UniMed

UniCare Plus 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 $100 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 the 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 75,000	No maximum

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:

- Occupational therapy
- Physiotherapy
- Speech and language therapy
- Osteopath
- Chiropractor
- Dietitian/ nutritionist consultations
- 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 *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.*	**Per policy year** 5,000
Angiography Angiograms, angioplasty including hospitalisation, **specialist** and ancillary fees. Angiogram Angioplasty	**Per policy year** 3,000 8,800

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 In the **event** of a **Member's** insured **child** having surgery in a licensed private hospital for which cover is available.	**Per night** 100	**Per policy year** 500

Public hospital benefits

Public hospital cash grant - surgical and medical admissions 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** 150	**Per policy year** 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** 2,500

Minor surgery

Registered medical practitioner or registered nurse/ nurse practitioner Not requiring general anaesthetic, including preceding consultation and performed in practice rooms.	**Per visit** 400	**Per policy year** No maximum
Registered specialist Not requiring general anaesthetic, including preceding consultation and performed in **specialist** rooms.		**Per policy year** 1,210
Minor skin lesions removed by a GP, registered nurse/ nurse practitioner Performed by a registered medical practitioner or registered nurse/ nurse practitioner in practice rooms, including preceding consultation.	**Per visit** 550	**Per policy year** 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.

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.

Per policy year
55,000

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
55,000

General medical expenses

General practitioners Treatment and consultation by a **general practitioner**.	**Per visit** 55	**Per policy year** No maximum
After hours Home visits or consultations with a registered medical practitioner at an after-hours facility.	**Per visit** 50	**Per policy year** 100
Registered practice nurse & registered nurse practitioner Treatment and consultation by a registered practice nurse or registered nurse practitioner.	**Per visit** 55	**Per policy year** No maximum
Prescriptions 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** 20	**Per policy year** 150
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
Laboratory tests The cost of laboratory charges for blood or glucose tests, requested by a registered medical practitioner.	**Per visit** 100	**Per policy year** No maximum
Chiropodist/ podiatrist Consultation and treatment provided by a chiropodist/ podiatrist with New Zealand registration.		**Per policy year** 240
Osteopath Consultation and treatment provided by an osteopath with New Zealand registration.	**Per visit** 170	**Per policy year** 340
Chiropractor Consultations and treatment provided by a chiropractor with New Zealand registration, including X-rays.		**Per policy year** 200
Physiotherapist Consultations and treatment provided by a physiotherapist with New Zealand registration, including acupuncture and manipulations.	**Per visit** 40	**Per policy year** 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

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. 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. 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.	1,000

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**
o Holter monitoring o Treadmill exercise o Ambulatory blood pressure monitoring o Cardiovascular ultrasound o Stress echocardiography o Echocardiography o Transoesophageal echocardiography	Combined maximum 1,200

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, 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 **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** 2,000
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**.

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