

SDA Group Medical Plan

It's the security of knowing we're there

Effective 1 June 2026

PLEASE NOTE: All benefits included in this brochure are net of any Social Security refund and include GST charged by healthcare providers. Please note: All benefits in all sections apply to each person on the policy unless otherwise stated, and are subject to Reasonable Charges.

Hospital Benefits Table H

Private hospitalisation surgical benefits

THE FOLLOWING SECTION REFUNDS 100% OF REASONABLE 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.

- Surgeon's fee
- Anaesthetist's fee
- Hospital fees, in a Licensed Private Hospital or Private Facility approved by UniMed for:
 - Accommodation - Southern Cross Hospital Single Room
 - 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
 - Post Operative Physiotherapist Fees from a Registered Physiotherapist
 - Emergency Ambulance for hospital admission
 - Surgically Implanted Prostheses
 - Laparoscopic Disposables

Per Admission

No Maximum

Laparoscopic surgery

Performed by a Registered Medical Practitioner in Private Practice. Benefits as per Surgery section.

Per Policy Year

No Maximum

<p>Cardiac surgery</p> <p>Performed by a Registered Medical Practitioner in Private Practice. Benefits as per Surgery section.</p>	<p>Per Policy Year</p> <p>No Maximum</p>
<p>Oral Surgery</p> <p>All Oral Surgery performed by a Registered Oral Surgeon excluding, under all benefit categories, extraction or surgical removal of teeth, implantation of teeth or costs of titanium implants.</p> <p>NOTE: The cost of tooth implants, removal of wisdom teeth and other in-patient dental procedures will attract benefits under the Dental category of the Ancillary Benefits Table. Hospital costs (accommodation/theatre costs etc) associated with tooth implants will be fully met by Table H.</p>	<p>Per Policy Year</p> <p>No Maximum</p>
<p>Angiograms</p> <p>Angiograms, Angioplasty Including Hospitalisation, Specialist & Ancillary fees.</p> <ul style="list-style-type: none"> • Angiogram • Angioplasty 	<p>Per Policy Year</p> <p>No Maximum</p> <p>No Maximum</p>
<p>Lithotripsy</p> <p>Performed by a Registered Medical Practitioner. Special conditions apply, refer to full conditions of membership.</p>	<p>Per Policy Year</p> <p>No Maximum</p>
<p>Spinal Surgery</p> <p>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.</p>	<p>Per Lifetime</p> <p>200,000</p>
<p>Accident Surgery</p> <p>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 Hospital 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 Hospital Surgical Benefits” section. No cover is provided for workplace/employment related injuries/conditions first occurring on or after 1 July 1999. The first \$100 of the TOTAL refundable costs per admission under this section are payable by the patient/member.</p>	

PRIVATE HOSPITALISATION MEDICAL BENEFITS

Non Acute Medical Hospitalisation	Per Admission	Per Policy Year
<p>Cover is provided for Non Acute Medical Hospitalisation (Excludes Psychiatric/Geriatric) in a Licensed Private Hospital, on admission and under the care of a Registered Medical Practitioner.</p>		
<ul style="list-style-type: none"> • Refund of Hospital Accommodation Fees. • Intravenous Fluids, Irrigating Solutions, Dressings, Prescriptions and Antibiotics. 	<p>900</p>	<p>No Maximum</p> <p>2,700</p>

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.	Per Admission 30,000	Per Policy Year 65,000
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MENTAL HEALTH

This benefit covers the costs of 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.	Per Policy Year 1,000
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BOWEL SCREENING KITS

After three years of continuous membership in the Hospital Select 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.	Per Policy Year One kit for each person every three policy years
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Ancillary Benefits Table A

THE FOLLOWING BENEFIT SECTIONS REFUND 80% OF ACTUAL MEDICAL COSTS TO THE SPECIFIED MAXIMUMS.

Allergy Testing When ordered and performed by a registered practitioner.	Per Policy Year No Maximum
Appliances For glucose testing machines for diabetics, and nebulisers and peak flow meters for asthmatics, provided they have been ordered by a registered medical practitioner. Other appliances as approved by the Committee.	Per Policy Year No Maximum
Audiology (Hearing testing) For services of a registered practitioner.	Per Policy Year No Maximum
Autologous Blood Self-donated blood.	Per Policy Year No Maximum
Cardiac Rehabilitation Programs When performed by a registered practitioner.	Per Policy Year No Maximum

<p>Chiropractic-Osteopathy Including x-rays, for services of a registered practitioner.</p> <p>Occupational Therapy When referred by a registered medical practitioner.</p> <p>Orthoptics (eye therapy) For services of a registered practitioner.</p> <p>Physiotherapy/Hydrotherapy For services of a registered practitioner.</p> <p>Speech Therapy For services of a registered practitioner.</p>			<p>Per Policy Year</p> <p>Combined annual benefit limit of 800 per person</p>
<p>Dietetics Consultation fee for services of a registered dietitian.</p>			<p>Per Policy Year</p> <p>No Maximum</p>
<p>Hearing Aids Including replacement batteries and repairs.</p>			<p>Per Policy Year</p> <p>500</p>
<p>Home Nursing When ordered by a registered medical practitioner for a health condition which requires the services of a qualified nurse.</p>	<p>Per Day</p> <p>100</p>		<p>Per Policy Year</p> <p>1200</p>
<p>Podiatry/Chiropody For services of a registered practitioner.</p>			<p>Per Policy Year</p> <p>300</p>
<p>Surgical Corsets, Braces & Stockings When ordered by a Registered Practitioner for a medical condition.</p>			<p>Per Policy Year</p> <p>400</p>
<p>Theatre Fees/Outpatient Cost of theatre fees as an outpatient in a hospital or clinic/medical centre. (An outpatient is a person not occupying a bed and receiving local anaesthetic only).</p>			<p>Per Policy Year</p> <p>No Maximum</p>
<p>THE FOLLOWING BENEFIT SECTIONS REFUND 100% OF ACTUAL MEDICAL COSTS TO THE SPECIFIED MAXIMUMS.</p>			
<p>Ambulance Transport Transport cost.</p>			<p>Per Policy Year</p> <p>No Maximum</p>
<p>Dental (including orthodontia) Treatment by a Registered Dental Practitioner.</p>			<p>Per Policy Year</p> <p>400</p>
<p>Bereavement Grant Cost of burial up to \$3000 per member or dependant. The benefit does not cover persons 65 years of age and over. Limit one claim per membership, per year.</p>			
<p>Optical Reimbursement of costs (excluding replacement for loss or breakage) for spectacles or contact lenses.</p>			<p>Per Policy Year</p> <p>250</p>

Orthopaedic & Surgical Shoes

Costs (in excess of \$100) when ordered by a registered practitioner for a medical condition. Limit one pair per person, per year. Shoe modifications and repairs attract a benefit of 80%.

GENERAL MEDICAL EXPENSES		
General practitioners	Per Visit	Per Policy Year
Treatment and consultation by a Registered Medical Practitioner, including dressings, acupuncture, ECG	50	No Maximum
After hours	Per Visit	Per Policy Year
Home Visits	60	120
Registered Practice Nurse	Per Visit	Per Policy Year
Treatment and consultation by a Practice Nurse holding NZRN qualifications.	20	No Maximum
Pharmaceutical	Per Visit	Per Policy Year
For medicine, drugs and vaccines, available only on prescription by a registered medical or dental practitioner, EXCLUDING contraceptives unless prescribed for therapeutic purposes.	15	300
Laboratory tests	Per Visit	Per Policy Year
The cost of laboratory charges for occult blood or glucose tests, requested by a Registered Medical Practitioner	70	70
Independent nurse practitioners	Per Visit	Per Policy Year
Treatment/consultation	30	150
SPECIALISTS & IMAGING		
Consulting physician/paediatrician	Per Visit	Per Policy Year
Consultations following referral from a Registered Medical Practitioner.		
• First claim in an insurance year	250	250
• Subsequent claims in an insurance year	110	No Maximum
Specialist including surgeon	Per Visit	Per Policy Year
Consultations following referral from a Registered Medical Practitioner with a Specialist Registered Medical Practitioner.		
• First claim in an insurance year	200	200
• Subsequent claims in an insurance year	100	No Maximum
Specialist oncologist	Per Visit	Per Policy Year
Consultation following referral from a Registered Medical Practitioner with an Oncologist who is a Specialist Registered Medical Practitioner.		
• First claim in an insurance year	250	250
• Subsequent claims in an insurance year	110	No Maximum

Oral surgeon	Per Visit	Per Policy Year
Consultations (not treatment) by a Registered Oral Surgeon.		
• First claim in an insurance year	200	200
• Subsequent claims in an insurance year	100	No Maximum

Imaging	Per Policy Year
Treatment provided by a Registered Medical Practitioner in Private Practice.	
• Bone Density Scan	85
• X-Rays and Image Intensifiers	500
• Ultrasound	500
• Mammography	500
• Scintigraphy	500
• CT Scan	1,500
• MRI Scan	2,000

Confinement by a qualified Midwife

A benefit of 40% of cost less your co-payment, including ante-natal and post-natal visits, will be paid for services of a registered midwife nurse in private practice. This benefit is only payable where a midwife's service is used rather than a registered medical practitioner.

Psychology	Per policy Year
A benefit of up to \$60 for initial consultation and \$45 for subsequent services of a registered practitioner.	540

Travel & Non-Hospital Accommodation

When a member or dependant is required to travel more than 100 kms (within NZ) each way for medical consultation or treatment to the nearest centre where medical requirements can be met a 50% benefit less your co-payment may be claimed on economy bus, rail, taxi fare or 15 cents per km if a private vehicle is used. A registered medical practitioner must recommend in writing the need for travel. This travel benefit is also available to one family member or carer who accompanies the patient. Where the patient is hospitalised, an accommodation allowance of up to \$30 per night may be claimed for the accompanying family member or carer. Where a member/dependant is receiving medical treatment in a public or private hospital more than 100 kms from home and chooses not to be an inpatient, an accommodation allowance of up to \$30 per night may be claimed. Limit of combined travel and accommodation benefit \$400 per family membership (\$200 single) per year.

ACCIDENT COMPENSATION CORPORATION (ACC) COVERAGE PRIMARY HEALTH CARE ACC TOP-UP

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

THE FOLLOWING TWO BENEFIT'S ARE ONLY AVAILABLE ON THE ANCILLARY BASE HEALTH PLAN AND NOT THE HOSPITAL BENEFITS ADD-ON MODULE

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Per Policy Year

1,000

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Children do not qualify for this benefit.

Per Policy Year

One kit for each person every three policy years

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

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