

UniCare 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 general excess option: Any voluntary general **excess** selected that is shown on **your Membership Certificate** will apply per **claim** and will be additional to the surgical **excess**.

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 surgical excess: The first \$150 of the total refundable costs per admission under this section are payable by the patient/**member**.

Voluntary surgical excess: Any voluntary surgical **excess** selected that is shown on **your Membership Certificate** applies per admission. If a selected voluntary surgical **excess** is greater than the compulsory surgical **excess** then only the voluntary surgical **excess** will apply.

Surgery (surgical 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 - o 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 60,000	No limit on number of admissions

Spinal surgery (surgical 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 (surgical 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 (surgical 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.

Lithotripsy (surgical excess applies)
Performed by a registered medical specialist. 'Surgery' benefit limits and any relevant excess applies.

ACC top-up surgery (surgical 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 specified **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 900 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 extends to a polypectomy, the **claim** will be considered under the 'Surgery' **benefit**, and the relevant **excess** will apply.*

Angiography

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

Angiogram
Angioplasty

Per policy year

2,500
8,400

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 .		3,500
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).	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		
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 2,220
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.	350	No maximum
Registered specialist		Per policy year 550
Not requiring general anaesthetic, including the preceding consultation and performed in specialist rooms.		
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

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.	600	No maximum
Anaesthetist including anaesthetic supplies.	240	No maximum

In private hospital	Per admission	Per policy year
Oral surgeon's fees including consultation and post op care.	600	No maximum
Anaesthetist including anaesthetic supplies.	240	No maximum
Operating theatre fee, all medication, dressings etc whilst in hospital	1,750	No maximum
Accommodation	5,180	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** 38,500

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 \$5,900 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** 38,500

General medical expenses

General practitioners	Per visit	Per policy year
Treatment and consultation by a general practitioner .	50	No maximum
GP after hours	Per visit	Per policy year
Home visits or consultations with a registered medical practitioner at an after-hours facility.	45	90
Registered practice nurse & registered nurse practitioner	Per visit	Per policy year
Treatment and consultation by a registered practice nurse or registered nurse practitioner.	50	No maximum
Prescriptions	Per visit	Per policy year
User part charges for prescription drugs on the New Zealand Pharmaceutical schedule and prescribed by a registered medical practitioner. Includes psychiatric medications prescribed by a registered medical practitioner.	20	120
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.	50	No maximum
Chiropodist/ podiatrist		Per policy year
Consultation and treatment provided by a chiropodist/ podiatrist with New Zealand registration.		200
Physiotherapist	Per visit	Per policy year
Consultations and treatment provided by a physiotherapist with New Zealand registration, including acupuncture and manipulations.	30	260
Dietitian/ nutritionist	Per visit	Per policy year
Consultation by a New Zealand registered dietitian or nutritionist on referral from a registered medical practitioner. Excludes food/ food substitutes.	40	160
Audiology	Per visit	Per policy year
Consultations and audiology testing fees by a registered audiologist	60	200
Audiometric tests: for puretone, audiometry, impedance, tympanometry, brain-stem evoked response.		220

Ambulance		Per policy year
Emergency ambulance call out, excluding injuries		150
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.		
- 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		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 .		
<i>NB: For a claim to qualify, ACC must have provided financial assistance towards treatment costs.</i>		
Health maintenance benefits		
Home nursing	Per day	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.	100	600
Vision care		Per policy year
Treatment by a registered orthoptist.		170
Urodynamic assessment		Per policy year
Treatment by a specialist urologist.		800

Cardiac diagnostic procedures	Per policy year
- o Holter monitoring - o Treadmill exercise - o Ambulatory blood pressure monitoring - o Cardiovascular ultrasound - o Stress echocardiography - o Echocardiography - o Transoesophageal echocardiography	Combined maximum 1,000

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

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.	2,000

Psychiatric consultations	Per visit	Per policy year
Benefit applies after five years' continuous cover under this Health Plan . Consultation with a psychiatrist who is vocationally registered in New Zealand.	100	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 .	20,000

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**.

Per Policy Year

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

UniMed

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