

UniCare Advantage Plan

It's the security of knowing we're there

Effective 1 August 2024

PLEASE NOTE: All benefits in all sections apply to each person on the health plan unless otherwise stated. All benefits included in this brochure are inclusive of GST charged by providers of service.

PRIVATE HOSPITALISATION SURGICAL BENEFITS

Payments under this section are limited to 80% of the 'Usual and Customary' costs of the procedure up to the per admissions limit stated.

Surgery

Per Admission

Per 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).

100,000

No Maximum

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
- Dietician consultations (excludes food/food substitutes)
- Lymphedema physiotherapy (excludes garments)

Combined Maximum 1,000 per surgical event, cycle of chemotherapy and/or radiation oncology.

In-Patient Non-PHARMAC Subsidised Pharmaceuticals

Per Year

Pharmaceuticals 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

Breast Reconstruction

Per Admn

Per Year

Breast Reconstruction performed by a Registered Medical Practitioner in Private Practice. Breast reconstruction required as a result of a prophylactic mastectomy is not included.

100,000

No Maximum

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 24 months after a mastectomy approved by UniMed under this Health Plan.

6,500

Surgical Tests and Investigations

Per Year

Gastroscopy and/or Colonoscopy

5,000

Surveillance Colonoscopy or Gastroscopy

Per 24 Months

Payable where no signs or symptoms are present, reimbursement of 50% of actual costs up to limit. Limit of one procedure every 24 months.

Gastroscopy and/or Colonoscopy

2,500

Please note: if the procedure extends to a polypectomy, the claim will be considered under the Private Hospitalisation Surgical Admission benefit.

Angiography

Per Admn

Per Year

Angiograms, Angioplasty including Hospitalisation, Specialist and Ancillary fees.

100,000

No Maximum

Lithotripsy

Per Admn

Per Year

Performed by a Registered Medical Specialist
Special conditions apply, refer to full conditions of membership.

100,000

No Maximum

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 of \$4,000.

Accident Surgery

Before Qualifying “Surgical Procedures” are undertaken UniMed must receive written confirmation from the “ACC” regarding their decision to either accept or decline your claim for surgery. Qualifying Injury Claim(s) that the “ACC” agree to accept will also be accepted by UniMed for ‘top-up’ coverage to the benefit levels applicable to the “Private Hospitalisation Surgical Benefits” section. If “ACC” decline your claim UniMed will, at its sole discretion, either assist with the total cost of surgery or pay the difference between the actual cost of surgery and what the “ACC” would have contributed had your claim been accepted by them to the levels applicable to the “Private Hospitalisation Surgical Benefits” section.

Parent Accommodation

In the event of a health plan holder’s insured child having surgery in a private hospital for which cover is available, a benefit for parent accommodation in the hospital is payable of:

Per Night

100

Per Year

500

ALL BENEFIT SECTIONS FROM THIS POINT FORWARD REFUND 80% OF ACTUAL MEDICAL COSTS TO THE SPECIFIED MAXIMUMS.

“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 - 50% of benefit limit. All injury admissions are excluded).

Per 24 Hours

150

Per Year

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 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 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 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 Admn

400

Per Year

No Maximum

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.

Per Admn

550

Per Year

1,100

Registered Medical Specialist

Not requiring general anaesthetic, including the preceding consultation and performed in specialist rooms.

Per Year

1,210

ORAL SURGERY

All 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 titanium implants.

In Professional Rooms

| | Per Admn | Per 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 Admn | Per 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 annum. Included in cover is genetic/genomic testing. Testing is payable following a cancer diagnosis and referral by a Registered Oncologist.

Per Year

55,000

SURVEILLANCE FOLLOWING CANCER TREATMENT

Following surgery or treatment for cancer, associated with an eligible claim under your health plan, for Registered Specialist consultations and investigations related to the cancer diagnosis. The benefit applies from the end date of treatment, for a period of five consecutive years, up to a limit of \$3,000 per year.

RADIATION ONCOLOGY

Limited to Planning, Shielding and Accessories, Field Setup and XRT Simulation and performed in an approved Private Hospital facility.

Per Year

55,000

THIS BENEFIT SECTION REFUNDS 80% OF ACTUAL MEDICAL COSTS TO THE SPECIFIED MAXIMUMS.

GENERAL MEDICAL EXPENSES

General Practitioners

| | Per Visit | Per Year |
|---|------------------|-----------------|
| Treatment and consultation by a Registered Medical Practitioner, including Dressings, Acupuncture, ECG. | 55 | No Maximum |

GP After Hours

| | Per Visit | Per Year |
|--------------|------------------|-----------------|
| Home Visits. | 50 | 100 |

| | | |
|--|------------------|-----------------|
| Registered Practice Nurse & Registered Nurse Practitioners | Per Visit | Per Year |
| Treatment and consultation by a Registered Practice Nurse or Registered Nurse Practitioner. | 40 | No Maximum |
| <hr/> | | |
| Prescriptions | | Per Year |
| User part charges for Prescription items on the New Zealand Pharmaceutical schedule and prescribed by a Registered Medical Practitioner including Psychiatric medications. | | 240 |
| <hr/> | | |
| Non-PHARMAC Subsidised Pharmaceuticals | | Per Year |
| Pharmaceuticals 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 |
| <hr/> | | |
| Laboratory Tests | Per Visit | Per Year |
| The cost of Laboratory charges for occult blood or glucose tests, requested by a Registered Medical Practitioner. | 100 | No Maximum |
| <hr/> | | |
| Chiropodist/Podiatrist | | Per Year |
| Consultation and treatment by a Registered Practitioner. | | 220 |
| <hr/> | | |
| Osteopath | Per Visit | Per Year |
| Consultation and treatment provided by an Osteopath with NZ Registration. | 170 | 340 |
| <hr/> | | |
| Chiropractor | | Per Year |
| Cost of services from a Registered Chiropractor including X-rays. | | 200 |
| <hr/> | | |
| Physiotherapist | Per Visit | Per Year |
| Treatment by a Registered Physiotherapist. | 30 | 300 |
| <hr/> | | |
| Audiology | Per Visit | Per Year |
| Consultations and audiology testing fees by a Registered Audiologist. | 80 | 240 |
| Audiometric Tests: For Puretone, Audiometry, Impedance, Tympanometry, Brain-stem evoked response. | | 240 |
| <hr/> | | |
| Ambulance | | Per Year |
| Emergency ambulance call out, excluding injuries. | | 160 |
| <hr/> | | |
| Specialist/Surgeon/Consultant Physician | | Per Year |
| Consultations following referral from a Registered Medical Practitioner. | | 4,000 |

Imaging

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

Per Year

Combined
Maximum
10,000

"ACC" TOP UP BENEFIT

Non Hospital

The 'shortfall' between actual costs and "ACC" refunds for out of hospital expenses incurred as a result of qualifying personal injury or employment related conditions are covered to the limits as shown under the General Medical Expenses and Minor Surgery benefit sections.

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

HEALTH MAINTENANCE BENEFITS

Home Care

Home Nursing by a Registered Nurse, following surgery in a Private Hospital on referral from a Registered Medical Practitioner.

Per Visit

120

Per Year

720

Vision Care

Treatment by a Registered Orthoptist.

Per Year

200

Urodynamic Assessment

Treatment by a Specialist Urologist.

Per Year

900

Cardiac Diagnostic Procedures

- Holter Monitoring
- Treadmill Exercise
- Ambulatory BP Monitoring
- Cardio Vascular Ultrasound
- Stress Echocardiography
- Echocardiography
- Transoesophageal Echocardiography

Per Year

Combined
Maximum
1,200

NON MEDICAL BENEFITS

Funeral Grant

Upon death by natural or accidental causes prior to age 65 of any person on the health plan.

Per Life

600

LOYALTY BENEFITS

THESE BENEFITS RECOGNISE LONG TERM CONTINUOUS MEMBERSHIP.

Obstetrics

Benefits apply after three years' continuous membership in this plan. Treatment from a Registered Medical Practitioner for obstetric conditions.

Per Year

300

Obesity Surgery or Breast Reduction Surgery

Benefits apply after five years' continuous membership in this 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.

Per Lifetime

4,000

Overseas Treatment

Benefits apply after five years' continuous membership in this plan. A grant is payable of up to \$5,000. The procedure must be available in New Zealand 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.

Psychiatric Consultations

Benefits apply after five years' continuous membership in this plan. Consultation with a psychiatrist who is vocationally registered in New Zealand.

Per Visit

150

Per Year

Three Visits

Prophylactic Surgery

Benefits apply after five years' continuous membership in this plan. A one time grant is payable 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. Breast reconstruction is not included under this benefit.

Per Lifetime

25,000

Need to know more before making your choice?

Phone UniMed's friendly, helpful staff now and secure your future. If calling from Christchurch please phone 03 365 4048.

Freephone: **0800 600 666**

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