UniMed

# Major Surgical Plus Modules Health Plan

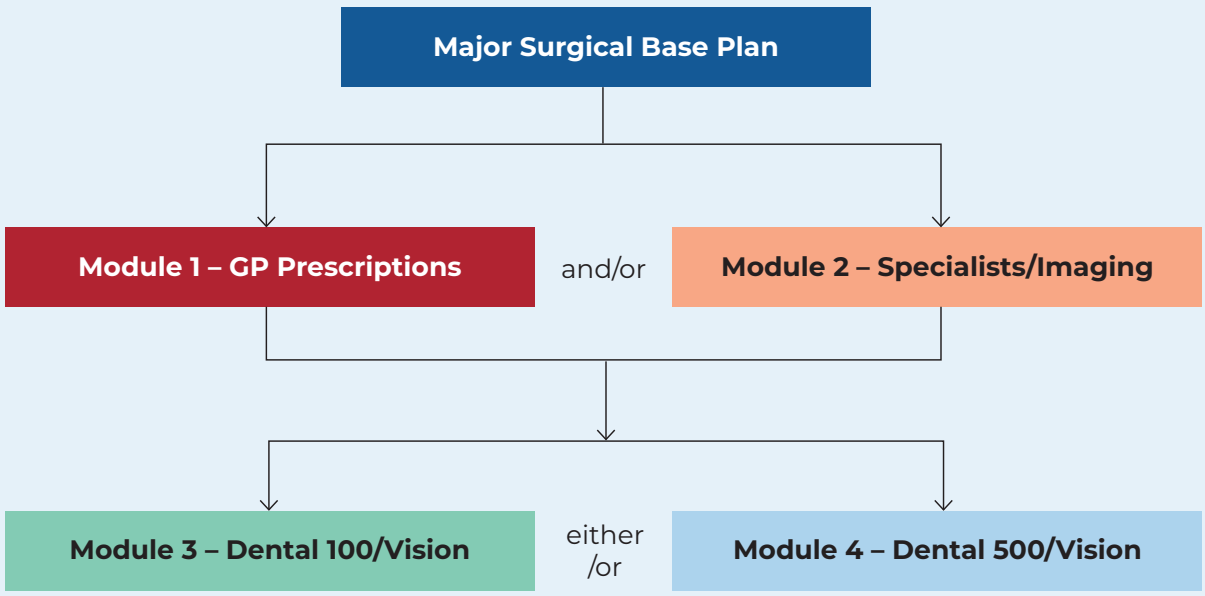
Effective 1 August 2026

**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.

**Major Surgical is the base plan to which the additional modules may be added, individually or together, with the exception of Module 3 and 4 which cannot be added to Major Surgical Base Plan on their own.**



# Major Surgical Base Plan

All **benefits** where an **excess** applies are indicated within this **Health Plan document**.

**Compulsory Health Plan excess:** The first $500 when such costs are equal to or less than $3,000, or the first $750 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 that is shown on **your Membership Certificate** applies per admission. If **your** voluntary **excess** is of equal or lesser value to the compulsory **Health Plan excess** then both **excesses** will apply.

## 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
- 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)

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**, the relevant **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 specialist' **benefit limits** and any relevant **excesses** apply.

**Angiography** (excess applies)

**Per policy year**

Angiograms, angioplasty including hospitalisation, **specialist** and ancillary fees.

No maximum

**Lithotripsy** (excess applies)

**Per policy year**

Performed by a registered medical **specialist**.

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**.

**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

**Breast reconstruction** (excess applies)

**Per policy year**

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

No maximum

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

**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

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

Combined maximum 1,500 per surgical event, cycle of chemotherapy and/or radiation oncology.

| | | |
|---|---|---|
| **Breast symmetry, post mastectomy**<br>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**. | | **Per lifetime**<br>6,500 |
| **In-Patient non-Pharmac subsidised prescription drugs**<br>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**<br>2,000 |
| **Parent accommodation**<br>In the **event** of a **Member's** insured **child** having surgery in a licensed private hospital for which cover is available. | **Per night**<br>200 | **Per policy year**<br>600 |

## Public hospital benefits

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|---|---|---|
| **Public hospital cash grant - surgical and medical admissions**<br>When admitted to public hospital for a full 24 hours or more. **Child benefit limit**- 50% of **benefit limit**. (All injury admissions are excluded). | **Per 24 hours**<br>150 | **Per policy year**<br>1,800 |

## Surgery prior/ post admission benefits

**Please note:** To qualify for a **claim**, costs falling under these **benefits** must be incurred within the three months before or after an operation. Please submit receipted accounts at the same time as **your claim** for surgical hospitalisation.

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|---|---|
| **Specialists**<br>For consultation(s) associated with surgical hospitalisation. | **Per policy year**<br>10,000 |
| **Imaging**<br>For diagnostic procedures associated with surgical hospitalisation.<br>o X-rays and Image Intensifiers<br>o Ultrasound<br>o Mammography<br>o Scintigraphy<br>o CT Scan<br>o MRI Scan<br>o PET Scan | **Per policy year**<br>Combined maximum 15,000 |

## Minor surgery

| | | |
|---|---|---|
| **Registered medical practitioner or registered nurse/ nurse practitioner**<br>Performed by a registered medical practitioner, registered nurse/ nurse practitioner in practice rooms, including preceding consultation. | **Per visit**<br>450 | **Per policy year**<br>No maximum |

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| **Registered specialist**<br>Not requiring general anaesthetic, including preceding consultation and performed in **specialist** rooms. | **Per policy year**<br>No maximum |
| **Minor skin lesions removed by a GP, registered nurse/ nurse practitioner**<br>Performed by a registered medical practitioner, registered nurse/ nurse practitioner in practice rooms , including preceding consultation. | **Per policy year**<br>2,000 |

## Health maintenance benefits

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|---|---|---|
| **Home nursing**<br>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**<br>150 | **Per policy year**<br>1,500 |

## Private hospital medical benefits

| | |
|---|---|
| **Medical hospitalisation**<br>Cover for non-acute medical hospitalisation (excludes psychiatric/ geriatric) in a licensed private hospital, on admission and under the care of a registered medical practitioner. | **Per policy year** |
| o Refund of hospital accommodation fees | 10,000 |
| o Intravenous fluids, irrigating solutions, dressings, prescriptions and antibiotics | 500 |
| **Psychiatric/ geriatric hospitalisation**<br>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. | **Per policy year**<br>5,000 |

## Acute private hospitalisation medical/ surgical grant

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|---|---|
| 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**<br>5,000 |

## Chemotherapy

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|---|---|
| **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.<br>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 $10,000 per **policy year**.<br>Genetic/genomic testing is covered following a cancer diagnosis and referral by a registered oncologist. | **Per policy year**<br>65,000 |

## Radiotherapy/ radiation therapy

**We** cover radiation oncology therapy provided in an approved private hospital facility. Cover includes planning, shielding and accessories, field setup and XRT simulation.

**Per policy year**
65,000

## 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 **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.

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

## Mental health benefit

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

## 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**
2,400

### 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.

## 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 Major Surgical **base plan**.

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

## Loyalty benefits

### Sterilisation procedures

**Per Policy Year**

No maximum

Sterilisation procedures are covered for males and females after three years' continuous cover under the Major Surgical **base plan**.

### Weight loss surgery or breast reduction surgery

**Per lifetime**

8,000

**Benefits** apply after five years' continuous cover under the Major Surgical **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. Excluding removal of implants or cosmetic reduction.

### Overseas treatment (excess applies)

**Per policy year**

30,000

**Benefits** apply after five years' continuous cover under the Major Surgical **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.

### Prophylactic surgery

**Per lifetime**

40,000

**Benefits** apply after five years' continuous cover under the Major Surgical **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**.

### Bowel screening kits

**Every three policy years**

One kit for each person every three **policy years**.

After three years of continuous cover under the Major Surgical **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**.

# Additional modules

**You** can choose to add any of **our modules** to **your policy**. These **modules** include:

| Module 1 | Module 2 | Module 3 | Module 4 |
|---|---|---|---|
| GP/Prescriptions | Specialists/Imaging | Dental 100/Vision | Dental 500/Vision |

*Please note the Dental/Vision modules can only be added with either the GP/Prescriptions or Specialists/Imaging 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**.

# Module 1 - GP/Prescriptions

The **GP**/Prescription - Module 1 covers actual medical costs up to the **benefit limits**.

## General medical expenses

| | Per visit | Per policy year |
|---|---|---|
| **General practitioners**<br>Treatment and consultation by a **general practitioner**. | 65 | No maximum |
| **After hours**<br>Home visits or consultations with a registered medical practitioner at an after-hours facility. | 70 | 140 |
| **Registered practice nurse and registered nurse practitioner**<br>Treatment and consultation by a registered practice nurse or registered nurse practitioner. | 65 | No maximum |
| **Prescriptions**<br>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. | | 300 |
| **Non-Pharmac subsidised prescription drugs**<br>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. | | 2,000 |
| **Laboratory tests**<br>The cost of laboratory charges for blood or glucose tests, requested by a registered medical practitioner. | 100 | No maximum |

## 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 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**<br>**Benefits** apply after five years' continuous cover under the Major Surgical **base plan** with GP/Prescriptions **module**. Consultation with a psychiatrist who is vocationally registered in New Zealand. | 150 | Three Visits |

# Module 2 - Specialists/Imaging

The Specialists/Imaging - Module 2 covers **reasonable charges** up to the **benefit limits**.

## Specialists

| | |
|---|---|
| Consultations following referral from a registered medical practitioner. | **Per policy year**<br>2,500 |

## Imaging

| | |
|---|---|
| Treatment provided by a registered medical practitioner in private practice. | **Per policy year** |
| o Bone density scan<br>o X-Rays and image intensifiers<br>o Ultrasound<br>o Mammography, including surveillance<br>o Scintigraphy<br>o CT scan<br>o MRI scan<br>o PET scan | Combined maximum 5,000 |

## Health maintenance benefits

| | | |
|---|---|---|
| **Chiropodist/ podiatrist**<br>Consultation and treatment provided by a a chiropodist/podiatrist with New Zealand registration. | | **Per policy year**<br>250 |
| **Osteopath**<br>Consultation and treatment provided by an osteopath with New Zealand registration. | **Per visit**<br>200 | **Per policy year**<br>500 |
| **Chiropractor**<br>Consultation and treatment provided by a chiropractor with New Zealand registration, including X-rays. | | **Per policy year**<br>200 |
| **Physiotherapist**<br>Treatment by a physiotherapist with New Zealand registration, including acupuncture and manipulations. | **Per visit**<br>60 | **Per policy year**<br>500 |
| **Audiology**<br>Consultations and audiology testing fees by a registered audiologist.<br>Audiometric tests: for puretone, audiometry, impedance, tympanometry, brain-stem evoked response. | **Per visit**<br>100 | **Per policy year**<br>250<br>250 |
| **Dietitian/ nutritionist**<br>Consultation by a New Zealand registered dietician/ nutritionist on referral from a registered medical practitioner. Excludes food/food substitutes. | **Per visit**<br>40 | **Per policy year**<br>200 |

| | |
|---|---|
| **Ambulance**<br>Emergency ambulance call out, excluding injuries. | **Per policy year**<br>180 |
| **Urodynamic assessment**<br>Treatment by a **specialist** urologist. | **Per policy year**<br>1,200 |
| **Overseas transplant**<br>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**<br>12,500 |
| **Cardiac diagnostic procedures**<br>o Holter monitoring<br>o Treadmill exercise<br>o Ambulatory blood pressure monitoring<br>o Cardiovascular ultrasound<br>o Stress echocardiography<br>o Echocardiography<br>o Transoesophageal echocardiography | **Per policy year**<br>Combined maximum 2,400 |

## Loyalty benefits

| | |
|---|---|
| **Sterilisation procedures**<br>Sterilisation procedures are covered for males and females after one years' continuous cover under the Major Surgical **base plan** with Specialist/Imaging **module**. | **Per policy year**<br>No maximum |
| **Obstetrics**<br>After three years' continuous cover, treatment provided by a registered medical practitioner during pregnancy and after delivery, until discharge from hospital. | **Per policy year**<br>1,000 |
| **Hearing aid grant**<br>**Benefit** applies for the purchase of a hearing aid after three years' continuous cover under the Major Surgical with Specialists/Imaging **module**. This **benefit** does not apply to the rental or lease of hearing aids. | **Per policy year**<br>1,000 |
| **Skin check**<br>After three years of continuous cover under the Major Surgical with Specialists/Imaging **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. | **Per three policy years**<br>$200 every three years |

## 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 this **module**.

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

# Module 3 - Dental 100/Vision

The Dental 100/Vision - Module 3 covers actual medical costs up to the **benefit limits**.

## Vision care

| | | |
|---|---|---|
| **Optometrist**<br>Consultation by a registered optometrist.<br>*NB: vision testing only. For spectacles/lenses see below.* | **Per visit**<br>75 | **Per policy year**<br>250 |
| **Ophthalmologist**<br>Treatment by a registered ophthalmologist.<br>o First **claim** in a **policy year**<br>o Subsequent **claims** per **policy year** | **Per visit**<br><br>200<br>100 | **Per policy year**<br><br>200<br>No maximum |
| **Orthoptist**<br>Treatment by a registered orthoptist. | | **Per policy year**<br>300 |
| **Spectacles and Lenses**<br>Reimbursement of costs (excluding replacement for loss or breakage) of spectacles or contact lenses. | | **Per policy year**<br>500 |

## Dental care

| | |
|---|---|
| Dental treatment by a registered dental practitioner including routine maintenance, teeth cleaning, fillings, extraction of teeth, dentures, periodontic and orthodontic treatment. | **Per policy year**<br>100 |

# Module 4 - Dental 500/Vision

The Dental 500/Vision - Module 4 covers actual medical costs up to the **benefit limits**.

## Vision care

The **benefits** as detailed in **module** 3 relating to optometrist, ophthalmologist, orthoptist, and spectacles and lenses also apply to **module** 4.

## Dental care

| | |
|---|---|
| Dental treatment by a registered dental practitioner including routine maintenance, teeth cleaning, fillings, extraction of teeth, dentures, periodontic and orthodontic treatment. | **Per policy year**<br>500 |

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