UniMed

Hospital Select Plus Modules Health Plan

Effective 1 August 2026

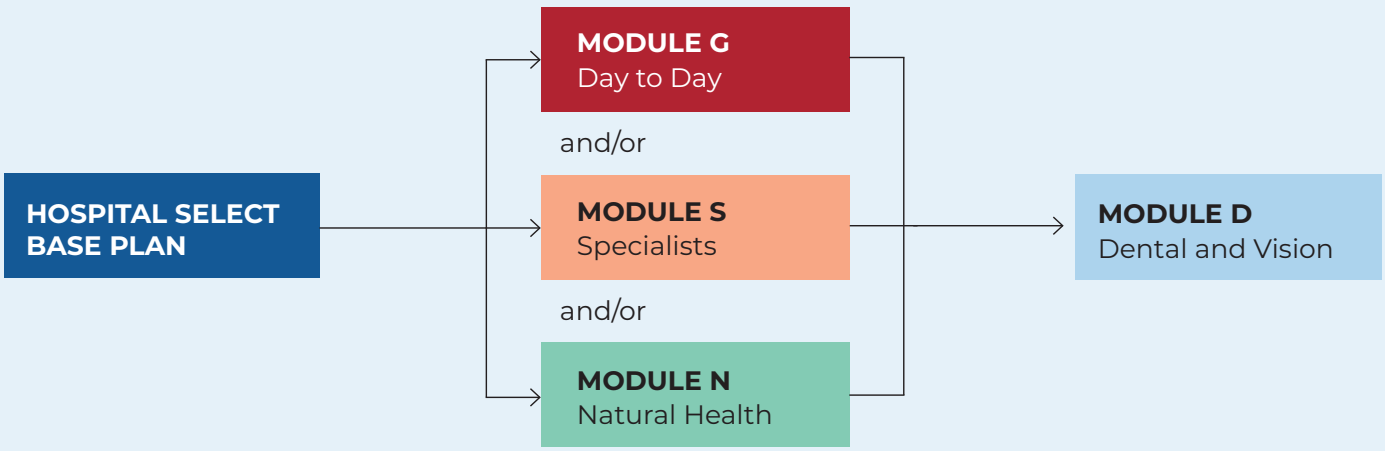
PLEASE NOTE:

All **benefits** and **benefit limits** 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**.

This **Health Plan** is subject to and should be read in conjunction with the **UniMed Terms and Conditions** and other documents that make up **your policy**. **You** can find the **UniMed Terms and Conditions** at unimed.co.nz/important-documents.

Voluntary excess option: Any voluntary **excess** option selected that is shown on **your Membership Certificate** applies per admission. 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

Payments under this section are limited to the **reasonable charges** of the procedure up to the **benefit limits**.

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

Surveillance colonoscopy and/or gastroscopy

Per 24 months

Where no signs or symptoms are present, reimbursement of 50% of actual costs up to the **benefit limit**. Limit of one procedure every 24 months.

2,500

Surgical tests and investigations

Per policy year

Colonoscopy and/or gastroscopy. A compulsory **excess** of $150 applies per procedure when claiming for this **benefit**

No maximum

*Please note: if either of the above procedures extend to a polypectomy, the **claim** will be considered under the 'Surgery' **benefit** and if applicable, the voluntary **Health Plan excess** applies.*

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 in the **List of Approved Healthcare Services** at unimed.co.nz/important-documents.

200,000

Varicose vein treatment (excess applies)

After three years' continuous cover **we** will cover the **reasonable charges** of approved **medically necessary** treatment for varicose veins either in a licensed private hospital or a **specialist** room. 'Surgery' or 'Minor surgery by a registered specialist' **benefit limits** and any relevant **excess** applies.

Breast reconstruction (excess applies)

Per policy year

Breast reconstruction performed by a registered medical practitioner in private practice within 24 months of a required mastectomy. Breast reconstruction required as a result of a prophylactic mastectomy is not included.

No maximum

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**.

No maximum

Oral surgery (excess applies)

Per policy year

Oral surgery performed by a registered oral surgeon. After three years' continuous cover the removal of impacted or unerupted teeth are included in cover. Not included in cover is tooth exposure, implantation of teeth or costs of dental implants.

No maximum

ACC top-up surgery (excess applies)

Before any surgeries relating to an **ACC claim** are undertaken, **UniMed** must receive confirmation from **ACC** regarding their decision to accept or decline **your ACC claim** for surgery. If **ACC** accepts **your claim** but does not fully cover the cost of **your** surgery, **you** will be eligible for top-up cover if the surgery is covered by **your policy**. If **ACC** declines **your claim**, then **we** may cover the costs of surgery if it is covered by **your policy**. Any **claims** accepted will be subject to the applicable **benefit limits**.

All **benefit** sections from this point forward refund actual medical costs to the **benefit limits**.

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 two years after a mastectomy **claim** approved by **UniMed** under this **Health Plan**.

6,500

Post-operative therapy

Per policy year

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 1,500 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 prescription drugs Prescription drugs 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.		**Per policy year** 2,000
Home nursing 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.	**Per day** 150	**Per policy year** 6,000
Ambulance Emergency ambulance call out, excluding injuries.		**Per policy year** 200
Parent support accommodation In the **event** of a **Member's** insured **child** having surgery in a licensed private hospital for which cover is available.	**Per night** 150	**Per policy year** 600
Public hospital cash allowance – medical/surgical admissions When admitted to public hospital for a full 24 hours or more. **Child benefit limit** - 50% of **benefit limit**. (All injury admissions excluded)	**Per 24 hours** 150	**Per policy year** 1,800

Imaging

A compulsory **excess** of $150 applies per test or imaging when claimed under this **benefit**.	**Per policy year**
o CT scan o MRI scan o PET scan o Cardioversion o Myocardial perfusion scan o Scintigraphy	Combined maximum 300,000

Surgery - prior/post admission benefits (six months before and six months after surgery)

Imaging	**Per policy year**
o X-rays o Mammography o Ultrasounds o Nuclear scanning	Combined maximum 300,000
Specialists Consultations following referral from a registered medical practitioner.	**Per policy year** 300,000

Private hospitalisation

Radiotherapy/ radiation therapy

	Per policy year
We cover radiation oncology therapy provided in an approved private hospital facility. Cover includes planning, shielding and accessories, field set-up and XRT simulation.	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 within the **benefit limit** is cover for non-Pharmac chemotherapy drugs that are **Medsafe** approved for the treatment of cancer, up to $10,000 per **policy year**. Genetic/genomic testing is covered following a cancer diagnosis and referral by a registered oncologist.	65,000

Surveillance following cancer treatment

	Per policy year
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 **benefit** 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.	3,000 for five consecutive years from the end of treatment

Medical hospitalisation

	Per policy year
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
Intravenous fluids, irrigating solutions, dressings, prescription and antibiotics.	500

Acute private hospitalisation medical/surgical grant

	Per policy year
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

Psychiatric/geriatric hospitalisation

	Per policy year
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

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.	500	No maximum

Registered specialist

	Per policy year
Not requiring general anaesthetic, including preceding consultation and performed in **specialist** rooms.	No maximum

Minor skin lesions removed by a GP, registered nurse/nurse practitioner Performed by a registered medical practitioner, registered nurse/nurse practitioner in practice rooms, including preceding consultation.	**Per policy year** 2,000

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

Mental health

This **benefit** covers the costs of **reasonable charges** for consultations with a psychiatrist, psychologist, psychotherapist or counsellor. 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 New Zealand Christian Counsellors Association.	**Per policy year** 1,000

Waiver of premium

Upon the death by natural or accidental causes prior to age 65 of any **Member** paying the adult **premium** rate the surviving **partner** and/or qualifying **children** 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 non-surgical

The shortfall between what **ACC** pays and the actual costs for non-surgical expenses for services covered up to the **benefit limits** in the Hospital Select **base plan**.

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

Loyalty benefits

Weight loss surgery or breast reduction surgery **Benefit** applies after five years' continuous cover under 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. This **benefit** excludes removal of implants or cosmetic reduction.	**Per lifetime** 8,000
Overseas treatment (excess applies) **Benefits** apply after five years' continuous cover under the Hospital Select **base plan**. This **benefit** covers the **reasonable charges** for the identical procedure in New Zealand. The procedure must be available in New Zealand and eligible under the terms of **your policy** 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.	**Per event** 30,000
Sterilisation procedures Sterilisation procedures are covered after three years' continuous cover under the Hospital Select **base plan**.	**Per policy year** 5,000
Prophylactic surgery **Benefit** applies after five years' continuous cover under the Hospital Select **base plan**. This **benefit** covers the **reasonable charges** 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 at unimed.co.nz/important-documents. Breast reconstruction is not included under this **benefit**.	**Per lifetime** 40,000
Bowel screening kits After three years of continuous cover under the Hospital Select **base plan**, this **benefit** enables **you** to request one free bowel screening kit. Visit unimed.co.nz/members for terms of the **benefit** and information on how to request the kit. **Children** do not qualify for this **benefit**.	**Every three policy years** 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 Specialists - **Module** "S" covers **reasonable charges** up to the **benefit limits**

o Imaging	**Per policy year**
o Bone density scan	
o X-rays	
o Mammography, including surveillance	
o Ultrasounds	
o Nuclear scanning	
o Holter monitoring	Combined maximum 7,500
o Exercise ECG	
o Blood pressure monitoring	
o Stress echocardiography	
o Cardiovascular ultrasound	
o Echocardiography	
o Transoesophageal echocardiography	
o Urodynamic assessment	
o Audiology	

Specialists

Specialists — **Per policy year**

Consultations following referral from a registered medical practitioner. — 5,000

Obstetrics — **Per policy year**

Treatment provided by a registered medical practitioner during pregnancy and after delivery, until discharge from hospital. — 1,000

Loyalty benefit

Hearing aid grant — **Per policy Year**

Benefit applies for the purchase of a hearing aid after three years’ continuous cover under the Hospital Select **base plan** with Specialists **module**. This **benefit** does not apply to the rental or lease of hearing aids. — 1,000

Skin check — **Every three policy years**

After three years of continuous cover under the Hospital Select **base plan** with Specialists **module**, **we** cover consultations and screening skin checks for moles and skin lesions, including services, such as mole mapping, provided by a registered medical practitioner. — 200

ACC top-up

The shortfall between what **ACC** pays and the actual costs for non-surgical expenses for services covered up to the **benefit limits** in this **module**

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

Day to Day - Module “G”

The Day to Day - **Module** "G" covers actual medical costs up to the **benefit limits**.

	Per visit	Per policy year
General practitioners Treatment and consultation by a **general practitioner**.	65	No maximum
After hours Home visits or consultations with a registered medical practitioner at an after-hours facility	70	No maximum
Registered practice nurse/ registered nurse practitioner Treatment and consultation by a registered practice nurse or registered nurse practitioner.	65	No maximum
Prescriptions User part charges for prescription drugs on the New Zealand Pharmaceutical schedule and prescribed by a registered medical practitioner. Includes psychiatric prescription drugs prescribed by a registered medical practitioner.		400
Non-Pharmac subsidised prescription drugs Prescription drugs 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 The cost of laboratory charges for blood or glucose tests, requested by a registered medical practitioner.	100	No maximum

ACC top-up

The shortfall between what **ACC** pays and the actual costs for non-surgical expenses for services covered up to the **benefit limits** in this **module**.

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

Loyalty benefit

	Per visit	Per policy year
Psychiatric consultations **Benefits** apply after five years’ continuous cover under 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 Natural Health - **Module** "N" covers actual medical costs up to the **benefit limits**.

Osteopath

Consultation and treatment provided by an osteopath with New Zealand registration.

Chiropractor

Consultation and treatment provided by a chiropractor with New Zealand registration 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 **ACC’s** list of approved providers
- 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 **general practitioner** or practice nurse.

Every three policy years

100

ACC top-up

The shortfall between what **ACC** pays and the actual costs for non-surgical expenses for services covered up to the **benefit limits** in this **module**.

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

Dental & Vision - Module “D”

The Dental & Vision - **Module** “D” covers actual medical costs up to the **benefit limits**.

Orthoptist Treatment by a registered orthoptist.		**Per policy year** 300
Optometrist Consultation by a registered optometrist. *NB: Vision testing only, for spectacles/lenses see below.*	**Per visit** 75	**Per policy year** 300
Spectacles and lenses Reimbursement of costs (excluding replacement for loss or breakage) of spectacles or contact lenses.		**Per policy year** 500
Dental 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**.		**Per policy year** 600

UniMed
Union Medical Benefits Society Limited
165 Gloucester Street, Christchurch
PO Box 1721, Christchurch 8140

0800 600 666 | unimed.co.nz