

Hospital Select Plus Modules Health Plan

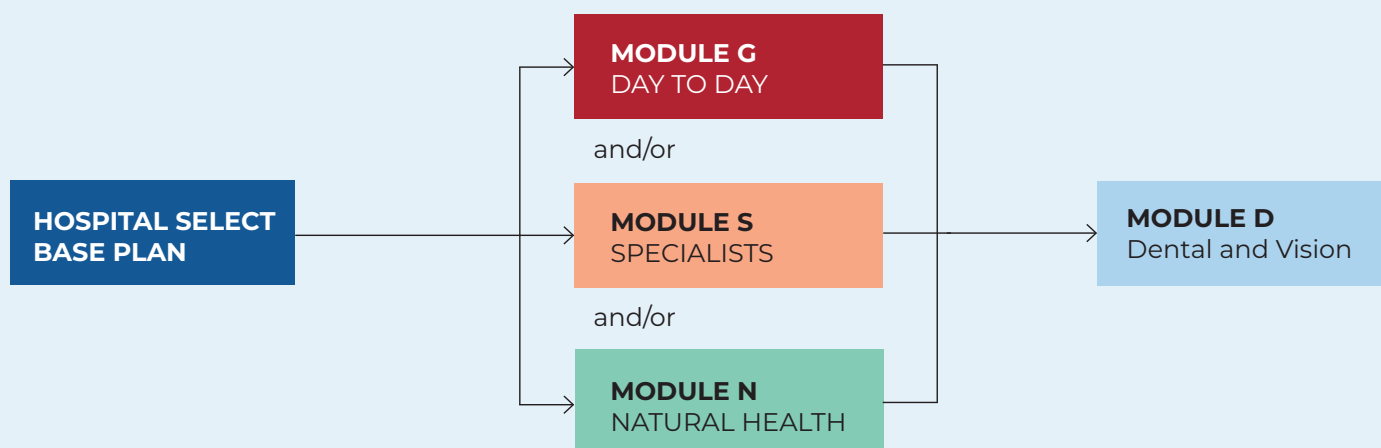
It's the security of knowing we're there

Effective 1 August 2025

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.

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

Hospital Select is the base plan to which the additional 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 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
 - 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/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
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
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
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
Angiography (Excess applies)		Per Policy Year
Angiograms and 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
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.		
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	6,000

Ambulance		Per Policy Year
Emergency ambulance call out, excluding injuries.		200
Parent Support 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:	150	600
Hospital Cash Allowance – Medical/surgical 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 excluded)	150	1,800

IMAGING		
<ul style="list-style-type: none"> • CT Scan • MRI Scan • PET Scan • Cardioversion • Myocardial Perfusion Scan • Scintigraphy 		Per Policy Year Combined Maximum 300,000

SURGERY - PRIOR/POST ADMISSION BENEFITS (SIX MONTHS BEFORE AND SIX MONTHS AFTER SURGERY)		
Imaging		Per Policy Year
<ul style="list-style-type: none"> • X-rays • Mammography • Ultrasounds • Nuclear Scanning 		Combined Maximum 300,000
Specialists		Per Policy Year
Consultations following referral from a Registered Medical Practitioner.		300,000

PRIVATE HOSPITALISATION		
Radiation Oncology		Per Policy Year
Limited to Planning, Shielding and Accessories, Field Setup and XRT Simulation and performed in an approved Private Hospital facility.		65,000
Chemotherapy		Per Policy 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. 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.		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. 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.

Medical Hospitalisation	Per Policy Year
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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.	65,000
Ancillary hospital charges.	500

Acute Private Hospitalisation Medical/Surgical Grant	Per Policy Year
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An admission for an "Acute" Qualifying Medical Condition or "Surgical Procedure" under the care of a Registered Medical Practitioner in a Licensed Private Hospital.	5,000
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Psychiatric/Geriatric Hospitalisation	Per Policy Year
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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
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MINOR SURGERY

Registered Medical Specialist	Per Policy Year
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Not requiring general anaesthetic, including preceding consultation and performed in specialist rooms.	No Maximum
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Registered Medical Practitioner or Registered Nurse/Nurse Practitioner	Per Visit	Per Policy Year
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Not requiring general anaesthetic, including preceding consultation and performed in practice rooms.	500	No Maximum
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Minor Skin Lesions Removed by a GP, Registered Nurse/Nurse Practitioner	Per Policy Year
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Performed by a Registered Medical Practitioner, Registered Nurse/Nurse Practitioner in practice rooms, including preceding consultation.	2,000
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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
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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.

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.

BEREAVEMENT 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

Per Lifetime

Benefits apply after five years' continuous membership in the Hospital Select 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.

8,000

Overseas Treatment (Excess applies)

Per Policy Year

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

Sterilisation

Sterilisation procedures are covered after three years' continuous membership in the Hospital Select base plan.

Per Policy Year

5,000

Prophylactic Surgery

Benefits apply after five years' continuous membership in the Hospital Select 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 Documents section under Important Documents 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 Hospital Select 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 "S"
Specialists

Module "G"
Day to Day

Module "N"
Natural Health

Module "D"
Dental/Vision

Please note the Dental/Vision module can only be added with either the Day to Day, Specialist or Natural Health 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.

Specialists - Module “S”

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

Imaging

- Bone density scan
- X-rays
- Mammography, including surveillance
- Ultrasounds
- Nuclear scanning
- Holter monitoring
- Exercise ECG
- Blood pressure monitoring
- Stress echocardiography
- Cardiovascular ultrasound
- Echocardiography
- Transoesophageal echocardiography
- Urodynamic assessment
- Audiology

Per Policy Year

Combined
Maximum
7,500

SPECIALISTS

Specialists

Per Policy Year

Consultations following referral from a Registered Medical Practitioner.

5,000

Obstetrics

Per Policy Year

Treatment by a Registered Medical Practitioner for obstetric conditions.

1,000

LOYALTY BENEFIT

Hearing Aid Grant

Per Policy Year

Benefit applies for the purchase of a hearing aid after three years' continuous membership in the Hospital Select base plan with Specialists 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 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.

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	No Maximum
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 medications prescribed by a Registered Medical Practitioner.		400
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.		1,000
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 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

Psychiatric Consultations	Per Visit	Per Policy Year
Benefits apply after five years’ continuous membership in the Hospital Select base 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.

Osteopath

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

Chiropractor

Services from a Registered Chiropractor including X-rays.

Per Policy Year

Combined
maximum
200

Treatment provided by the following Registered Practitioners

- Chiropodist
- Physiotherapist
- Dietitian
- Podiatrist
- Acupuncture
- Homeopathy
- Naturopathy
- Nutritionist
- Medical Herbalist
- Remedial Massage Therapy
- Rongoa Māori Practitioner, as per Ministry of Health list of Practitioners
- Traditional Chinese Medicine Practitioner registered with the Chinese Medical Council of New Zealand

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

Per Policy Year

Combined
maximum
800

Wellness benefit

A health check by a Registered Medical Practitioner.

Every 3 Years

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 Policy Year
Treatment by a Registered Orthoptist.		300
Optometrist	Per Visit	Per Policy Year
Consultation by a Registered Optometrist. <i>NB: Vision testing only, for spectacles/lenses see below.</i>	75	300
Spectacles and Lenses		Per Policy Year
Reimbursement of costs (excluding replacement for loss or breakage) of spectacles or contact lenses.		500
Dental		Per Policy Year
Dental treatment by a Registered Dental Practitioner including routine maintenance, fillings, extraction of teeth, dentures, periodontic and orthodontic treatment. A dental hygienist is a dental practitioner and is covered under this benefit.		600

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**

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