

UniCare Plus 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 selected will apply per claim and will be additional to the standard Health Plan excess and any other deductibles applying to this Health Plan.

PRIVATE HOSPITALISATION SURGICAL BENEFITS

Payments under this section are limited to 80% of the Reasonable charges costs of the procedure up to the per admissions limit stated.

Compulsory Health Plan Excess: The first \$100 of the TOTAL refundable costs per admission under the Private Hospitalisation Surgical Benefits section are payable by the patient/member.

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 75,000	No Maximum

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.

Lithotripsy

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

Spinal Surgery

Per Lifetime

This covers the costs of spinal surgeries as per the benefits and limits under the surgical benefit. 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

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.

330

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

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.

Angiography	Per Policy Year
Angiograms, Angioplasty including Hospitalisation, Specialist and Ancillary fees.	
Angiogram	3,000
Angioplasty (Grant)	8,800

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:	100	500

"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).	150	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
	2,500

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 or 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.	1,210

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 Admn	Per Policy Year
Oral Surgeon's fees including consultation and post op care.	720	No Maximum
Anaesthetist including anaesthetic supplies.	360	No Maximum

In Private Hospital	Per Admn	Per Policy Year
Oral Surgeon's fees including consultation and post op care.	720	No Maximum
Anaesthetist including anaesthetic supplies.	360	No Maximum
Operating Theatre fee, all Medication, Dressings etc whilst in Hospital	2,000	No Maximum
Accommodation.	6,400	No Maximum

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 \$8,500 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
	55,000

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
	55,000

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
After Hours	Per Visit	Per Policy Year
Home Visits.	50	100
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 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 medications prescribed by a Registered Medical Practitioner.	20	150
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.		330
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 New Zealand Registration.	170	340
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.	40	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

Audiology	Per Visit	Per Policy Year
Consultations and Audiology testing fees by a Registered Audiologist.	80	240
Audiometric Tests: For Puretone, Audiometry, Impedance, Tympanometry, Brain-stem evoked response.		240
Ambulance		Per Policy Year
Emergency ambulance call out, excluding injuries.		160
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 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.		

"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.	120	720

Vision Care		Per Policy Year
Treatment by a Registered Orthoptist.		200
Urodynamic Assessment		Per Policy Year
Treatment by a Specialist Urologist.		900
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.		600
LOYALTY BENEFITS		
THESE BENEFITS RECOGNISE LONG TERM CONTINUOUS MEMBERSHIP.		
Obstetrics		Per Policy Year
Benefits apply after three years' continuous membership in this Health Plan. Treatment from a Registered Medical Practitioner for Obstetric conditions.		300
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.		4,000
Overseas Treatment		
Benefits apply after five years' continuous membership in this Health Plan. A grant is payable of up to \$2,000. 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

Prophylactic Surgery

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 Claims Documents section under Important Documents on our website. Breast reconstruction is not included under this benefit.

Per Lifetime

25,000

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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