

# Surgical Plus Health Plan

## The Amounts You Can Claim

The maximum amount you can claim, including Additional Benefits, for any event giving rise to a claim is \$250,000. A standard excess of \$500 per claim will apply to all claims except where this excess is replaced by a higher excess selected by you.

## You are insured for

### SURGERY

The Reasonable charge of Non Acute Approved Surgical Procedure(s) performed in a Licensed Private Surgical Hospital which includes

- Surgeon's and anaesthetist's fees.
- Private hospital accommodation fees.
- Pre and post operative specialist's fees within six months of the date of related surgery.
- Surgically implanted prosthesis.
- Diagnostic procedures which lead to and occur within six months of related surgery in a private hospital.
- Ancillary treatment charges incurred while in hospital.
- Oral and maxillofacial surgery performed by a Registered Oral Surgeon for the removal of impacted and unerupted teeth, cysts, soft tissue swellings and abscesses. Periodontal work is not covered.

The cost of medical treatment in a private hospital for

- Angiography and angioplasty procedures.
- Lithotripsy procedures.

### SPINAL SURGERY

This benefit covers the costs of spinal surgeries up to \$200,000 per policy lifetime. 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.

### POST OPERATIVE THERAPY

Post Operative Therapy of \$1,500 for up to six months following surgery, chemotherapy and/or radiation oncology event:

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

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

## 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

## 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

## IMAGING

Treatment provided by a Registered Medical Practitioner in Private Practice.  
• PET Scan

**Per Policy Year**  
15,000

## Additional Benefits

### OVERSEAS TRANSPLANT SURGERY GRANT

If heart, lung or liver transplant surgery at an overseas approved hospital is recommended by a Registered Specialist because suitable treatment is not available in New Zealand, we will make a cash grant of up to \$10,000 when supported by original invoices.

### TRANSFER COSTS

If you require surgery in a private hospital, we will pay the cost of air ambulance and/or road ambulance to transport you within New Zealand to or from a private hospital in New Zealand on the recommendation of a Registered Medical Practitioner.

### WAIVER OF PREMIUM

Upon death by natural causes prior to age 60 of any member paying the adult contribution rate the surviving spouse and/or qualifying dependents named on the policy will receive two years free coverage at the benefit levels applying at the date of death.

### TRAVEL/ ACCOMMODATION ALLOWANCE

Where you require surgery in a private hospital more than 150kms from your home and a Registered Medical Practitioner recommends a support person travels with you and stays at that location for more than 48 consecutive hours, we will pay an allowance of \$100 per 24 hour period with a maximum of \$600 per policy year.

## **PUBLIC HOSPITAL GRANT**

If you are admitted for surgery to a public hospital for a stay of three or more consecutive days, we will pay a grant of \$100 per 24 hour period to a maximum of \$500 per person per policy year. This benefit does not include admissions on a fee paying basis or claims resulting from personal injury as defined under the Accident Rehabilitation and Compensation Insurance Act 1992 or any amendment thereto.

## **HEMOCARE**

We will give you a refund of up to \$100 per 24 hour period with a maximum of \$1000 per person per policy year for home nursing by a Registered Nurse following eligible surgery and referral from a Registered Medical Practitioner.

## **MENTAL HEALTH**

This benefit covers the costs of reasonable charges for consultations with a psychiatrist, psychologist, psychotherapist or counsellor up to \$1,000 per person in any Period of Insurance.

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.

## **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 "You are insured for" section.

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. This benefit is only available for surgery following first diagnosis of breast cancer on or after 1 May 2005 and no benefit will be paid under this section unless UniMed has paid for the initial mastectomy.

## **Loyalty benefits**

### **OBESITY SURGERY OR BREAST REDUCTION SURGERY**

After five years' continuous membership in the Surgical Plus health plan. A one time grant is payable of 50% of actual costs up to \$8,000.

For Breast Reduction Surgery, an underlying medical condition must apply. Excluding removal of implants or cosmetic reduction.

## PROPHYLACTIC SURGERY

After five years' continuous membership in the Surgical Plus health plan. A one time grant is payable up to \$40,000 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 Documents section under Important Documents on our website. Breast reconstruction is not included under this benefit.

## BOWEL SCREENING KITS - EXCESS DOES NOT APPLY

After three years of continuous membership in the Surgical Plus health plan, this benefit provides you with access to an at-home bowel-screening kit every three years. 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.

### Get in touch

The team at UniMed are available to discuss your plan, and answer any questions you may have.

Phone: **0800 600 666** (freephone)  
03 365 4048

Email: [members@unimed.co.nz](mailto:members@unimed.co.nz)

### UniMed

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