

PrimaryCare 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.
This plan refunds 100% of actual medical costs to the specified maximums unless otherwise stated.
All benefits included in this Health Plan document are inclusive of GST charged by healthcare providers.

GENERAL MEDICAL EXPENSES		
General Practitioners	Per Visit	Per Policy Year
Treatment and consultation by a Registered Medical Practitioner.	35	No Maximum
GP After Hours	Per Visit	Per Policy Year
Home Visits	25	50
Registered Practice Nurse & Registered Nurse Practitioner	Per Visit	Per Policy Year
Treatment and consultation by a Registered Practice Nurse or Registered Nurse Practitioner.	35	No Maximum
Prescriptions	Per Visit	Per Policy Year
User part charges for Prescription items on the New Zealand Pharmaceutical schedule and prescribed by a Registered Medical Practitioner. Includes psychiatric medication prescribed by a Registered Medical Practitioner.	5	35
Laboratory Tests	Per Visit	Per Policy Year
The cost of Laboratory charges for occult blood or glucose tests, requested by a Registered Medical Practitioner	20	No Maximum
Specialists		Per Policy Year
Consultations following referral from a Registered Medical Practitioner		2,000

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.		
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 5,000
Dietitian/Nutritionist	Per visit	Per Policy Year
Consultation by a New Zealand Registered Dietitian or Nutritionist on referral from a Registered Medical Practitioner. Excludes food/food substitutes.	25	100
Physiotherapist	Per Visit	Per Policy Year
Treatment by a Registered Physiotherapist	25	155
Ambulance		Per Policy Year
Emergency ambulance call out, excluding injuries		120

"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.

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.	250	No Maximum
Registered Medical Specialist		Per Policy Year
Not requiring General Anaesthetic, including preceding consultation and performed in specialist rooms.		500

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

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.

In Professional Rooms	Per Visit	Per Policy Year
Oral Surgeon's fees including consultation and post op care	500	No Maximum
Anaesthetist including anaesthetic supplies	200	No Maximum

In Private Hospital	Per Admn	Per Policy Year
Oral Surgeon's fees including consultation and post op care	500	No Maximum
Anaesthetist including anaesthetic supplies	200	No Maximum
Operating Theatre fee, all medication, dressings etc whilst in hospital	1,460	No Maximum
Accommodation	4,340	No Maximum

HEALTH MAINTENANCE BENEFITS

Vision Care	Per Policy Year
Treatment by a Registered Orthoptist	120

Cardiac Diagnostic Procedures	Per Policy Year
<ul style="list-style-type: none"> • Holter Monitoring • Treadmill Exercise • Ambulatory BP Monitoring • Cardiovascular Ultrasound • Stress Echocardiography 	Combined maximum 200

PRIVATE HOSPITAL SURGICAL BENEFITS

Payments under this section are limited to the lesser of either 100% of the Reasonable charges of the procedure or the specific benefit entitlement(s) stated below. Please note: "Health Plan Excess" applies to either settlement method.

Health Plan Excess

The first \$150.00 of the TOTAL refundable costs per admission under this section are payable by the patient/member.

Surgery	Per Admission	Per Policy Year
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	1,550	
• Anaesthetist’s fee	550	
• Hospital fees, in a Licensed Private Hospital or Private Facility approved by UniMed for:		
• Accommodation	4,960	No Maximum
• Theatre fees and Anaesthetic supplies	850	
• Perfusionist	400	
• Intensive Care Nursing	750	
• Recovery Nurse	40	
• X-Ray Examination, ECG	500	
• Intravenous Fluids, Irrigating Solutions, Dressings, Prescriptions and Antibiotics	1,200	
• Pre op Consultation	75	
• Emergency Ambulance for Hospital admission	120	
• Surgically Implanted Prostheses (50% of costs)	3,000	
• Laparoscopic Disposables	750	
• 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)	200	
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 limits as per surgery benefit.		200,000
Angiography		Per Policy Year
Angiograms, Angioplasty including Hospitalisation, Specialist and Ancillary fees		
Angiogram		2,000
Angioplasty (Grant)		7,000
Post Operative Therapy		
Post Operative Therapy up to six months following surgery, cycle of chemotherapy and/or radiation oncology:		
• Occupational therapy		Combined Maximum 500 per surgical event, cycle of chemotherapy and/or radiation oncology.
• Physiotherapy		
• Speech and language therapy		
• Osteopath		
• Chiropractor		
• Dietitian /Nutritionist consultations		
• Lymphedema physiotherapy		
Costs for personal items such as food/food substitutes, materials or garments are excluded.		

Lithotripsy

Performed by a Registered Medical Specialist Special conditions apply, refer to Unimed Terms and Conditions.

Lithotripter	3,200
Urologist	600
Anaesthetist	350
Hospital	310

4,460

Breast Reconstruction

Breast Reconstruction performed by a Registered Medical Practitioner in Private Practice. Benefits and limit as per surgery section.

Breast Symmetry, Post Mastectomy

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.

Per Lifetime

3,000

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. The first \$150.00 of the TOTAL refundable costs per admission under this section are payable by the patient/member.

PRIVATE HOSPITAL 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

3,000

PSYCHIATRIC HOSPITALISATION

In a Licensed Private Hospital on admission and under the care of a Specialist Psychiatrist. Refund of Hospital Accommodation fees, and ancillary hospital charges.

Per Policy Year

3,000

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

1,860

CHEMOTHERAPY BENEFIT

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 \$4,600 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
30,000

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 BENEFIT

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

Per Policy Year
30,000

NON MEDICAL BENEFITS

Bereavement Grant

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

Per Life
600

LOYALTY BENEFITS

THESE BENEFITS RECOGNISE LONG TERM CONTINUOUS MEMBERSHIP

Overseas Treatment

Benefits apply after five years' continuous membership in this Health Plan. A grant is payable of up to \$1,500. The procedure must be available in New Zealand, with eligible cover under 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.

Bowel Screening Kits

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.

Per Policy Year
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**

Head Office

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