UniMed

# PrimaryCare 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.

This plan refunds actual medical costs to the specified **benefit limits** unless otherwise stated.

## General medical expenses

| | | |
|---|---|---|
| **General practitioners**<br>Treatment and consultation by a **general practitioner**. | **Per visit**<br>35 | **Per policy year**<br>No maximum |
| **GP after hours**<br>Home visits or consultations with a registered medical practitioner at an after-hours facility. | **Per visit**<br>25 | **Per policy year**<br>50 |
| **Registered practice nurse and registered nurse practitioner**<br>Treatment and consultation by a registered practice nurse or registered nurse practitioner. | **Per visit**<br>35 | **Per policy year**<br>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. | **Per visit**<br>5 | **Per policy year**<br>35 |
| **Laboratory tests**<br>The cost of laboratory charges for blood or glucose tests, requested by a registered medical practitioner | **Per visit**<br>20 | **Per policy year**<br>No maximum |

| | | |
|---|---|---|
| **Specialists**<br>Consultations following referral from a registered medical practitioner. | | **Per policy year**<br>2,000 |
| **Mental health**<br>This **benefit** covers the costs of **reasonable charges** for consultations with a psychiatrist, psychologist, psychotherapist or counsellor.<br>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**<br>1,000 |
| **Imaging**<br>Treatment provided by a registered medical practitioner in private practice<br>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 | | **Per policy year**<br>Combined maximum 5,000 |
| **Dietitian/ nutritionist**<br>Consultation by a New Zealand registered dietitian or nutritionist on referral from a registered medical practitioner. Excludes food/food substitutes. | **Per visit**<br>25 | **Per policy year**<br>100 |
| **Physiotherapist**<br>Consultations and treatment provided by a physiotherapist with New Zealand registration, including acupuncture and manipulations. | **Per visit**<br>25 | **Per policy year**<br>155 |
| **Ambulance**<br>Emergency ambulance call out, excluding injuries | | **Per policy year**<br>120 |

## 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**.

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

## Minor surgery

| | Per visit | Per policy year |
|---|---|---|
| **Registered medical practitioner or registered nurse/ nurse practitioner**<br>Not requiring general anaesthetic, including preceding consultation and performed in practice rooms. | 250 | No maximum |
| **Registered specialist**<br>Not requiring general anaesthetic, including preceding consultation and performed in **specialist** rooms. | | 500 |
| **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. | 550 | 1,100 |

## Oral surgery

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 visit** | **Per policy year** |
|---|---|---|
| Oral surgeon's fees including consultation and post op care | 500 | No maximum |
| Anaesthetist including anaesthetic supplies | 200 | No maximum |

| **In private hospital** | **Per admission** | **Per policy year** |
|---|---|---|
| Oral surgeon's fees including consultation and post op care | 500 | No maximum |
| Anaesthetist including anaesthetic supplies | 200 | No maximum |
| Operating theatre fee, all medication, dressings etc whilst in hospital | 460 | No maximum |
| Accommodation | 4,340 | No maximum |

## Health maintenance benefits

| **Vision care** | **Per policy year** |
|---|---|
| Treatment by a registered orthoptist | 120 |

| **Cardiac diagnostic procedures** | **Per policy year** |
|---|---|
| o Holter monitoring<br>o Treadmill exercise<br>o Ambulatory blood pressure monitoring<br>o Cardiovascular ultrasound<br>o Stress echocardiography | Combined maximum 200 |

## Private hospital surgical benefits

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

**Health Plan excess**

The first $150 of the total refundable costs per admission under this section are payable by the patient/**Member**.

| **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 | 1,550 | |
| o Anaesthetist's fee | 550 | |
| o Hospital fees, in a licensed private hospital or private facility approved by **UniMed** for: | | |
| · Accommodation | 4,960 | |
| · Theatre fees and anaesthetic supplies | 850 | |
| · Perfusionist | 400 | No maximum |
| · Intensive care nursing | 750 | |
| · Recovery nurse | 40 | |
| · X-Ray examination, ECG | 500 | |
| · Intravenous fluids, irrigating solutions, dressings, prescriptions and antibiotics | 1,200 | |
| o Pre op consultation | 75 | |
| o Emergency ambulance for hospital admission | 120 | |
| o Surgically implanted prostheses (50% of costs) | 3,000 | |
| o Laparoscopic disposables | 750 | |
| 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) | 200 | |

| **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' **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 relevant **excess** applies.

**Angiography** — **Per policy year**

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

| | |
|---|---|
| Angiogram | 2,000 |
| Angioplasty | 7,000 |

**Post operative therapy** — **Per admission**

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 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.*

**Lithotripsy** (excess applies) — **Per policy year**

Performed by a registered medical **specialist**.

| | |
|---|---|
| Lithotripter | 3,200 |
| Urologist | 600 |
| Anaesthetist | 350 |
| Hospital | 310 |
| | 4,460 |

**Breast reconstruction** (excess applies)

Breast reconstruction performed by a registered medical practitioner in private practice within two years of a required mastectomy. 'Surgery' **benefit limits** and any relevant **excess** applies.

**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**. — 3,000

**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**.

## Private hospital 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** 3,000

## Psychiatric hospitalisation

In a licensed private hospital on admission and under the care of a **specialist** psychiatrist. Refund of hospital accommodation fees, and ancillary hospital charges.

**Per policy year**
3,000

## 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**
1,860

## Chemotherapy benefit

**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 $4,600 per **policy year**.

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

**Per policy year**
30,000

## 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

## 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**
30,000

## 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**
600

## Loyalty benefits

| | |
|---|---|
| **Overseas treatment**<br>**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**<br>$1,500 |
| **Bowel Screening Kits**<br>**Benefit** applies after three years of continuous cover under this **Health Plan**, this **benefit** enables **you** to request one free bowel screening kit.<br>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**<br>One kit for each person every three **policy years**. |

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