

# Corporate Hospital Select Plus Options Plan

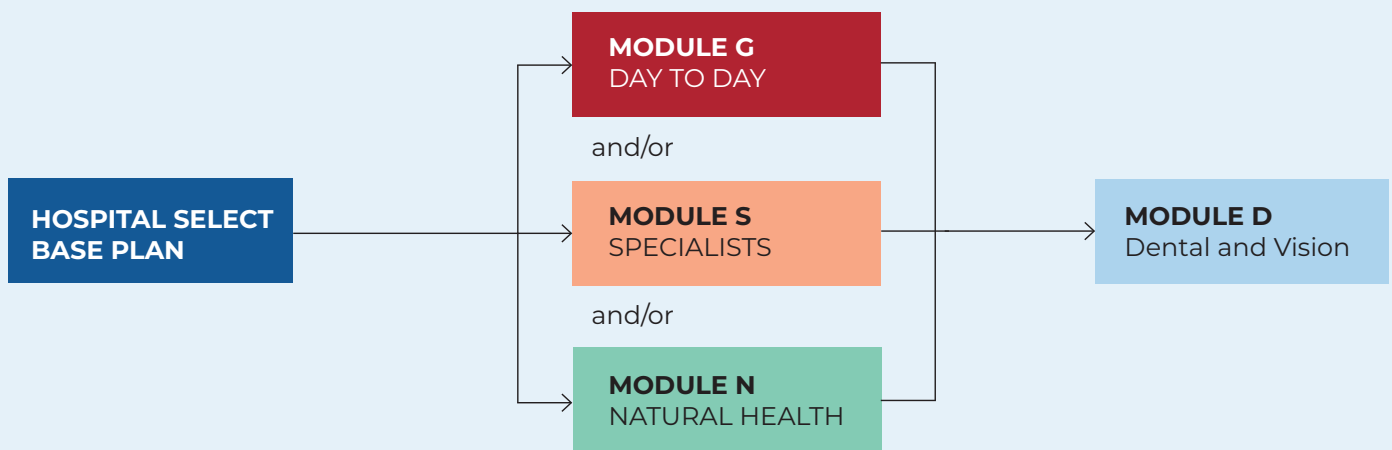
## It's the security of knowing we're there

Effective 1 August 2024

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

**Voluntary Excess Option:** Any voluntary excess option selected applies per claim. All benefits where an Excess applies are indicated within this brochure.

Hospital Select is the base plan to which the other modules may be added, individually or together, with the exception of Module D which cannot be added to Hospital Select Base Plan on its own.



Step 1: Compulsory Base Plan



Step 2: Combination Of Modules



Step 3: Add Dental/ Vision Module

# Hospital Select Base Plan

## Private hospitalisation surgical benefits

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

### Surgery

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.

**Per Admission** **Excess Applies**



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

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 consultations (excludes food/food substitutes)
- Lymphedema physiotherapy (excludes garments)

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

### Surgical Tests & Investigations

Gastroscopy and/or Colonoscopy

**Per Year**

No Maximum

### Surveillance Colonoscopy or Gastroscopy

Payable where no signs or symptoms are present, reimbursement of 50% of actual costs up to limit. Limit of one procedure every 24 months.

**Per 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

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.

**Per Year**

2,000

<p><b>Oral Surgery</b></p> <p>All Oral Surgery performed by a Registered Oral Surgeon excluding, under all benefit categories, the extraction or surgical removal of teeth, implantation of teeth or costs of titanium implants. Wisdom tooth extraction including the removal of un-erupted or impacted wisdom teeth, including all associated costs.</p>		<b>Per Year</b>	<input checked="" type="checkbox"/>
		No Maximum	
<p><b>Breast Reconstruction</b></p> <p>Breast Reconstruction performed by a Registered Medical Practitioner in Private Practice. Breast reconstruction required as a result of a prophylactic mastectomy is not included.</p>		<b>Per Year</b>	<input checked="" type="checkbox"/>
		No Maximum	
<p><b>Breast Symmetry, Post Mastectomy</b></p> <p>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 Plan.</p>		<b>Per Lifetime</b>	
		6,500	
<p><b>Angiography</b></p> <p>Angiograms &amp; Angioplasty including hospitalisation, specialist &amp; ancillary fees.</p>		<b>Per Year</b>	<input checked="" type="checkbox"/>
		No Maximum	
<p><b>Lithotripsy</b></p> <p>Performed by a Registered Medical Specialist Special conditions apply, refer to full conditions of membership.</p>			<input checked="" type="checkbox"/>
		No Maximum	
<p><b>Accident Surgery</b></p> <p>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.</p>			<input checked="" type="checkbox"/>
<p><b>Home Nursing – Following Surgery</b></p> <p>Home Nursing by a Registered Nurse, following surgery in a Private Hospital on referral from a Registered Medical Practitioner.</p>	<b>Per Day</b>	<b>Per Year</b>	
	150	6,000	
<p><b>Ambulance</b></p> <p>Emergency ambulance call out, excluding injuries.</p>		<b>Per Year</b>	
		200	
<p><b>Parent Support Accommodation</b></p> <p>In the event of a Health Plan holder's insured child having surgery in a private hospital for which cover is available, a benefit for parent accommodation in the hospital is payable of:</p>	<b>Per Night</b>	<b>Per Year</b>	
	150	600	
<p><b>Hospital Cash Allowance – Medical/surgical admissions</b></p> <p>When admitted to Public Hospital for a full 24 hours or more. Child Benefit - 50% of benefit limit. (All injury admissions excluded)</p>	<b>Per 24 Hours</b>	<b>Per Year</b>	
	150	1,800	

## IMAGING

- CT Scan
- MRI Scan
- PET Scan
- Cardioversion
- Myocardial Perfusion Scan
- Scintigraphy

### Per Year

Combined  
Maximum  
300,000

## SURGERY - PRIOR/POST ADMISSION BENEFITS (SIX MONTHS BEFORE AND SIX MONTHS AFTER SURGERY)

### Imaging

- X-rays
- Mammography
- Ultrasounds
- Nuclear Scanning

### Per Year

Combined  
Maximum  
300,000

### Specialist/Surgeon/Consultant Physician

Consultations following referral from a Registered Medical Practitioner.

### Per Year

300,000

## PRIVATE HOSPITALISATION

### Radiation Oncology

Limited to Planning, Shielding and Accessories, Field Setup and XRT Simulation and performed in an approved Private Hospital facility.

### Per Year

65,000

### 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 Year

65,000

### Surveillance Following Cancer Treatment

Following surgery or treatment for cancer, associated with an eligible claim under your Health Plan, cover exists for Registered Specialist consultations and investigations related to the cancer diagnosis. 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.

### Medical Hospitalisation

Cover is for Non Acute Medical Hospitalisation (Excludes Psychiatric/Geriatric) in a Licensed Private Hospital, on admission and under the care of a Registered Medical Practitioner.  
Ancillary hospital charges.

### Per Year

65,000

500

### 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 Year

5,000

### Psychiatric/Geriatric Hospitalisation

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.

### Per Year

5,000

## MINOR SURGERY

### Registered Medical Specialist

Not requiring general anaesthetic, including preceding consultation and performed in specialist rooms.

**Per Year**

No Maximum

### Registered Medical Practitioner or Registered Nurse/Nurse Practitioner

Not requiring general anaesthetic, including preceding consultation and performed in practice rooms.

**Per Visit**

500

**Per Year**

No Maximum

### Minor Skin Lesions Removed by a GP, Registered Nurse/Nurse Practitioner

Performed by a Registered Medical Practitioner, Registered Nurse/Nurse Practitioner in practice rooms.

**Per Year**

2,000

## GENERAL PRACTITIONER

### General Practitioner

Treatment and consultation by a Registered Medical Practitioner, including dressings, acupuncture, ECG.

**Per Person**

65

**Per Year**

3 Visits

## 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.

**Per Lifetime**

20,000

## 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.

## FUNERAL GRANT

Upon death by natural or accidental causes prior to age 65 of any person on the Health Plan.

**Per Life**

2,400

## "ACC" TOP UP BENEFIT

The 'shortfall' between actual costs and ACC refunds for out of hospital expenses incurred as a result of qualifying personal injury or employment related conditions are covered to the limits as shown.

*NB: For a claim to qualify, ACC must have provided financial assistance towards treatment costs.*

## LOYALTY BENEFITS

### Obesity Surgery or Breast Reduction Surgery

Benefits apply after five years' continuous membership in this 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

<b>Overseas Treatment</b>	<b>Per Year</b>	<input checked="" type="checkbox"/>
Benefits apply after five years' continuous membership in this plan. A grant is payable of 100% of the usual and customary charge 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.	30,000	

<b>Sterilisation</b>	<b>Per Year</b>
Sterilisation procedures are covered after three years' continuous membership in this plan.	5,000

<b>Prophylactic Surgery</b>	<b>Per Lifetime</b>
Benefits apply after five years' continuous membership in this 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. Breast reconstruction is not included under this benefit.	40,000

### SPECIALISTS - MODULE "S"

THE FOLLOWING BENEFIT SECTIONS REFUND 100% OF ACTUAL MEDICAL COSTS TO THE SPECIFIED MAXIMUMS.

<b>Imaging</b>	<b>Per Year</b>
<ul style="list-style-type: none"> <li>• Bone density scan</li> <li>• X-rays</li> <li>• Mammography, including surveillance</li> <li>• Ultrasounds</li> <li>• Nuclear scanning</li> <li>• Holter monitoring</li> <li>• Exercise ECG</li> <li>• Blood pressure monitoring</li> <li>• Stress echocardiography</li> <li>• Cardiovascular ultrasound</li> <li>• Echocardiography</li> <li>• Transoesophageal Echocardiography</li> <li>• Urodynamic assessment</li> <li>• Audiology</li> </ul>	Combined Maximum 7,500

### SPECIALISTS

<b>Specialist/Surgeon/Consultant Physician</b>	<b>Per Year</b>
Consultations following referral from a Registered Medical Practitioner.	5,000

<b>Obstetrics</b>	<b>Per Year</b>
Treatment by a Registered Medical Practitioner for obstetric conditions.	1,000

### "ACC" TOP UP BENEFIT

The 'shortfall' between actual costs and ACC refunds for out of hospital expenses 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.*

## DAY TO DAY - MODULE "G"

THE FOLLOWING BENEFIT SECTIONS REFUND 100% OF ACTUAL MEDICAL COSTS TO THE SPECIFIED MAXIMUMS.

	Per Visit	Per Year
<b>General Practitioners</b> Treatment and consultation by a Registered Medical Practitioner, including dressings, acupuncture, ECG.	65	No Maximum
<b>After Hours</b> Home Visits.	70	No Maximum
<b>Registered Practice Nurse/Registered Nurse Practitioner</b> Treatment and consultation by a Registered Practice Nurse or Registered Nurse Practitioner.	45	No Maximum
<b>Prescriptions</b> User part charges for Prescription items on the New Zealand Pharmaceutical schedule and prescribed by a Registered Medical Practitioner. Psychiatric medications prescribed by a Registered Medical Practitioner are now included in this benefit.		400
<b>Non-PHARMAC subsidised pharmaceuticals</b> 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.		1,000
<b>Laboratory Tests</b> 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 for out of hospital expenses 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

	Per Visit	Per Year
<b>Psychiatric Consultations</b> Benefits apply after five years' continuous membership in the Hospital Select plan with Day to Day Module. Consultation with a psychiatrist who is vocationally registered in New Zealand.	150	Three Visits

## NATURAL HEALTH - MODULE "N"

THE FOLLOWING BENEFIT SECTIONS REFUND 100% OF ACTUAL MEDICAL COSTS TO THE SPECIFIED MAXIMUMS.

<b>Osteopath</b> Consultation and treatment provided by an Osteopath with NZ Registration.	}	<b>Per Year</b> Combined maximum 200
<b>Chiropractor</b> Services from a Registered Chiropractor including X-rays.		

Treatment provided by the following Registered Practitioners	Per Year
<ul style="list-style-type: none"> <li>· Chiropodist</li> <li>· Physiotherapist</li> <li>· Dietitian</li> <li>· Podiatrist</li> <li>· Acupuncture</li> <li>· Homeopathy</li> <li>· Naturopathy</li> <li>· Nutritionist</li> <li>· Medical Herbalist</li> <li>· Remedial Massage Therapy</li> <li>· Rongoa Māori Practitioner, as per Ministry of Health list of Practitioners (excludes food/food substitutes)</li> <li>· Traditional Chinese Medicine Practitioner registered with the Chinese Medical Council of New Zealand (excludes food/food substitutes)</li> </ul>	Combined maximum 800

Wellness benefit	Every 3 Years
A health check by a Registered Medical Practitioner.	100

**“ACC” TOP UP BENEFIT**

The 'shortfall' between actual costs and ACC refunds for out of hospital expenses 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.*

**DENTAL & VISION - MODULE “D”**

**THE FOLLOWING BENEFIT SECTIONS REFUND 100% OF ACTUAL MEDICAL COSTS TO THE SPECIFIED MAXIMUMS.**

Orthoptist	Per Year
Treatment by a Registered Orthoptist.	300

Optometrist	Per Visit	Per Year
Consultation by a Registered Optometrist	75	300
<i>NB: Vision testing only, for spectacles/lenses see below.</i>		

Spectacles and Lenses	Per Year
Reimbursement of costs (excluding replacement for loss or breakage) of spectacles or contact lenses.	500

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

Dental Hygienist	Per Year
Treatment by a Hygienist registered with the NZ Dental Hygienist Association.	100

**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.

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