

Health Care Basic Plan

Keeping you and your family in life-long good health.

No other organisation champions the health needs of working New Zealanders and their whānau like us. We genuinely care about our members, who are the owners of our health society.

Care is what sets us apart. It is, and will continue to be, the heart of the experience we provide. We take care to the next level.

This is why nearly 100,000 Kiwis trust us to care for them.

Health Care Basic Cover

Your Health Care Basic Cover is designed to provide you with peace of mind, for your needs. The following table summarises the main features of the Health Care Basic Plan. (There are three refund levels available, see next page.)

Benefit / annual cover	Brief Description of Benefit
Medical \$1,200	GP, specialist (on referral), prescription drugs (on Pharmac drug tariff), medical tests.
Minor surgery \$1,000	Lacerations, suspect mole removal. Sterilisations (e.g. vasectomy) - to maximum of \$500.
Non-PHARMAC subsidised pharmaceuticals \$300	Pharmaceuticals prescribed by a Registered Medical practitioner in General Practice which have been approved by Medsafe and are not fully or partly subsidised by PHARMAC through the New Zealand Pharmaceutical Schedule.
Radiology \$1,000	X-rays, all types of diagnostic radiology to a maximum of \$500 each time.
Complementary \$600	Physiotherapy, chiropractic, podiatry, osteopathy, homoeopathy, acupuncture, psychology (on referral). Each type of treatment is limited to no more than half of the annual cover.
Surgical \$2,400	Surgery in a licensed private hospital. Emergency or acute admissions are not covered. Chemo and radiotherapy (up to \$500). See Extra Surgical Option for additional cover.
Optical \$300	Eye test (\$50); new spectacle lenses or contact lenses (\$250), (not disposables or sunglasses).
Hearing aid \$500	Hearing test (\$50); cost of new hearing aid (\$450).
Wisdom teeth \$500 (min claim \$100)	Adult benefit for cost of extracting impacted unerupted wisdom teeth.
Orthodontic \$600 (min claim \$100)	Child benefit (one-off payment per child) for cost of medically required orthodontic braces.
Screening \$750	Loyalty benefit for smear and prostate tests, mammogram, mole checking, bone density scan, colonoscopy.
Birth A - \$150, B - \$240, C - \$300	Special grants on the birth of a baby to an adult member. Where both parents qualify the grant is increased by 50%

Health Care Basic Plan cont.

Generous refund limits

You decide the refund level you want for your Health Care Basic Plan:

- Plan A - 50%
- Plan B - 80%
- Plan C - 100%.

Depending on which one you choose, you'll be able to claim that percentage of the maximum annual cover listed in the previous table.

For example, with Plan A you can get annual refunds up to \$600 for the medical benefit, \$500 for minor surgery and \$300 for the complementary benefit if required. Plan B total refunds for the same benefits would be \$960, \$800 and \$480 and Plan C's total would be 100% of the annual cover in the table.

What about surgery?

We can give you surgical cover two ways:

- By itself (Surgical Care)
- As an add-on to a Basic Plan (Extra Surgical Option)

Choose Surgical Care if you only want to be covered for surgery you may need in the future (up to a total of \$60,000 per operation). If you decide you need a day-to-day health plan and surgery cover, add the Extra Surgical Option to a Basic Plan.

The Extra Surgical Option combined with a Basic Plan gives you extended cover that includes major costs for surgery.

Additional excess

Additional policy excess for both the Extra Surgical Option and Surgical Care Plan: The first \$500 when such costs are equal to or less than \$3,000, or the first \$750 of the total refundable costs when such costs are over \$3,000 of the TOTAL refundable costs per admission under these sections are payable by the patient/member. w

Surgical Care and the Extra Surgical Option

The following table summarises the main features of our surgery options.

Type of expense	Surgical Care	Extra surgical option
General Practitioner	No	See Basic Plan table for details of this cover.
Specialist (on referral)	Yes*	
Relevant pre-operation test	Yes*	
Surgeon	Yes	Yes
Surgeon's assistant	Yes	Yes
Anaesthetist	Yes	Yes
Hospital bed	Yes	Yes
Theatre	Yes	Yes
Hospital supplies	Yes	Yes
Prosthesis	Yes to \$7,500 max, per operation	
Special nursing (in hospital)	Yes	Yes
Physiotherapy (in hospital)	Yes	Yes
Post operation medication	Yes*	Yes
Specialist (post operation)	Yes*	Yes
Max cover per operation	\$60,000	\$60,000
Lithotripsy**	Yes to \$5,000 max	
Accident top up	Yes after first \$500, limited to no more than half of the ACC contribution towards the total cost.	Yes, limited to no more than half of the ACC contribution towards the cost.

Extra Surgical Option and Surgical Care Plan



Radiation Oncology

\$30,000 per year.

Benefit payable for treatment classified as either Urgent or Curative using Ministry of Health guidelines. Including Planning, Shielding and Accessories, Field Setup and XRT Simulation and performed in an approved Private Hospital facility.

Chemotherapy

\$30,000 per treatment \$65,000 per 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.

In-Patient Non-PHARMAC Subsidised Pharmaceuticals

\$2,000 per admin \$2,000 per year.

Pharmaceuticals prescribed by a Consulting Physician, Paediatrician or Specialist Registered Medical Practitioner which have been approved by Medsafe and are not fully or partly subsidised by PHARMAC through the New Zealand Pharmaceutical Schedule.

Breast reconstruction

Breast reconstruction performed by a Registered Medical Practitioner in private practice. For all stages of breast reconstruction performed under the same anaesthetic as the initial mastectomy: benefits as per Surgery section of your chosen plan.

For all stages of breast reconstruction performed after the initial mastectomy or not under the same anaesthetic as the initial mastectomy, an amount (payable once only) being the lesser of either the total cost of the reconstruction (including nipple reconstruction and tattooing); or \$15,000.

For the avoidance of doubt, this benefit section excludes surgery to the breasts to achieve or correct the symmetry and/or look and/or feel of the breasts.

Minor skin lesions removed by a GP

\$2,000 per visit \$2,000 per year.

Performed by a Registered Medical Practitioner in General Practice. Note that Prior Approval must be sought for this benefit.

Public hospital cash grant

\$125 per day, \$1,500 per year.

Surgical and medical admissions when admitted to public hospital for a full 24 hours or more. (Child benefit - 50% of above. All injury admissions are excluded).

Extra Surgical Option and Surgical Care Plan

Obesity surgery

\$8,000 per lifetime.

Benefits apply after five years' continuous membership with surgical cover. A one time grant is payable of 50% of actual costs up to the benefit limit.

Overseas treatment

Benefits apply after five years' continuous membership with surgical cover. A grant is payable of 75% of usual and customary charge for the identical procedure in New Zealand. 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.

Conditions of Membership

Just like other insurers we have terms and conditions and rules. These are contained in our Conditions of Membership which you can download from our website at www.unimed.co.nz.

Notes

- * To be eligible, these costs must be incurred within three months of the date of the operation.
- ** Limited to one treatment every 3 years.
- Prior approval is essential to ensure that cover is available for any operation.
- While UniMed does not have a fixed schedule of fees, all surgery is expected to be carried out under a reasonable cost structure. Costs may be limited if proposed fees are not acceptable to UniMed.
- Emergency and acute admissions are not covered.

Things you should know

- An accident top-up is built into relevant benefits and options.
- We recognise that medical fees are sometimes beyond the control of the patient and have adopted a "reasonable" cost structure for refunds.
- Pre-existing health problems may be excluded. You must be completely truthful when completing the application.



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Get in touch

The team at UniMed are available to discuss your plan, and answer any questions you may have.

Phone: 0800 600 666
03 365 4048

Email: members@unimed.co.nz

Address: Level 3, 165 Gloucester Street
PO Box 1721
Christchurch 8140