

UniCare Advantage 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 **Health Plan** covers 80% of either **reasonable charges** or the actual medicals costs up to the **benefit limits**.

Private hospitalisation surgical benefits

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

Surgery

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.

- 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 nursing
 - Recovery nurse
 - X-Ray examination, ECG
 - Intravenous fluids, irrigating solutions, dressings, prescriptions and antibiotics
- Pre op consultation
- 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).

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

No maximum

Spinal surgery

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** apply.

200,000

Varicose vein treatment

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** apply.

Breast reconstruction

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** apply.

Angiography

Angiograms, angioplasty including hospitalisation, **specialist** and ancillary fees. 'Surgery' **benefit limits** apply.

Lithotripsy

Performed by a registered medical **specialist**. 'Surgery' **benefit limits** apply.

ACC top-up surgery

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 80% of 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

330

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**.*

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

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.		100	500
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 limit - 50% of benefit limit . (All injury admissions are excluded).		150	1,680
Private hospitalisation medical benefits			
Cover 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 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 3,500
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 2,500
Minor surgery			
Registered medical practitioner or registered nurse/ nurse practitioner		Per admission	Per policy year
Not requiring general anaesthetic, including preceding consultation and performed in practice rooms.		400	No maximum
Registered specialist Not requiring general anaesthetic, including the preceding consultation and performed in specialist rooms.			Per policy year 1,210
Minor skin lesions removed by a GP, registered nurse/ nurse practitioner		Per admission	Per policy year
Performed by a registered medical practitioner or 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 admission	Per policy year
Oral surgeon's fees including consultation and post op care.	720	No maximum
Anaesthetist including anaesthetic supplies.	360	No maximum

In private hospital

	Per admission	Per policy year
Oral surgeon's fees including consultation and post op care.	720	No maximum
Anaesthetist including anaesthetic supplies.	360	No maximum
Operating theatre fee, all medication, dressings etc whilst in hospital.	2,000	No maximum
Accommodation.	6,400	No maximum

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
	55,000

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 \$8,500 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
	55,000

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.	50	100
Registered practice nurse and registered nurse practitioners	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 including psychiatric prescription drugs.		240
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.		330
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.	170	340
Chiropractor		Per policy year
Consultation 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.	40	300
Dietitian/ nutritionist	Per visit	Per Year
Consultation by a New Zealand registered dietitian/ nutritionist on referral from a registered medical practitioner.	40	160

Audiology		Per visit	Per policy year
Consultations and audiology testing fees by a registered audiologist		80	240
Audiometric tests: for puretone, audiometry, impedance, tympanometry, brain-stem evoked response.			240
Ambulance			Per policy year
Emergency ambulance call out, excluding injuries.			160
Specialists			Per policy year
Consultations following referral from a registered medical practitioner.			4,000
Imaging			Per policy year
Treatment provided by a registered medical practitioner in private practice.			
○ Bone density scan ○ X-Rays and image intensifiers ○ Ultrasound ○ Mammography, including surveillance ○ Scintigraphy ○ CT scan ○ MRI scan ○ PET scan			Combined maximum 10,000
Mental health			Per policy year
This benefit covers the costs of reasonable charges for consultations with a psychiatrist, psychologist, psychotherapist or counsellor.			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		Per visit	Per policy year
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.		120	720

Vision care	Per policy year
Treatment by a registered orthoptist.	200
Urodynamic assessment	Per policy year
Treatment by a specialist urologist.	900
Cardiac diagnostic procedures	Per policy year
○ Holter monitoring ○ Treadmill exercise ○ Ambulatory blood pressure monitoring ○ Cardiovascular ultrasound ○ Stress echocardiography ○ Echocardiography ○ Transoesophageal echocardiography	Combined maximum 1,200
Non medical benefits	
Bereavement grant	Per life
Upon death by natural or accidental causes prior to age 65 of any person on the Health Plan .	600
Loyalty benefits	
Obstetrics	Per policy year
After three years' continuous cover under this Health Plan . Treatment provided by a registered medical practitioner during pregnancy and after delivery, until discharge from hospital.	300
Weight loss surgery or breast reduction surgery	Per lifetime
Benefit applies after five years' continuous cover under this Health Plan . A one time grant is payable of 50% of actual costs up to benefit limit . For breast reduction surgery, an underlying medical condition must apply. Excluding removal of implants or cosmetic reduction.	4,000
Overseas treatment	Per event
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.	5,000

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

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**.

Per lifetime

25,000

Bowel Screening Kits

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**.

Every three policy years

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

UniMed

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