

Surgical Care 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.

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.

Surgical Care

The following table summarises the main features of our surgery options.

Type of expense	Surgical Care
General Practitioner	No
Specialist (on referral)	Yes*
Relevant pre-operation test	Yes*
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 <ul style="list-style-type: none"> • 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 after first \$500, limited to no more than half of the ACC contribution towards the total 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 costs 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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