

## Summary of Health Plan changes effective 1 August 2025

### UniCare

This summary of Health Plan changes details benefit changes to your Health Plan and applies to all claims for services on or after 1 August 2025.

You should read this along with your Health Plan Document and the other documents which make up your policy as listed in the covering letter you will have received along with this document. Note your claims anniversary date is unchanged.

You may also notice that we have updated some of our terminology in our Health Plan documents such as “usual and customary charges” which is now referred to as “reasonable charges”. This has been done with a view to making things easier to understand, there has been no change to the meaning of the terminology.

### UniCare

Type of change	Benefit	Per policy year
New limit	<p><b>Spinal surgery</b></p> <p>A lifetime limit of \$200,000 has been introduced for any spinal surgeries. This means eligible Members can claim for spinal surgery as needed, however we will only provide a maximum cover of \$200,000 for these procedures for each eligible Member over their lifetime. A list of all surgeries which fall under this benefit can be found under Important Documents on our website.</p> <p>We have seen an increase in the volume and cost of spinal surgeries, which are highly complex and risky surgeries. However, some also come with lower success rates than other procedures and a high likelihood of needing to undertake the procedure again. As a Member-based co-operative, we need to balance the high cost of these types of procedures with the impact on premium across all Members, which is why we believe a lifetime limit is fair. We remain committed to helping Members who require these types of procedures, as well as alternative treatment options.</p>	\$200,000 per lifetime
Updated benefit to improve cover	<p><b>Post Operative Therapy</b></p> <p>The post operative therapy benefit is available for up to six months following chemotherapy and/or radiation oncology:</p> <p>Added to existing benefits:</p> <ul style="list-style-type: none"> <li>Registered Nutritionist (excludes food/food substitutes)</li> </ul>	\$900 per surgical event or chemotherapy/radiation oncology cycle
Updated benefit to improve cover and change in name	<p><b>Home Nursing previously called Home Care</b></p> <p>Home Nursing will now also be available following a cycle of chemotherapy or radiation oncology. We are also introducing a six-month period following surgery or a cycle of chemotherapy or radiation oncology.</p> <p><i>Home Nursing by a Registered Nurse for a six-month period following surgery, a cycle of chemotherapy/radiation treatment in a Private Hospital on referral from a Registered Medical Practitioner.</i></p>	\$100 per day/\$600 per policy year

Updated benefit to improve cover	<b>Mental Health</b> 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. <i>This replaces the current mental health offering of three visits per year.</i>	\$1,000 per policy year
Increased benefit limit	<b>Registered Practice Nurse &amp; Registered Nurse Practitioner</b> The visit limit has been increased.	\$50 per visit/ No annual maximum
New benefit	<b>Dietician/Nutritionist</b> Consultation by a New Zealand Registered Dietician or Nutritionist on referral from a Registered Medical Practitioner. Excludes food/food substitutes.	\$40 per visit/ \$160 per policy year
New benefit	<b>Chiropodist/Podiatrist</b> Consultation and treatment by a Registered Practitioner.	\$200 per policy year
Increased benefit limit	<b>Physiotherapist</b> The visit limit has been increased.	\$30 per visit/ \$260 per policy year
New benefit	<b>Bowel Screening Kit</b> After 3 years of continuous membership in this 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.	One bowel screening kit every three claim years

## Wording changes to existing benefits

### Surveillance following cancer treatment

Clarification has been added to the wording to make it clearer that skin cancer/lesions must be removed in a private hospital to be eligible for this benefit. There is no change to the benefit limit.

*Following surgery or treatment for cancer, associated with an eligible claim under your health plan, cover for Registered Specialist consultations and investigations related to the cancer diagnosis. This is not available for skin cancers/lesions removed by a minor surgery procedure performed by a specialist in their specialist room or a general practitioner in their practice room. 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.*

### Minor surgery and Minor skin lesions removed by a GP or a Registered Nurse/Nurse Practitioner

Clarification has been added that the preceding consultation will be included in cover.

*Performed by a Registered Medical Practitioner, Registered Nurse/ Nurse Practitioner in practice rooms, including preceding consultation.*