%.

Depending on which one you choose, you'll be able to claim that percentage of the maximum annual cover listed in the previous table.

For example, with Plan A you can get annual refunds up to \$600 for the medical benefit, \$500 for minor surgery and \$300 for the complementary benefit if required. Plan B total refunds for the same benefits would be \$960, \$800 and \$480 and Plan C's total would be 100% of the annual cover in the table.

If you would like to include cover for surgical costs, you are able to add the Extra Surgical Option to the Basic Health plan.

Extra Surgical Option

Compulsory excess

The first \$500 when such costs are equal to or less than \$3,000, or the first \$750 of the total refundable costs when such costs are over \$3,000 of the TOTAL refundable costs per admission under these sections are payable by the patient/member.

Type of expense	Extra surgical option
General Practitioner	See Basic Plan table for details of this cover.
Specialist (on referral)	
Relevant pre-operation test	
Surgeon	Yes
Surgeon's assistant	Yes
Anaesthetist	Yes
Hospital bed	Yes
Theatre	Yes
Hospital supplies	Yes
Prosthesis	Yes to \$7,500 max, per operation
Special nursing (in hospital)	Yes
Post-operative Therapy • Occupational therapy • Physiotherapy • Speech and language therapy • Osteopath • Chiropractor • Dietitian consultations (excludes food/food substitutes) • Lymphedema physiotherapy (excludes garments)	\$1,000 per event For up to six months following surgery, cycle of chemotherapy and/or radiation oncology.
Post operation medication	Yes*
Specialist (post operation)	Yes*
Max cover per operation	\$60,000
Lithotripsy**	Yes to \$5,000 max
Accident top up	Yes, limited to no more than half of the ACC contribution towards the cost.

**Radiation Oncology**

\$30,000 per year.

Benefit payable for treatment classified as either Urgent or Curative using Ministry of Health guidelines. Including Planning, Shielding and Accessories, Field Setup and XRT Simulation and performed in an approved Private Hospital facility.

Chemotherapy

\$30,000 per treatment \$65,000 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.

In-Patient Non-PHARMAC Subsidised Pharmaceuticals

\$2,000 per year.

Pharmaceuticals prescribed by a Consulting Physician, Paediatrician or Specialist Registered Medical Practitioner which have been approved by Medsafe and are not fully or partly subsidised by PHARMAC through the New Zealand Pharmaceutical Schedule.

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 Surgery section of your chosen plan.

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.

Minor skin lesions removed by a GP

\$2,000 per year.

Performed by a Registered Medical Practitioner in General Practice. Note that Prior Approval must be sought for this benefit.

Public hospital cash grant

\$125 per day, \$1,500 per year.

Surgical and medical admissions when admitted to public hospital for a full 24 hours or more. (Child benefit - 50% of above. All injury admissions are excluded).

Obesity surgery or Breast Reduction Surgery

\$8,000 per lifetime.

Benefits apply after five years' continuous membership with surgical cover. 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.

Overseas treatment

Benefits apply after five years' continuous membership with surgical cover. A grant is payable of 75% of usual and customary charge for the identical procedure in New Zealand. The procedure must be available in New Zealand 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.



Conditions of Membership

Just like other insurers we have terms and conditions and rules. These are contained in our Conditions of Membership which you can download from our website at www.unimed.co.nz.

Notes

- * To be eligible these cost must be incurred within three months of the date of the operation
- ** Limited to one treatment every 3 years.
- Prior approval is essential to ensure that cover is available for any operation.
- While UniMed does not have a fixed schedule of fees, all surgery is expected to be carried out under a reasonable cost structure. Costs may be limited if proposed fees are not acceptable to UniMed.
- Emergency and acute admissions are not covered.

Things you should know

- An accident top-up is built into relevant benefits and options.
- We recognise that medical fees are sometimes beyond the control of the patient and have adopted a “reasonable” cost structure for refunds.
- Pre-existing health problems may be excluded. You must be completely truthful when completing the application.

UniMed

UNIMED.CO.NZ

Get in touch

The team at UniMed are available to discuss your plan, and answer any questions you may have.

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