

Multicare 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.

Private hospitalisation surgical benefits

Payments under this section are limited to 80% of the **reasonable charges** of the procedure up to the **benefit limits**.

Compulsory excess:

The first \$300 when such costs are equal to or less than \$3,000, or the first \$600 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 a selected voluntary **excess** is greater than the compulsory **excess** then only the voluntary **excess** will apply.

Surgery (excess applies)

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.

- o Surgeon's fee
- o Anaesthetist's fee
- o Hospital fees, in a licensed private hospital or private facility approved by **UniMed** for:
 - 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
- o Emergency ambulance for hospital admission
- o Surgically implanted prostheses
- o Laparoscopic disposables
- o 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)

80% of
reasonable charges up to combined maximum of 100,000

No maximum

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. 'Surgery' per admission **benefit limits** and any relevant **excess** applies.

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 **excess** applies.

Breast reconstruction (excess applies)

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. 'Surgery' **benefit limits** and any relevant **excess** applies.

Oral surgery (excess applies)

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. 'Surgery' **benefit limits** and any relevant **excess** applies.

Lithotripsy (excess applies)

Performed by a registered medical **specialist**. 'Surgery' **benefit limits** and any relevant **excess** applies.

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 refunds actual medical costs to the **benefit limits**.

Post operative therapy

Post operative therapy up to six months following surgery, cycle of chemotherapy and/or radiation oncology:

- o Occupational therapy
- o Physiotherapy
- o Speech and language therapy
- o Osteopath
- o Chiropractor
- o Dietitian/ nutritionist consultations
- o 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 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

550

Angiography

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

Angiogram

Angioplasty

Per policy year

3,850

12,000

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

Per lifetime

6,500

Surveillance colonoscopy and/or gastroscopy

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.

Per 24 months

2,500

Surgical tests and investigations

Colonoscopy and/or gastroscopy.

Per policy year

5,000

*Please note: if either of the above procedures extend to a polypectomy, the **claim** will be considered under the 'Surgery' **benefit** and the relevant **excess** will apply.*

Overseas transplant		Per lifetime
In the event of heart, lung, or liver transplant surgery being required outside New Zealand, UniMed will assist with a once only grant .		4,000
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.	130	650
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).	140	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 2,750
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
Registered specialist		Per policy year
Not requiring general anaesthetic, including preceding consultation and performed in specialist rooms.		1,500

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

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.	Per policy year
	60,000

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 \$9,250 per **policy year**.

Genetic/genomic testing is covered following a cancer diagnosis and referral by a registered oncologist.

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

Radiotherapy/ radiation therapy

We cover radiation oncology therapy provided in an approved private hospital facility. Cover includes planning, shielding and accessories, field set-up and XRT simulation.	Per policy year
	60,000

General medical expenses

General practitioners	Per visit	Per policy year
Treatment and consultation by a general practitioner .	55	No maximum

GP after hours	Per visit	Per policy year
Home visits or consultations with a registered medical practitioner at an after-hours facility.	55	110

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 policy year
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		Per policy year
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.		550
Laboratory tests	Per visit	Per policy year
The cost of laboratory charges for blood or glucose tests, requested by a registered medical practitioner.	100	No maximum
Chiropodist/ podiatrist		Per policy year
Consultation and treatment provided by a chiropodist/podiatrist with New Zealand registration.		240
Osteopath	Per visit	Per policy year
Consultation and treatment provided by an osteopath with New Zealand registration.	200	500
Chiropractor		Per policy year
Consultations and treatment provided by a chiropractor with New Zealand registration including X-rays.		200
Physiotherapist	Per visit	Per policy year
Consultations and treatment provided by a physiotherapist with New Zealand registration, including acupuncture and manipulations.	45	480
Audiology	Per visit	Per policy year
Consultations and audiology testing fees by a registered audiologist.	100	275
Audiometric tests: for puretone, audiometry, impedance, tympanometry, brain-stem evoked response.		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
Ambulance		Per policy year
Emergency ambulance call out, excluding injuries.		165

Specialists

Consultations following referral from a registered medical practitioner.

Per policy year

4,000

Imaging

Treatment provided by a registered medical practitioner in private practice.

- o Bone density scan
- o X-Rays and image intensifiers
- o Ultrasound
- o Mammography, including surveillance
- o Scintigraphy
- o CT scan
- o MRI scan
- o PET scan

Per policy year

Combined
maximum
10,000

Mental health

This **benefit** covers the costs of **reasonable charges** for consultations with a psychiatrist, psychologist, psychotherapist or counsellor.

Per policy year

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 New Zealand Christian Counsellors Association.

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 relevant **benefit limits**.

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

Health maintenance benefits

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 visit

130

Per policy year

1,300

Vision care

Consultation by a registered optometrist.

Per visit

55

Per policy year

240

NB: vision testing only, excludes cover for spectacles and lenses.

Treatment by a registered orthoptist.

220

Urodynamic assessment

Treatment by a **specialist** urologist.

Per policy year

1,200

Cardiac diagnostic procedures

- o Holter monitoring
- o Treadmill exercise
- o Ambulatory blood pressure monitoring
- o Cardiovascular ultrasound
- o Stress echocardiography
- o Echocardiography
- o Transoesophageal echocardiography

Per policy year

Combined
maximum
1,200

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

1,000

Loyalty benefits

Sterilisation procedures

Sterilisation procedures for males and females are covered after one years' continuous cover under this **Health Plan**. 'Surgery' **benefit limits** apply.

Obstetrics

After three years' continuous cover, treatment provided by a registered medical practitioner during pregnancy and after delivery, until discharge from hospital.

Per policy year

380

Weight loss surgery or breast reduction surgery

Benefit applies after five years' continuous cover under this **Health 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.

Per lifetime

6,000

Overseas treatment

Benefits apply after five years' continuous cover under this **Health 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

3,000

Psychiatric consultations

Benefit applies after five years' continuous cover under this **Health Plan**. Consultation with a psychiatrist who is vocationally registered in New Zealand.

Per visit

150

Per policy year

Three visits

Prophylactic surgery	Per lifetime
Benefit applies after five years' continuous cover under this Health 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 .	25,000
Bowel screening kits	Every three policy years
Benefit applies after three years' of continuous cover under this Health 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 .	One kit for each person every three policy years .

UniMed

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

0800 600 666 | unimed.co.nz