

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 \$1,300	GP, practice nurse, nurse practitioner, specialist (on referral), prescription drugs (on Pharmac drug tariff), laboratory and cardiac diagnostic tests.
Minor surgery \$1,000	Lacerations, suspect mole removal. Sterilisations (e.g. vasectomy).
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 \$1,200	X-rays, all types of diagnostic radiology.
Complementary \$600	Physiotherapy, chiropractic, podiatry, osteopathy, homoeopathy, acupuncture, Rongoā Māori (ACC approved provider), chinese medicine, dietitian/nutritionist consultations, 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 \$350	Eye test (\$50); new spectacle lenses or contact lenses (\$300).
Hearing aid \$500	Hearing test (\$50); cost of new hearing aid (\$450).
Wisdom teeth \$500	Adult benefit for cost of extracting impacted unerupted wisdom teeth.
Orthodontic \$600	Child benefit (one-off payment per child) for cost of medically required orthodontic braces.
Mental Health \$1,000	Reasonable charges for consultations with a psychiatrist, psychologist, psychotherapist or counsellor. They must be registered either under the psychiatry scope with the Medical Council of New Zealand, as a psychologist with the New Zealand Psychologists Board, as a psychotherapist with the Psychotherapists Board of Aotearoa New Zealand, or as a counsellor with the New Zealand Association of Counsellors or other relevant association.
Bowel Screening Kit - One kit for each person every three Policy years	After three years of continuous membership in the HealthCare Basic base plan, this benefit provides you with access to an at-home bowel-screening kit. Visit the Members section of our website for terms of the benefit and information on how to access these. Children do not qualify for this benefit.

Health Care Basic Cover continued

Benefit / annual cover	Brief Description of Benefit
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 Primary Member/ Partner. 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.

The following section refunds 100% of the reasonable charges limited to benefit maximums for any admission.

Type of expense	Extra surgical option
Surgeon	Yes
Surgeon's assistant	Yes
Anaesthetist	Yes
Hospital bed	Yes
Theatre	Yes
Hospital supplies	Yes
Prosthesis	Yes to \$10,000 max, per operation
Special nursing (in hospital)	Yes
Post-operative Therapy <ul style="list-style-type: none"> • Occupational therapy • Physiotherapy • Speech and language therapy • Osteopath • Chiropractor • Dietitian/Nutritionist 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 of Reasonable charges



Extra surgical option continued

Type of expense	Extra surgical option
Lithotripsy	Yes to \$5,000 max
Accident top up	Yes, limited to no more than half of the ACC contribution towards the cost.

Spinal Surgery

\$200,000 per lifetime.

This benefit covers the costs of spinal surgeries. A list of all spinal surgeries which fall under this benefit can be found on the Approved Surgical Procedure list under Important Documents on our website.

Radiation Oncology

\$30,000 per policy 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

\$65,000 per policy 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 policy 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 policy year.

Performed by a Registered Medical Practitioner in General Practice.

Public hospital cash grant

\$125 per day, \$1,800 per policy 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 Extra Surgical Option. 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 Extra Surgical Option. A grant is payable of 75% of the reasonable 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.

Terms and Conditions

Just like other insurers we have terms and conditions and rules. These are contained in UniMed's Terms and Conditions 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
- 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" charge 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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