Compare Our Health Plans

UniMed

	StaffCare+	StaffCare	StaffStay
Surgery			
General surgery	$300,000	$200,000	$150,000 per claim
Breast reconstruction	Included in general surgery	Included in general surgery	Included in general surgery
Breast symmetry	Included in general surgery	Included in general surgery	Included in general surgery
Varicose veins (3 year no claim period)	Included in general surgery	Two procedures, per leg, per lifetime	Included in general surgery
Prophylatic surgery	$60,000 per person per policy lifetime	$60,000 per person per policy lifetime	$60,000 per person per policy lifetime
Spinal Surgery	$200,000 per person per policy lifetime	$200,000 per person per policy lifetime	$200,000 per person per policy lifetime
Oral surgery (3-year no-claim period for impacted or unerupted teeth.)	$300,000	$100,000	$150,000 per claim
Minor surgery	$1,000 per claim	$500 per claim	$500 per claim
Diagnostic procedures, tests and scans			
Major diagnostic procedures	Included in general surgery	As specified below	As specified below
Angiograms	Included in major diagnostic procedures	Up to $3,500	Up to $3,500
MRI scans	Included in major diagnostic procedures	Up to $3,000	Up to $3,000
CAT scans	Included in major diagnostic procedures	Up to $2,500	Up to $2,500
MP scans	Included in major diagnostic procedures	Up to $2,000	Up to $2,000
PET scans	Included in general surgery	Up to $2,500	Up to $2,500
Diagnostic tests	$5,000 (S)	Included in Specialist consultations (S)	$4,000 (S)
Consultations			
Specialist consultations	$5,000 (S)	$5,000 (S)	$4,000 (S)
Mental health consultations	$1,000	$1,000	$1,000
Second-opinion	Included in Specialist consultations (S)	Included in Specialist consultations (S)	No cover
Cancer treatment			
Non-surgical cancer treatment	$65,000*	$60,000	$25,000*
Non-PHARMAC chemotherapy drugs	$40,000**	No cover	No cover
Hospital options			
Private hospital medical admission	$200,000	$65,000	$65,000 (private or public)
Public hospital admission	$300 per night, maximum 10 nights	$300 per night, maximum 10 nights	Included in private or public hospital medical admission
Transport, accommodation, recovery and support			
Post-operative therapy	$1,500 per event	$1,000 per event	$1,000 per event
Home nursing	$6,000 ($150 per day)	$2,500 ($100 per day)	$2,400 ($150 per day)
Transport and accommodation	$2,000 ($200 per night for support person)	$2,000 ($200 per night for support person)	$1,500 ($125 per night for support person)
Parent/guardian accommodation	$300 per night, maximum 10 nights	$500 ($125 per night)	$1,500 ($125 per night)
Ambulance cover/transfer	$200	No cover	$200
Bereavement grant	$2,500	No cover	No cover
Waiver of premium	For 36 months	For 36 months	For 36 months
Suspension of cover	Up to 24 months	Up to 24 months	Up to 24 months
ACC top-up	Covered	Covered	Covered
Treatment outside of New Zealand	$30,000	$10,000	$25,000
Day-to-day, natural health, dental and optical			
GP visits	$55 - $70 per visit (GP)	$500 ($55 per visit) (GP)	$500 per year ($80 per visit) (GP)
Registered nurse visits	$35 per visit (GP)	$200 ($35 per visit) (GP)	Included in GP visits
Prescriptions	$400 per year ($20 per item) (GP)	$300 ($20 per item) (GP)	$300 per year ($20 per item) (GP)
Laboratory tests	$80 (GP)	No cover	$100 per year (GP)
Health practitioner visits	$800 (NH)	No cover	No cover
Dental	80% up to $500 (DO)	No cover	No cover
Optical	80% up to $600 (DO)	No cover	No cover
Loyalty benefits			
Sterilisation	One-off $3,000 after 2 years	One-off $3,000 after 2 years	No cover
Health checks	$150 every 3 years	$150 every 3 years	No cover
Melanoma	$200 every 3 years (S)	$200 every 3 years (S)	No cover
Orthodontic	80% up to $750 after 3 years (DO)	No cover	No cover
Pregnancy	$2,000 after 3 years (S)	No cover	No cover
Preventative checks	$200 every 3 years (GP)	No cover	No cover
Sick leave	Up to $500 after 3 years (NH)	No cover	No cover
Flu vaccination	$40 (NH)	No cover	No cover
Bowel testing kit	Every 3 years	Every 3 years	No cover
Weight-loss or breast reduction surgery	50% of cost up to $8,000 after 3 years	No cover	No cover

Covered under additional plans

(S) Specialist plan
(GP) GP plan
(NH) Natural Health plan
(DO) Dental and Optical plan

09/2026

Dollar amounts shown are per person per policy year, unless otherwise stated.
This comparison table is a guide to benefit limits. For full details and specifications, please refer to the policy documents.
*Covered under private hospital benefit. **Covered under non-surgical cancer treatment or general surgery.