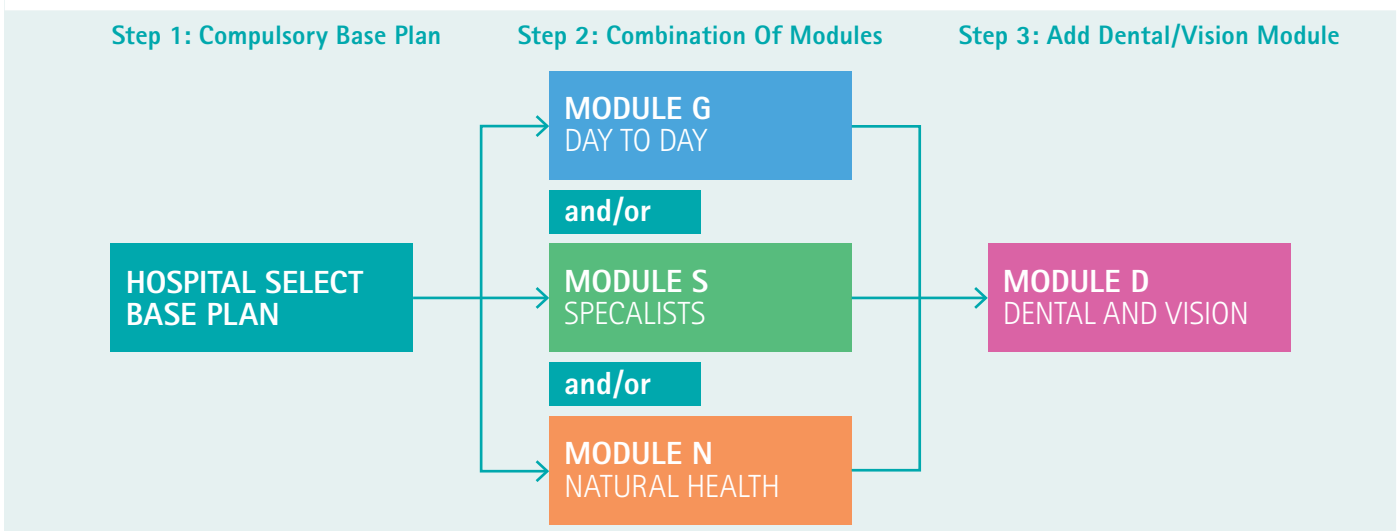


# HOSPITAL SELECT PLUS MODULES PLAN

It's the security of knowing we're there.

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

**Voluntary Excess Option:** Any voluntary excess option selected applies per claim. All benefits where an Excess applies are indicated within this brochure. Hospital Select is the base plan to which the other modules may be added, individually or together, with the exception of Module "D" which cannot be added to Hospital Select Base Plan on its own.



## HOSPITAL SELECT BASE PLAN

### PRIVATE HOSPITALISATION SURGICAL BENEFITS

THE FOLLOWING SECTION REFUNDS 100% OF THE USUAL AND CUSTOMARY CHARGES, LIMITED TO THE BENEFIT MAXIMUMS FOR ANY ADMISSION.

#### Surgery

	Per Admn	Per Year	Excess Applies
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			<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>Surgeon's fee</li> <li>Anaesthetist's fee</li> <li>Hospital fees, in a Licensed Private Hospital or Private Facility approved by UniMed for:-               <ul style="list-style-type: none"> <li>Accommodation</li> <li>Theatre fees and Anaesthetic Supplies</li> <li>Perfusionist</li> <li>Intensive Care and special In-Hospital Nursing</li> <li>Recovery Nurse</li> <li>X-Ray examination, ECG</li> <li>Intravenous Fluids, Irrigating Solutions, Dressings, Prescriptions and Antibiotics</li> <li>Post Operative Physiotherapy fees from a Registered Physiotherapist</li> <li>Emergency Ambulance for hospital admission</li> <li>Surgically Implanted Prostheses</li> <li>Laparoscopic Disposables</li> </ul> </li> </ul>	300,000.00	300,000.00	<input checked="" type="checkbox"/>

<b>Post-operative Occupational Therapy</b> Treatment by a Registered Occupational Therapist.	Per Visit 100.00	3 Visits per surgical admission	
<b>Surgical Tests &amp; Investigations</b> Gastroscopy Colonoscopy	Per Admn 1,800.00 2,500.00	Per Year No Max No Max	
<b>Surveillance Colonoscopy or Gastroscopy</b> Payable where no signs or symptoms are present, reimbursement of 50% of actual costs up to limit. Limit of one procedure every 24 months.	Per Admn	Per 24 Months	☒
Gastroscopy Colonoscopy	900.00 1,250.00	900.00 1,250.00	
☒ <b>Please note:</b> if the procedure extends to a polypectomy, the claim will be considered under the Private Hospitalisation Surgical Admission benefit and, if applicable, the policy excess applies.			
<b>In-Patient Non-PHARMAC Subsidised Pharmaceuticals</b> 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.		Per Year 2,000.00	
<b>Oral Surgery</b> 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. Wisdom tooth extraction including the removal of un-erupted or impacted wisdom teeth, including all associated costs.	Per Admn 300,000.00	Per Year 300,000.00	☑
<b>Breast Reconstruction</b> Breast Reconstruction performed by a Registered Medical Practitioner in Private Practice. No benefit will be paid under this section unless UniMed has paid for the initial mastectomy.	Per Admn 300,000.00	Per Year 300,000.00	☑
<b>Breast Symmetry, Post Mastectomy</b> 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 policy.		Per Lifetime 6,500.00	
<b>Angiography</b> Angiograms & Angioplasty including hospitalisation, specialist & ancillary fees	Per Admn 300,000.00	Per Year 300,000.00	☑
<b>Lithotripsy</b> Performed by a Registered Medical Specialist Special conditions apply, refer to full conditions of membership.	300,000.00	300,000.00	☑
<b>Accident Surgery</b> 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 Hospital 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 Hospital Surgical Benefits" section.			☑
<b>Obesity Surgery</b> Benefits apply after five years' continuous membership in this plan. A one-time grant is payable of 50% of actual costs up to the benefit limit.		Per Lifetime 8,000.00	
<b>Overseas Treatment</b> Benefits apply after five years' continuous membership in this plan. A grant is payable of 100% of usual and customary charge for the identical procedure in New Zealand. The procedure must be available in New Zealand, 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 Admn 30,000.00	Per Year 30,000.00	☑
<b>Sterilisation</b> Sterilisation procedures are covered after three years continuous membership in this plan	Per Admn 5,000.00	Per Year 5,000.00	
<b>Home Nursing – Following Surgery</b> Home Nursing by a Registered Nurse, following surgery in a Private Hospital on referral from a Registered Medical Practitioner	Per Day 150.00	Per Year 6,000.00	
<b>Speech and Language Therapy</b> Treatment by a Registered Speech Therapist following surgery, excluding consequence of injury by accident (see separate benefits).	Per Visit 80.00	Per Year 400.00	
<b>Ambulance</b> Emergency transportation for Public Hospital inpatient admission		Per Year 200.00	
<b>Parent Support Accommodation</b> In the event of a policyholder'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 150.00	Per Year 600.00	
<b>Hospital Cash Allowance – Medical/surgical admissions</b> When admitted to Public Hospital for a full 24 hours or more. Child Benefit – 50% of above. (All injury admissions excluded)	Per Day 125.00	Per Year 1500.00	

IMAGING		Per Year
• CT Scan		3,000.00
• MRI Scan		4,000.00
• PET Scan		2,500.00
• Cardioversion		300,000.00
• Myocardial Perfusion Scan		300,000.00
• Scintigraphy		2,000.00
IMAGING (six months prior and six months after surgery)		Per Year
• X-rays	}	300,000.00
• Mammography		
• Ultrasounds		
• Nuclear Scanning		
SPECIALISTS (six months prior and six months after surgery)		Per Year
<b>Consulting Physician/Paediatrician</b>		}
Consultation following referral from a Registered Medical Practitioner		
<b>Specialist Oncologist</b>		
Consultation following referral from a Registered Medical Practitioner with an Oncologist who is a Specialist Registered Medical Practitioner		
<b>Specialist/Surgeon</b>		
Consultation following referral from a Registered Medical Practitioner		}
<b>Oral Surgeon</b>		
Consultation (not treatment) by a Registered Oral Surgeon		
<b>Medical Hospitalisation</b>		Per Year
Cover is provided for Non Acute Medical Hospitalisation (Excludes Psychiatric/Geriatric) in a Licensed Private Hospital, on admission and under the care of a Registered Medical Practitioner.		65,000.00
Ancillary hospital charges		500.00
<b>Radiation Oncology</b>		
Limited to Planning, Shielding and Accessories, Field Setup and XRT Simulation and performed in an approved Private Hospital facility.		30,000.00
<b>Chemotherapy</b>		
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 \$10,000 per annum.		65,000.00
<b>Surveillance Following Cancer Treatment</b>		
Following surgery or treatment for cancer, associated with an eligible claim under your policy, cover exists 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		
<b>Acute Private Hospitalisation Medical/Surgical grant</b>		
An admission for an "Acute" Qualifying Medical Condition or "Surgical Procedure" under the care of a Registered Medical Practitioner in a Licensed Private Hospital		5,000.00
<b>Psychiatric/Geriatric Hospitalisation</b>		
In a Licensed Private Hospital, on admission and under the care of a Specialist Psychiatrist/ Geriatrician. Refund of Hospital Accommodation fees		2,000.00
Ancillary hospital charges		500.00
MINOR SURGERY		Per Year
<b>Registered Medical Specialist</b>		
Not requiring general anaesthetic, including preceding consultation and performed in specialist rooms		300,000.00
<b>Registered Medical Practitioner</b>		Per Procedure
Not requiring general anaesthetic, including preceding consultation performed in practice rooms		500.00
<b>Minor Skin Lesions Removed by a GP</b>		Per Visit
Performed by a Registered Medical Practitioner in General Practice. Note: Prior Approval must be sought for this benefit		2,000.00
2,000.00		2,000.00
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		20,000.00
WAIVER OF PREMIUM		
Upon death by natural causes prior to age 60 of any member paying the adult contribution rate the surviving spouse and/or qualifying dependents named on the policy will receive two years free coverage at the benefit levels applying at the date of death.		
FUNERAL GRANT		
Upon death by natural causes prior to age 65 of any person on the policy a grant of \$2,400 towards funeral costs is available.		
"ACC" TOP UP BENEFIT		
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. NB: For a claim to qualify, ACC must have provided financial assistance towards treatment costs.		

## SPECIALISTS – MODULE “S” Per Year

THE FOLLOWING BENEFIT SECTIONS REFUND 100% OF ACTUAL MEDICAL COSTS TO THE SPECIFIED MAXIMUMS.

<p><b>Imaging</b></p> <ul style="list-style-type: none"> <li>• Bone density scan</li> <li>• X-rays</li> <li>• Mammography</li> <li>• Ultrasounds</li> <li>• Nuclear scanning</li> <li>• Holter monitoring</li> <li>• Exercise ECG</li> <li>• Blood pressure monitoring</li> <li>• Stress echocardiography</li> <li>• Cardiovascular ultrasound</li> <li>• Echocardiography</li> <li>• Transoesophageal Echocardiography</li> <li>• Urodynamic assessment</li> <li>• Audiology</li> </ul>	<div style="border-left: 1px solid black; border-right: 1px solid black; height: 150px; margin: 0 auto 0 10px;"></div>	5,000.00
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## SPECIALISTS Per Year

<p><b>Consulting Physician/Paediatrician</b> Consultation following referral from a Registered Medical Practitioner</p> <p><b>Specialist Oncologist</b> Consultation following referral from a Registered Medical Practitioner with an Oncologist who is a Specialist Registered Medical Practitioner</p> <p><b>Specialist including Surgeon</b> Consultation following referral from a Registered Medical Practitioner</p> <p><b>Oral Surgeon</b> Consultation (not treatment) by a Registered Oral Surgeon</p>	<div style="border-left: 1px solid black; border-right: 1px solid black; height: 100px; margin: 0 auto 0 10px;"></div>	5,000
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<p><b>Obstetrics</b> Treatment by a Registered Medical Practitioner for obstetric conditions</p>	Per Year 1,000.00
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### “ACC” TOP UP BENEFIT

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

## DAY TO DAY – MODULE “G”

THE FOLLOWING BENEFIT SECTIONS REFUND 100% OF ACTUAL MEDICAL COSTS TO THE SPECIFIED MAXIMUMS.

	Per Visit	Per Year
<p><b>General Practitioners</b> Treatment and consultation by a Registered Medical Practitioner, including dressings, acupuncture, ECG.</p>	55.00	No Limit
<p><b>After Hours</b> Home Visits</p>	70.00	No Limit
<p><b>Registered Practice Nurse</b> Treatment and consultation by a Practice Nurse holding NZRN qualifications.</p>	35.00	No Limit
<p><b>Independent Nurse Practitioner</b> Treatment/Consultation</p>	40.00	200.00
<p><b>Prescriptions</b> User part charges for Prescription items on the New Zealand Pharmaceutical schedule and prescribed by a Registered Medical Practitioner. Psychiatric medications prescribed by a Registered Medical Practitioner are now included in this benefit (Note: Maximum of 20 items per policy).</p>	No Limit	400.00
<p><b>Non-PHARMAC subsidised pharmaceuticals</b> 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.</p>		1,000.00
<p><b>Laboratory Tests</b> The cost of laboratory charges for occult blood or glucose tests, requested by a Registered Medical Practitioner</p>	No Limit	75.00

### “ACC” TOP UP BENEFIT

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

### LOYALTY BENEFIT

<p><b>Psychiatric Consultations</b> Benefits apply after five years' continuous membership in the Hospital Select plan with Day to Day Module. Consultation with a psychiatrist who is vocationally registered in New Zealand.</p>	150.00	Three Visits
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## NATURAL HEALTH - MODULE "N"

THE FOLLOWING BENEFIT SECTIONS REFUND 100% OF ACTUAL MEDICAL COSTS TO THE SPECIFIED MAXIMUMS.

<b>Osteopath</b> Consultation and treatment provided by an Osteopath with NZ Registration	}	Per Visit	Per Year
<b>Chiropractor</b> Services from a Registered Chiropractor including X-rays.		50.00	200.00
<b>Treatment provided by the following Registered Practitioners</b>			
<ul style="list-style-type: none"> <li>• Chiropodist</li> <li>• Physiotherapist</li> <li>• Dietitian</li> <li>• Podiatrist</li> <li>• Acupuncture</li> <li>• Homeopathy</li> <li>• Naturopathy</li> <li>• Nutritionist</li> <li>• Medical Herbalist</li> <li>• Remedial Massage Therapy</li> </ul>	}	Per Practitioner	Combined maximum
		50.00 per visit	
		200.00 per year	
<b>Wellness benefit</b> A health check by a Registered Medical Practitioner			100.00 every three years

### "ACC" TOP UP BENEFIT

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

## DENTAL & VISION - MODULE "D"

THE FOLLOWING BENEFIT SECTIONS REFUND 100% OF ACTUAL MEDICAL COSTS TO THE SPECIFIED MAXIMUMS.

<b>Orthoptist</b> Treatment by a Registered Orthoptist	Per Visit	Per Year
		300.00
<b>Optometrist</b> Consultation by a Registered Optometrist NB: Vision testing only, for spectacles/lenses see below.	75.00	300.00
<b>Spectacles and Lenses</b> Reimbursement of costs (excluding replacement for loss or breakage) of spectacles or contact lenses providing a change in prescription is required.		500.00
<b>Dental</b> Dental treatment by a Registered Dental Practitioner including routine maintenance, fillings, extraction of teeth, dentures, periodontic and orthodontic treatment.		500.00
<b>Dental Hygienist</b> Treatment by a Hygienist registered with the NZ Dental Hygienist Association.		100.00

### 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.

**TOLL FREE 0800 600 666**

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