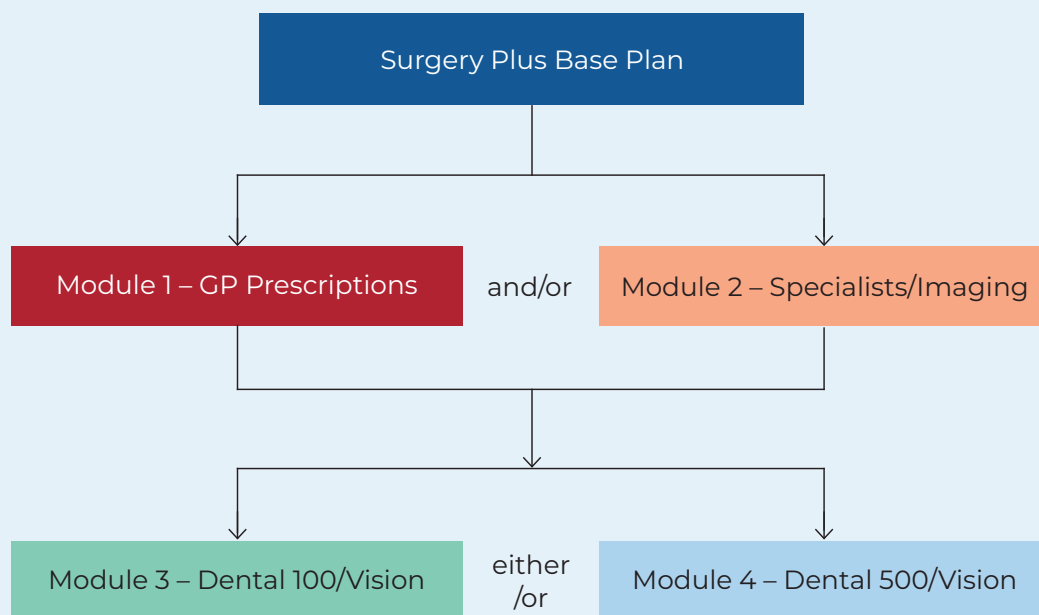


Surgery Plus With Modules Health Plan

It's the security of knowing we're there

Effective 1 April 2026

PLEASE NOTE: All benefits in all sections apply to each person on the Health Plan unless otherwise stated.
All benefits included in this Health Plan document are inclusive of GST charged by healthcare providers.



Surgery Plus is the base plan to which the additional modules may be added, individually or together, with the exception of Modules 3 and 4 which cannot be added to Surgery Plus Base Plan on their own.

Surgery Plus Base Plan

Private hospitalisation surgical benefits

Compulsory Health Plan Excess: The first \$500 when such costs are equal to or less than \$3,000, or the first \$750 when such costs are over \$3,000 of the TOTAL refundable costs per admission under this section are payable by the patient/member.

Voluntary Excess Option: Any voluntary excess option selected applies per admission. If a selected voluntary excess is greater than the compulsory excess the voluntary excess will apply. All benefits where an Excess applies are indicated within this Health Plan document.

THE FOLLOWING SECTION REFUNDS 100% OF THE REASONABLE CHARGES LIMITED TO THE BENEFIT MAXIMUMS FOR ANY ADMISSION.

Surgery (Excess applies)

Per Admission

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
 - 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
- Emergency Ambulance for hospital admission
- Surgically Implanted Prostheses
- Laparoscopic Disposables
- 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)

No Maximum

Post-operative Therapy

Post Operative Therapy up to six months following surgery, cycle of chemotherapy and/or radiation oncology:

- Occupational therapy
- Physiotherapy
- Speech and language therapy
- Osteopath
- Chiropractor
- Dietitian /Nutritionist consultations
- Lymphedema physiotherapy

1,500 combined per surgical event, cycle of chemotherapy and/or radiation oncology.

Costs for personal items such as food/food substitutes, materials or garments are excluded.

Surgical Tests & Investigations

Per Policy Year

Gastroscopy and/or Colonoscopy

No Maximum

Surveillance Colonoscopy or Gastroscopy

Per 24 Months

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

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.

In-Patient Non-Pharmac Subsidised Pharmaceuticals

Per Policy 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

Spinal Surgery (Excess applies)		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.		200,000
Angiography (Excess applies)		Per Policy Year
Angiograms, Angioplasty including Hospitalisation, Specialist and Ancillary fees.		No Maximum
Lithotripsy (Excess applies)		Per Policy Year
Performed by a Registered Medical Specialist. Special conditions apply, refer to UniMed Terms and Conditions.		No Maximum
Parent Accommodation	Per Night	Per Policy Year
In the event of a Member's insured child having surgery in a Licensed Private Hospital for which cover is available, a benefit for parent accommodation in the hospital is payable of:	200	600
Accident Surgery (Excess applies)		
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.		
Oral Surgery (Excess applies)		Per Policy Year
All Oral Surgery performed by a Registered Oral Surgeon, including the removal of impacted and unerupted teeth. Not included in cover is tooth exposure, implantation of teeth or costs of dental implants.		No Maximum
Breast Reconstruction (Excess applies)		Per Policy 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
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 Health Plan.		6,500

ALL BENEFIT SECTIONS FROM THIS POINT FORWARD REFUND 100% OF ACTUAL MEDICAL COSTS TO THE SPECIFIED MAXIMUMS.

"PUBLIC HOSPITAL" BENEFITS

"Public Hospital" Cash Grant - Surgical and Medical Admissions	Per 24 Hours	Per Policy Year
When Admitted to Public Hospital for a full 24 hours or more. (Child Benefit - 50% of benefit limit. All injury admissions are excluded).	150	1,800

SURGERY PRIOR/POST ADMISSION BENEFITS

Please note: To qualify for a claim, costs falling under these benefits must be incurred within the three months before or after an operation. Please submit receipted accounts at the same time as your claim for surgical hospitalisation.

Specialists		Per Policy Year
For Consultation(s) associated with Surgical Hospitalisation.		10,000
Imaging		Per Policy Year
For Diagnostic Procedures associated with Surgical Hospitalisation.		
<ul style="list-style-type: none">• X-rays and Image Intensifiers• Ultrasound• Mammography• Scintigraphy• CT Scan• MRI Scan• PET Scan		15,000 combined maximum

MINOR SURGERY

Registered Medical Practitioner or Registered Nurse/Nurse Practitioner	Per Visit	Per Policy Year
Performed by a Registered Medical Practitioner, Registered Nurse/Nurse Practitioner in practice rooms, including preceding consultation.	450	No Maximum
Registered Medical Specialist		Per Policy Year
Not requiring general anaesthetic, including preceding consultation and performed in specialist rooms.		No Maximum
Minor Skin Lesions Removed by a GP, Registered Nurse/Nurse Practitioner		Per Policy Year
Performed by a Registered Medical Practitioner, Registered Nurse/Nurse Practitioner in practice rooms, including preceding consultation.		2,000

HEALTH MAINTENANCE BENEFITS

Home Nursing	Per Day	Per Policy Year
Home Nursing by a Registered Nurse for a six month period following surgery and/or a cycle of chemotherapy/radiation treatment in a Licensed Private Hospital on referral from a Registered Medical Practitioner.	150	1,500

PRIVATE HOSPITALISATION MEDICAL BENEFITS

Cover for Non Acute Medical Hospitalisation (excludes Psychiatric/Geriatric) in a Licensed Private Hospital, on admission and under the care of a Registered Medical Practitioner.		Per Policy Year
<ul style="list-style-type: none">• Refund of Hospital Accommodation fees• Intravenous Fluids, Irrigating Solutions, Dressings, Prescriptions and Antibiotics		10,000 500
Psychiatric/Geriatric Hospitalisation		Per Policy Year
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.		5,000

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 Policy Year 5,000
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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 Policy Year 65,000
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RADIATION ONCOLOGY

Limited to Planning, Shielding and Accessories, Field Setup and XRT Simulation and performed in an approved Private Hospital facility.	Per Policy Year 65,000
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SURVEILLANCE FOLLOWING CANCER TREATMENT

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 policy year.

MENTAL HEALTH BENEFITS

Mental Health	Per Policy Year
This benefit covers the costs of Reasonable charges for consultations with a psychiatrist, psychologist, psychotherapist or counsellor.	1,000
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.	

NON MEDICAL BENEFITS

Bereavement Grant	Per Life
Upon death by natural or accidental causes prior to age 65 of any person on the Health Plan.	2,400

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.

LOYALTY BENEFITS – THESE BENEFITS RECOGNISE LONG TERM CONTINUOUS MEMBERSHIP.

Sterilisation Procedures (Excess applies)

Sterilisation procedures are covered for males and females after three years' continuous membership in the Surgery Plus base plan. Benefit as per Surgery section.

Obesity Surgery or Breast Reduction Surgery

Benefits apply after five years' continuous membership in the Surgery Plus base 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.

Per Lifetime

8,000

Overseas Treatment (Excess applies)

Benefits apply after five years' continuous membership in the Surgery Plus base plan. A grant is payable of 100% of Reasonable charges 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.

Per Policy Year

30,000

Prophylactic Surgery

Benefits apply after five years' continuous membership in the Surgery Plus base 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, which can be found in the Claims Document section under Important Document on our website. Breast reconstruction is not included under this benefit.

Per Lifetime

40,000

Bowel Screening Kits

After three years of continuous membership in the Surgery Plus 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.

Additional modules

You can choose to add any of our modules to your policy. These modules include:

Module 1
GP/Prescriptions

Module 2
Specialists/Imaging

Module 3
Dental 100/Vision

Module 4
Dental 400/Vision

Please note the Dental/Vision modules can only be added with either the GP/Prescriptions or Specialists/Imaging module.

Check your membership certificate to see if you're covered under any of these modules. You won't have these modules unless you've asked us to add them to your policy. We recommend that you read over the benefits carefully and make sure you understand them. Please contact us if you have any queries about the following modules, or would like to add a module to your policy.

Module 1 - GP/Prescriptions

GENERAL MEDICAL EXPENSES

General Practitioners	Per Visit	Per Policy Year
Treatment and Consultation by a Registered Medical Practitioner.	65	No Maximum
After Hours	Per Visit	Per Policy Year
Home Visits or consultations with a Registered Medical Practitioner at an after-hours facility.	70	140
Registered Practice Nurse & Registered Nurse Practitioner	Per Visit	Per Policy Year
Treatment and consultation by a Registered Practice Nurse or Registered Nurse Practitioner.	65	No Maximum
Prescriptions		Per Policy Year
User part charges for Prescription items on the New Zealand Pharmaceutical schedule and prescribed by a Registered Medical Practitioner. Includes psychiatric medication prescribed by a Registered Medical Practitioner.		300
Non-Pharmac Subsidised Pharmaceuticals		Per Policy 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
Laboratory Tests	Per Visit	Per Policy 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 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 Policy Year
Benefits apply after five years' continuous membership in the Surgery Plus base plan with GP/Prescriptions module. Consultation with a psychiatrist who is vocationally registered in New Zealand.	150	Three Visits

Module 2 - Specialists/Imaging

SPECIALISTS & IMAGING

Specialists

Consultations following referral from a Registered Medical Practitioner.

Per Policy Year

2,500

IMAGING

Treatment provided by a Registered Medical Practitioner in Private Practice.

- Bone Density Scan
- X-Rays and Image Intensifiers
- Ultrasound
- Mammography, including surveillance
- Scintigraphy
- CT Scan
- MRI Scan
- PET Scan

Per Policy Year

5,000
combined
maximum

HEALTH MAINTENANCE BENEFITS

Chiropodist/Podiatrist

Consultation and treatment by a Registered Practitioner.

Per Policy Year

250

Osteopath

Consultation and treatment provided by an Osteopath with New Zealand Registration.

Per Visit

200

Per Policy Year

500

Chiropractor

Cost of services from a Registered Chiropractor including X-rays.

Per Policy Year

200

Physiotherapist

Treatment by a Registered Physiotherapist, including acupuncture and manipulations.

Per Visit

60

Per Policy Year

500

Audiology

Consultations and audiology testing fees by a Registered Audiologist.
Audiometric Tests: For Puretone, Audiometry, Impedance, Tympanometry, Brain-stem evoked response.

Per Visit

100

Per Policy Year

250

250

Dietitian/Nutritionist

Consultation by a New Zealand Registered Dietician/Nutritionist on referral from a Registered Medical Practitioner. Excludes food/food substitutes.

Per Visit

40

Per Policy Year

200

Ambulance

Emergency ambulance call out, excluding injuries.

Per Policy Year

180

Urodynamic Assessment	Per Policy Year
Treatment by a Specialist Urologist.	1,200

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 of \$12,500.

Cardiac Diagnostic Procedures	Per Policy Year
<ul style="list-style-type: none"> • Holter Monitoring • Treadmill Exercise • Ambulatory BP Monitoring • Cardiovascular Ultrasound • Stress Echocardiography • Echocardiography • Transoesophageal Echocardiography 	2,400 combined maximum

LOYALTY BENEFITS – THESE BENEFITS RECOGNISE LONG TERM CONTINUOUS MEMBERSHIP

Sterilisation Procedures (Excess applies)	Per Policy Year
Sterilisation procedures are covered for males and females after one years' continuous membership in the Surgery Plus base plan with Specialist/Imaging module.	No Maximum

Obstetrics	Per Policy Year
Benefits apply after three years' continuous membership in the Surgery Plus with Specialists/Imaging module. Treatment from a Registered Medical Practitioner for Obstetric conditions.	1,000

Hearing Aid Grant	Per Policy Year
Benefit applies for the purchase of a hearing aid after three years' continuous membership in the Surgery Plus with Specialists/Imaging module. This benefit does not apply to the rental or lease of hearing aids.	1,000

“ACC” TOP UP BENEFIT

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.

Module 3 - Dental 100/Vision

VISION CARE

	Per Visit	Per Policy Year
Optometrist Consultation by a Registered Optometrist. NB: Vision testing only. For spectacles/lenses see below.	75	250
Ophthalmologist Treatment by a Registered Ophthalmologist. First claim in a policy year Subsequent claims per policy year	200 100	200 No Maximum
Orthoptist Treatment by a Registered Orthoptist.		300
Spectacles and Lenses Reimbursement of costs (excluding replacement for loss or breakage) of spectacles or contact lenses.		500

DENTAL CARE

Dental treatment by a Registered Dental Practitioner including routine maintenance, teeth cleaning, fillings, extraction of teeth, dentures, periodontic and orthodontic treatment.		Per Policy Year 100
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Module 4 - Dental 500/Vision

VISION CARE

The benefits as detailed in module 3 relating to Optometrist, Ophthalmologist, Orthoptist, and Spectacles and Lenses also apply to module 4.

DENTAL CARE

Dental treatment by a Registered Dental Practitioner including routine maintenance, teeth cleaning, fillings, extraction of teeth, dentures, periodontic and orthodontic treatment.		Per Policy Year 500
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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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