

Multicare 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.

PRIVATE HOSPITALISATION SURGICAL BENEFITS

Payments under this section are limited to 80% of the Reasonable charges of the procedure up to the per admissions limit stated. All benefits included in this Health Plan document are inclusive of GST charged by healthcare providers.

Compulsory Health Plan Excess: The first \$300 when such costs are equal to or less than \$3,000, or the first \$600 when such costs are over \$3,000 of the TOTAL refundable costs per admission under this section are payable by the patient/member.

Voluntary Excess Option: Any voluntary excess option selected applies per claim and will be additional to any other deductibles applying to this Health Plan. If a selected voluntary excess is greater than the compulsory excess the voluntary excess will apply.

| Surgery | Per Admission | Per Policy Year |
|---|--------------------------|-----------------|
| <p>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.</p> <ul style="list-style-type: none">• Surgeon's fee• Anaesthetist's fee• Hospital fees, in a Licensed Private Hospital or Private Facility approved by UniMed for:<ul style="list-style-type: none">• Accommodation• Theatre fees and Anaesthetic supplies• Perfusionist• Intensive Care Nursing• Recovery Nurse• X-Ray Examination, ECG• Intravenous Fluids, Irrigating Solutions, Dressings, Prescriptions and Antibiotics• Pre op Consultation• Emergency Ambulance for Hospital admission• Surgically Implanted Prostheses• Laparoscopic Disposables• 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) | Combined Maximum 100,000 | No Maximum |

Spinal Surgery

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. Benefits and limit as per surgery section.

Breast Reconstruction

Breast reconstruction performed by a Registered Medical Practitioner in Private Practice. Breast reconstruction required as a result of a prophylactic mastectomy is not included. Benefits and limit as per surgery section.

Oral Surgery

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 dental implants. Benefits and limits as per Surgery section.

Lithotripsy

Performed by a Registered Medical Specialist. Special conditions apply, refer to UniMed Terms and Conditions. Benefits and limit as per surgery section.

ALL BENEFIT SECTIONS FROM THIS POINT FORWARD REFUND 100% OF ACTUAL MEDICAL COSTS TO THE SPECIFIED MAXIMUMS.

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

Combined Maximum 1,000 per surgical event, cycle of chemotherapy and/or radiation oncology.

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

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.

550

Angiography

Per Policy Year

Angiograms, Angioplasty including Hospitalisation, Specialist and Ancillary fees.

Angiogram

3,850

Angioplasty (Grant)

12,000

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.

| Surgical Tests and Investigations | Per Policy Year |
|--|------------------------|
| Gastroscopy and/or Colonoscopy | 5,000 |

| 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.

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 of \$4,000.

Accident Surgery

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.

| Parent 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: | 130 | 650 |

"PUBLIC HOSPITAL" BENEFITS

"Public Hospital" Cash Grant

| Surgical and Medical 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 are excluded). | 140 | 1,680 |

PRIVATE HOSPITALISATION MEDICAL BENEFITS

| Cover is provided for Non Acute Medical Hospitalisation (includes Geriatric) in a Licensed Private Hospital, on admission and under the care of a Registered Medical Practitioner. Refund of Hospital Accommodation fees, and ancillary hospital charges. | Per Policy Year |
|---|------------------------|
| | 3,500 |

| Psychiatric Hospitalisation | Per Policy Year |
|--|------------------------|
| In a Licensed Private Hospital on admission and under the care of a Specialist Psychiatrist. Refund of Hospital Accommodation Fees, and ancillary hospital charges. | 3,500 |

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 Policy Year
2,750

MINOR SURGERY

Registered Medical Practitioner or Registered Nurse/Nurse Practitioner

Per Visit

Per Policy Year

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

400

No Maximum

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

Per Visit

Per Policy Year

Performed by a Registered Medical Practitioner, Registered Nurse/Nurse Practitioner in practice rooms, including preceding consultation

550

1,100

Registered Medical Specialist

Per Policy Year

Not requiring General Anaesthetic, including preceding consultation and performed in specialist rooms.

1,500

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 \$9,250 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
60,000

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.

RADIATION ONCOLOGY

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

Per Policy Year
60,000

GENERAL MEDICAL EXPENSES**THIS BENEFIT SECTION REFUNDS 100% OF ACTUAL MEDICAL COSTS TO THE SPECIFIED MAXIMUMS.**

| | | |
|--|------------------|------------------------|
| General Practitioners | Per Visit | Per Policy Year |
| Treatment and consultation by a Registered Medical Practitioner. | 55 | No Maximum |
| GP After Hours | Per Visit | Per Policy Year |
| Home Visits. | 55 | 110 |
| Registered Practice Nurse & Registered Nurse Practitioner | Per Visit | Per Policy Year |
| Treatment and consultation by a Registered Practice Nurse or Registered Nurse Practitioner. | 55 | 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. | | 300 |
| 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. | | 550 |
| 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 |
| Chiropodist/Podiatrist | | Per Policy Year |
| Consultation and treatment by a Registered Practitioner. | | 240 |
| Osteopath | Per Visit | Per Policy Year |
| Consultation and treatment provided by an Osteopath with NZ Registration. | 200 | 500 |
| Chiropractor | | Per Policy Year |
| Cost of services from a Registered Chiropractor including X-rays. | | 200 |
| Physiotherapist | Per Visit | Per Policy Year |
| Treatment by a Registered Physiotherapist, including Acupuncture and Manipulations. | 45 | 480 |
| Audiology | Per Visit | Per Policy Year |
| Consultations and Audiology testing fees by a Registered Audiologist. | 100 | 275 |
| Audiometric Tests: For Puretone, Audiometry, Impedance, Tympanometry, Brain-stem evoked response. | | 300 |

| | | |
|--|------------------|-------------------------|
| Dietitian/Nutritionist | Per Visit | Per Policy Year |
| Consultation by a New Zealand Registered Dietitian/Nutritionist on referral from a Registered Medical Practitioner. (excludes food/food substitutes). | 40 | 160 |
| Ambulance | | Per Policy Year |
| Emergency ambulance call out, excluding injuries. | | 165 |
| Specialists | | Per Policy Year |
| Consultations following referral from a Registered Medical Practitioner. | | 4,000 |
| Imaging | | Per Policy Year |
| Treatment provided by a Registered Medical Practitioner in Private Practice. | | |
| <ul style="list-style-type: none"> • Bone Density Scan • X-Rays and Image Intensifiers • Ultrasound • Mammography, including surveillance • Scintigraphy • CT Scan • MRI Scan • PET Scan | | Combined Maximum 10,000 |
| Mental Health | | Per 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. | | |

"ACC" TOP UP BENEFIT

Non Hospital

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 under the General Medical Expenses and Minor Surgery benefit sections.

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

HEALTH MAINTENANCE BENEFITS

| | | |
|---|------------------|------------------------|
| Home Nursing | Per Visit | 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. | 130 | 1,300 |

| Vision Care | | Per Visit | Per Policy Year |
|---|--|-----------|------------------------------|
| Consultation by a Registered Optometrist. <i>NB: Vision testing only, excludes cover for spectacles and lenses.</i> | | 55 | 240 |
| Treatment by a Registered Orthoptist. | | | 220 |
| Urodynamic Assessment | | | Per Policy Year |
| Treatment by a Specialist Urologist. | | | 1,200 |
| Cardiac Diagnostic Procedures | | | Per Policy Year |
| <ul style="list-style-type: none">• Holter Monitoring• Treadmill Exercise• Ambulatory BP Monitoring• Cardiovascular Ultrasound• Stress Echocardiography• Echocardiography• Transoesophageal Echocardiography | | | Combined Maximum 1,200 |
| NON MEDICAL BENEFITS | | | |
| Bereavement Grant | | | Per Life |
| Upon death by natural or accidental causes prior to age 65 of any person on the Health Plan. | | | 1,000 |
| LOYALTY BENEFITS | | | |
| THESE BENEFITS RECOGNISE LONG TERM CONTINUOUS MEMBERSHIP. | | | |
| Sterilisation Surgery | | | |
| Sterilisation procedures for males and females are covered after one years' continuous membership in this Health Plan. See Private Hospitalisation Surgical Benefits. | | | |
| Obstetrics | | | Per Policy Year |
| Benefits apply after three years continuous membership in this Health Plan. Treatment from a Registered Medical Practitioner for Obstetric conditions. | | | 380 |
| Obesity Surgery or Breast Reduction Surgery | | | Per Lifetime |
| Benefits apply after five years' continuous membership in this Health Plan. A one time grant is payable of 50% of actual costs up to benefit limit. For Breast Reduction Surgery, an underlying medical condition must apply. Excluding removal of implants or cosmetic reduction. | | | 6,000 |
| Overseas Treatment | | | |
| Benefits apply after five years' continuous membership in this Health Plan. A grant is payable of up to \$3,000. 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. | | | |

| | | |
|--|------------------|---|
| Psychiatric Consultations | Per Visit | Per Policy Year |
| Benefits apply after five years' continuous membership in this Health Plan. Consultation with a psychiatrist who is vocationally registered in New Zealand. | 150 | Three Visits |
| <hr/> | | |
| Prophylactic Surgery | | Per Lifetime |
| Benefits apply after five years' continuous membership in this Health 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, this can be found in the Claims Documents section under Important Documents on our website. Breast reconstruction is not included under this benefit. | | 25,000 |
| <hr/> | | |
| Bowel Screening Kits | | Per Policy Year |
| Benefit applies after three years of continuous membership in this Health Plan, this benefit provides you with a 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. | | One kit for each person every three policy years. |

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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