

UNICARE PLAN

Effective 1 August 2020

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.
Excess Option: Any voluntary excess option selected applies per claim and will be additional to any other deductibles applying to this plan.
 All benefits included in this brochure are inclusive of GST charged by providers of service.

PRIVATE HOSPITAL SURGICAL BENEFITS

Payments under this section are limited to the lesser of either 100% of the 'Usual and Customary' costs of the procedure or the specific benefit entitlement(s) stated below. Please note: "Policy Excess" applies to either settlement method.

Policy Excess

The first \$150.00 of the TOTAL refundable costs per admission under the Private Hospital Surgical Benefits section are payable by the patient/member.

Surgery

| 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. | Per Admn | Per Year |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------|
| • Surgeon's fee | 1,800.00 | |
| • Anaesthetist's fee | 1,000.00 | |
| • Hospital fees, in a Licensed Private Hospital or Private Facility approved by UniMed for: | | |
| • Accommodation | 6,000.00 | |
| • Theatre fees and Anaesthetic supplies | 1,050.00 | |
| • Perfusionist | 780.00 | |
| • Intensive Care Nursing | 1,000.00 | No limit per year |
| • Recovery nurse | 70.00 | |
| • X-Ray Examination, ECG | 600.00 | |
| • Intravenous Fluids, Irrigating Solutions, Dressings, Prescriptions and Antibiotics | 390.00 | |
| • Pre op consultation | 100.00 | |
| • Post Operative Physiotherapy fees from a Registered Physiotherapist | 300.00 | |
| • Emergency Ambulance for Hospital admission | 150.00 | |
| • Surgically Implanted Prostheses (50% of costs) | 3,600.00 | |
| • Laparoscopic Disposables | 950.00 | |

Post-operative Occupational Therapy

| | | |
|---------------------------------------------------|---------------------|------------------------------------|
| Treatment by a Registered Occupational Therapist. | Per Visit 100.00 | 3 Visits per surgical admission |
|---------------------------------------------------|---------------------|------------------------------------|

In-Patient Non-PHARMAC Subsidised Pharmaceuticals

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| 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 330.00 |
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Laparoscopic Surgery

Performed by a Registered Medical Specialist in a Licensed Private Hospital. Benefits and limits as per Surgery section.

Cardiac Surgery

Performed by a Registered Medical Specialist in a Licensed Private Hospital. Benefits and limits as per Surgery section.

Breast Reconstruction

Breast Reconstruction performed by a Registered Medical Practitioner in Private Practice.

For all stages of breast reconstruction performed under the same anaesthetic as the initial mastectomy: benefits as per Private Hospitalisation Surgical Benefits section.

For all stages of breast reconstruction performed after the initial mastectomy or not under the same anaesthetic as the initial mastectomy, an amount (payable once only) being the lesser of either the total cost of the reconstruction (including nipple reconstruction and tattooing); or \$15,000.

This benefit is only available for surgery following first diagnosis of breast cancer on or after 01 May 2005 and no benefit will be paid under this section unless UniMed has paid for the initial mastectomy.

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 24 months after a mastectomy approved by UniMed under this policy. | | Per Lifetime 6,500.00 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------|---------------|
| Surgical Tests and Investigations | | Per Admn | Per Year |
| Gastroscopy | | 1,800.00 | No Max |
| Colonoscopy | | 2,500.00 | No Max |
| Surveillance Colonoscopy or Gastroscopy | | | |
| 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 | | 900.00 | 900.00 |
| Colonoscopy | | 1,250.00 | 1,250.00 |
| * Please note: 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. | | | |
| Angiography | | Per Admn | Per Year |
| Angiograms, Angioplasty including Hospitalisation, Specialist and Ancillary fees. | | | |
| Angiogram | | 2,500.00 | 2,500.00 |
| Angioplasty (Grant) | | 8,400.00 | 8,400.00 |
| Lithotripsy | | | |
| Performed by a Specialist Urologist. | | Lithotripter | 3,800.00 |
| Special conditions apply, refer to full Conditions of Membership. | | Urologist | 720.00 |
| | | Anaesthetist | 430.00 |
| | | Hospital | 380.00 |
| | | | |
| | | 5,330.00 | 5,330.00 |
| 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 \$3,500.00. | | | |
| 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 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. | | | |
| ALL BENEFIT SECTIONS FROM THIS POINT FORWARD REFUND 100% OF ACTUAL MEDICAL COSTS TO THE SPECIFIED MAXIMUMS. | | | |
| "PUBLIC HOSPITAL" BENEFITS | | | |
| "PUBLIC HOSPITAL" CASH GRANT | | Per Day | Per Year |
| Surgical and Medical Admissions | | | |
| When Admitted to Public Hospital for a full 24 hours or more. | | 140.00 | 1,680.00 |
| (Child Benefit - 50% of above. All injury admissions are excluded). | | | |
| 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. | | Per Admn | Per Year |
| | | 2,220.00 | 2,220.00 |
| Intravenous Fluids, Irrigating Solutions, Dressings, Prescriptions and Antibiotics. | | 195.00 | 195.00 |
| 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. | | 2,220.00 | 2,220.00 |
| MINOR SURGERY | | | |
| Registered Medical Practitioner | | | |
| Not requiring a general anaesthetic and including the preceding consultation. | | 350.00 | No Max |
| Minor Skin Lesions Removed by a GP | | | |
| Performed by a Registered Medical Practitioner in General Practice. Note that Prior Approval must be sought for this benefit. | | 550.00 | 550.00 |
| Registered Medical Specialist | | | |
| Not requiring general anaesthetic, including the preceding consultation and performed in specialist rooms. | | 275.00 | 550.00 |
| 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 | | | |
| Oral Surgeon's fees including consultation and post op care. | | 600.00 | No Max |
| Anaesthetist including anaesthetic supplies. | | 240.00 | No Max |
| In Private Hospital | | | |
| Oral Surgeon's fees including consultation and post op care. | | 600.00 | No Max |
| Anaesthetist including anaesthetic supplies. | | 240.00 | No Max |
| Operating Theatre fee, all Medication, Dressings etc whilst in Hospital. | | 1,750.00 | No Max |
| Accommodation | | 5,180.00 | No Max |
| 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 \$5,900 per annum. | | | Per Year |
| | | | 38,500.00 |

SURVEILLANCE FOLLOWING CANCER TREATMENT

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.

RADIATION ONCOLOGY

Limited to Planning, Shielding and Accessories, Field Setup and XRT Simulation and performed in an approved Private Hospital facility. Per Year
16,500.00

GENERAL MEDICAL EXPENSES

THIS BENEFIT SECTION REFUNDS 100% OF ACTUAL MEDICAL COSTS TO THE SPECIFIED MAXIMUMS.

| | Per Visit | Per Year |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------|
| General Practitioners Treatment and consultation by a Registered Medical Practitioner, including Dressings, Acupuncture, ECG. | 40.00 | No Max |
| GP After Hours Home Visits. | 45.00 | 90.00 |
| Registered Practice Nurse Treatment and consultation by a Practice Nurse holding NZRN qualifications. | 25.00 | No Max |
| Prescriptions 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) | 20.00 | 120.00 |
| Non-PHARMAC Subsidised Pharmaceuticals 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. | | 330.00 |
| Laboratory Tests The cost of Laboratory charges for occult blood or Glucose tests, requested by a Registered Medical Practitioner. | 12.00 | 39.00 |
| Independent Nurse Practitioner Treatment/consultation. | 30.00 | 150.00 |
| Physiotherapist Treatment by a Registered Physiotherapist. | 20.00 | 260.00 |
| Audiology Consultations and audiology testing fees by a Registered Audiologist. Audiometric Tests: For Puretone, Audiometry, Impedance, Tympanometry, Brain-stem evoked response. | 60.00 220.00 | 200.00 220.00 |
| Ambulance Emergency transportation for Public Hospital Inpatient admissions. | 150.00 | 150.00 |
| SPECIALISTS | | |
| Consulting Physician/Paediatrician Consultations following referral from a Registered Medical Practitioner. First claim in an insurance year Subsequent claims in an insurance year | 300.00 175.00 | 300.00 No Max |
| Specialist including Surgeon Consultations with a Specialist Registered Medical Practitioner. First claim in an insurance year Subsequent claims in an insurance year | 100.00 80.00 | 100.00 No Max |
| Specialist Oncologist Consultations following referral from a Medical Practitioner with an Oncologist who is a Specialist Registered Medical Practitioner. First claim in an insurance year Subsequent claims in an insurance year | 150.00 90.00 | 150.00 No Max |
| Oral Surgeon Consultation (not treatment) by a Registered Oral Surgeon. First claim in an insurance year Subsequent claims in an insurance year | 100.00 80.00 | 100.00 No Max |
| Imaging Treatment provided by a Registered Medical Practitioner in Private Practice. | | |
| <ul style="list-style-type: none"> • Bone Density Scan • X-Rays and Image Intensifiers • Ultrasound • Mammography • Scintigraphy • CT Scan • MRI Scan • PET Scan | 200.00 80.00 80.00 80.00 800.00 770.00 820.00 1,100.00 | 200.00 400.00 800.00 1,540.00 820.00 1,100.00 |

"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 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

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|---------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------|
| Home Care | Per Day | Per Year |
| Home Nursing by a Registered Nurse, following surgery in a Private Hospital on referral from a Registered Medical Practitioner. | 100.00 | 600.00 |
| Vision Care | Per Visit | Per Year |
| Treatment by a Registered Orthoptist. | 170.00 | 170.00 |
| Treatment by a Registered Ophthalmologist. | | |
| First claim in an insurance year | 100.00 | 100.00 |
| Subsequent claims in an insurance year | 80.00 | No Max |
| Urodynamic Assessment | | |
| Treatment by a Specialist Urologist. | 800.00 | 800.00 |
| Speech Therapy | | |
| Treatment by a Registered Speech Therapist following surgery, excluding consequence of injury by accident. | 55.00 | 220.00 |
| Cardiac Diagnostic Procedures | | |
| Holter Monitoring | } | Total 1,000.00 per annum |
| Treadmill Exercise | | |
| Ambulatory BP Monitoring | | |
| Cardio Vascular Ultrasound | | |
| Stress Echocardiography | | |
| Echocardiography | | |
| Transoesophageal Echocardiography | | |

NON MEDICAL BENEFITS

Funeral Grant

Upon death by natural causes prior to age 65 of any person on the policy a grant of \$600.00 towards funeral costs is available.

LOYALTY BENEFITS

THESE BENEFITS RECOGNISE LONG TERM CONTINUOUS MEMBERSHIP.

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| Obesity Surgery | | Per Lifetime |
| 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. | | 4,000.00 |
| Overseas Treatment | | |
| Benefits apply after five years' continuous membership in this plan. A grant is payable of up to \$2,000. 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 | Per Visit | Per Year |
| Benefits apply after five years' continuous membership in this plan. | | |
| Consultation with a psychiatrist who is vocationally registered in New Zealand. | 100.00 | Three Visits |

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.

Head Office

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