

Unity Surgical Health Plan

Effective July 2026

Keeping you and your family in life-long good health.

No other organisation champions the health needs of New Zealanders and their families 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.

Unity Surgical Health Cover

Your Unity Surgical Health Cover is designed to provide you with peace of mind, for your surgical needs. The following table summarises the main features of the Unity Surgical Health Plan.

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 this section are payable by the patient/member.

Surgical cover

TYPE OF EXPENSE	COVER
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 \$10,000 max, per operation
Special nursing (in hospital)	Yes
Physiotherapy (in hospital)	Yes
Post operation medication	Yes*
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).	Yes
Specialist (post operation)	Yes*
Max cover per operation	\$25,000 of Reasonable charges
Lithotripsy	Yes to \$5,000 max
Accident top up	Yes after first \$500, limited to no more more than half of the ACC contribution towards the total cost.





Spinal Surgery

\$200,000 per lifetime

This benefit covers the costs of spinal surgeries. A list of all surgeries which fall under this benefit can be found on our Approved Procedures document under Important Documents on our website.

In-Patient Non-Pharmac subsidised pharmaceuticals

\$2,000 per admin, \$2,000 per policy 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 the surgical cover 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.

Minor skin lesions removed by a GP

\$2,000 per visit, \$2,000 per policy 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, \$1,800 per policy 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).

Mental Health

\$1,000 per policy year

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.

Bowel Screening Kit

One bowel screening kit every three claim years

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.

Overseas treatment

Benefits apply after five years' continuous membership in this plan. 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.

Notes

- * To be eligible, these costs must be incurred within three months of the date of the operation.
- 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 charge structure. Costs may be limited if proposed fees are not acceptable to UniMed.
- Emergency and acute admissions are not covered.

Unimed's terms and conditions

Just like other insurers we have terms and conditions and rules. These are contained in Unimed's terms and conditions which you can download from our website at unimed.co.nz and will be provided in your new Member welcome pack.

Need to know more before making your choice?

Phone UniMed's friendly, helpful staff now and secure your future.

Freephone: **0800 600 666**

UniMed

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