

Per Admn

100,000

Per Year

No limit

per year

on number

of admissions

UNICARE ADVANTAGE 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 net of any Social Security refund and include 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

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
- Post Operative Physiotherapy fees from a Registered Physiotherapist
- Emergency Ambulance for Hospital admission
- Surgically Implanted Prostheses (50% of costs)
- Laparoscopic Disposables

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	Post-operative Occupational Therapy	Per Visit	3 Visits
	Treatment by a Registered Occupational Therapist.	100.00	per surgical
			admission
ĺ	In-Patient Non-PHARMAC Subsidised Pharmaceuticals	Per Admn	Per Year
	Pharmaceuticals prescribed by a Consulting Physician, Paediatrician or Specialist Registered Medical Practitioner	330.00	330.00
	which have been approved by Medsafe and are not fully or partly subsidised by PHARMAC through the New Zealand		
	Pharmaceutical Schedule.		

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

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. For the avoidance of doubt, this benefit section excludes surgery to the breasts to achieve or correct the symmetry and/or look and/or feel of the breasts. 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.

Construct Tests and Investigation		Day Advan	Day Vaay
Surgical Tests and Investigations Gastroscopy		Per Admn 1,800.00	Per Year 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 Colonoscopy		900.00 1,250.00	900.00 1,250.00
		Per Admn	Per Year
Angiography Angiograms, Angioplasty including Hospitalisation, Specialist and Ancillary fees.		rei Aumin	rentean
Angiogram		3,000.00	3,000.00
Angioplasty (Grant)		8,800.00	8,800.00
Lithotripsy			
Performed by a Specialist Urologist.	Lithotripter	3,800.00	3,800.00
Special conditions apply, refer to full Conditions of Membership.	Urologist	720.00	720.00
	Anaesthetist	430.00	430.00
	Hospital	420.00	420.00
		5,370.00	5,370.00
Overseas Transplant			
In the event of Heart, Lung, or Liver transplant surgery being required outside New Zealand, UniMed will assi	st with a once only gran	t of \$4,000.00.	
decline your claim for surgery. Qualifying Injury Claim(s) that the "ACC" agree to accept will also be accepted levels applicable to the "Private Hospital Surgical Benefits" section. If "ACC" decline your claim UniMed will, a cost of surgery or pay the difference between the actual cost of surgery and what the "ACC" would have conto the levels applicable to the "Private Hospital Surgical Benefits" section. No cover is provided for workplace occurring on or after 1 July 1999.	at its sole discretion, eitl tributed had your claim	ner assist with th been accepted b	ne total ny them
Parent Accommodation		Per Night	Per Year
In the event of a policyholder's insured child having surgery in a private hospital for which cover is available,	a benefit for	100.00	500.00
parent accommodation in the hospital is payable of: ALL BENEFIT SECTIONS FROM THIS POINT FORWARD REFUND 80% OF ACTUAL MEDICAL COSTS TO	THE SPECIFIED MAYIN	ALIMS	
"PUBLIC HOSPITAL" BENEFITS	THE SI ECHIED WAXIN	NOWS.	
		D D	Day Value
"PUBLIC HOSPITAL" CASH GRANT		Per Day	Per Year
Surgical and Medical Admissions When Admitted to Public Hospital for a full 24 hours or more.		150.00	1,680.00
(Child Benefit - 50% of above. All injury admissions are excluded).		130.00	1,000.00
PRIVATE HOSPITALISATION MEDICAL BENEFITS			
PRIVATE HOSPITALISATION MEDICAL BENEFITS		Per Admn	Per Year
Cover is provided for Non Acute Medical Hospitalisation (includes Geriatric) in a Licensed Private Hospital, or	n admission and	2,500.00	2,500.00
under the care of a Registered Medical Practitioner.			
Intravenous Fluids, Irrigating Solutions, Dressings, Prescriptions and Antibiotics.		220.00	220.00
Psychiatric Hospitalisation			
In a Licensed Private Hospital on admission and under the care of a Specialist Psychiatrist.		2,500.00	2,500.00
Intravenous Fluids, Irrigating Solutions, Dressings, Prescriptions and Antibiotics.		220.00	220.00
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.		2,500.00	2,500.00
MINOR SURGERY			
Registered Medical Practitioner			
Not requiring a general anaesthetic and including the preceding consultation.		400.00	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.		1,210.00	1,210.00
ORAL SURGERY			
All Oral Surgery performed by a Registered Oral Surgeon excluding, under all benefit categories, the extractic implantation of teeth or costs of titanium implants.	on or surgical removal of	f teeth,	
In Professional Rooms			
Oral Surgeon's fees including consultation and post op care.		720.00	No Max
Anaesthetist including anaesthetic supplies.		360.00	No Max
In Private Hospital Oral Surgeon's fees including consultation and nost on care		720.00	No Me.
Oral Surgeon's fees including consultation and post op care. Anaesthetist including anaesthetic supplies.		720.00 360.00	No Max No Max
Operating Theatre fee, all Medication, Dressings etc whilst in Hospital.		2,000.00	No Max
Accommodation.		6,400.00	No Max
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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.	Per Treatment 22,000.00	Per Year 55,000.00
RADIATION ONCOLOGY		
Limited to Planning, Shielding and Accessories, Field Setup and XRT Simulation and performed in an approved Private Hospital for	acility.	Per Year 22,000.00
GENERAL MEDICAL EXPENSES		
THIS BENEFIT SECTION REFUNDS 80% OF ACTUAL MEDICAL COSTS TO THE SPECIFIED MAXIMUMS.		
General Practitioners Treatment and consultation by a Registered Medical Practitioner, including Dressings, Acupuncture, ECG.	Per Visit 45.00	Per Year No Max
GP After Hours Home Visits.	50.00	100.00
Registered Practice Nurse Treatment and consultation by a Practice Nurse holding NZRN qualifications.	30.00	No Max
Prescriptions User part charges for prescription items on the New Zealand Pharmaceutical Schedule, and prescribed by a Registered Medical Practitioner. (Note: Maximum of 20 items per policy)	240.00	240.00
Non-PHARMAC Subsidised Pharmaceuticals Pharmaceuticals prescribed by a Registered Medical Practitioner in General Practice which have been approved by Medsafe and are not fully or partly subsidised by PHARMAC through the New Zealand Pharmaceutical Schedule.	330.00	330.00
Laboratory Tests The cost of Laboratory charges for occult blood or Glucose tests, requested by a Registered Medical Practitioner.	80.00	80.00
Chiropodist/Podiatrist Consultation and treatment by a Registered Practitioner.	220.00	220.00
Osteopath Consultation and treatment provided by an Osteopath with NZ Registration.	170.00	340.00
Physiotherapist Treatment by a Registered Physiotherapist.	30.00	300.00
Audiology Consultations and audiology testing fees by a Registered Audiologist. Audiometric Tests: For Puretone, Audiometry, Impedance, Tympanometry, Brain-stem evoked response.	80.00 240.00	240.00 240.00
Ambulance Emergency transportation for Public Hospital Inpatient admissions.	160.00	160.00
SPECIALISTS		
Consulting Physician/Paediatrician		
Consultations following referral from a Registered Medical Practitioner. First claim in an insurance year	300.00	300.00
Subsequent claims in an insurance year	175.00	No Max
Specialist including Surgeon Consultations with a Specialist Registered Medical Practitioner.		
First claim in an insurance year	110.00	110.00
Subsequent claims in an insurance year	100.00	No Max
Specialist Oncologist Consultations following referral from a Medical Practitioner with an Oncologist who is a Specialist Registered Medical Practition	er.	
First claim in an insurance year	180.00	180.00
Subsequent claims in an insurance year	100.00	No Max
Oral Surgeon Consultation (not treatment) by a Registered Oral Surgeon.		
First claim in an insurance year	110.00	110.00
Subsequent claims in an insurance year	100.00	No Max
Imaging Treatment provided by a Registered Medical Practitioner in Private Practice.		
Bone Density Scan	250.00	250.00
X-Rays and Image Intensifiers	500.00	F00.00
UltrasoundMammography	500.00 - 500.00	500.00
• Scintigraphy	2,000.00	2,000.00
• CT Scan	900.00	1,800.00
MRI Scan	1,000.00	1,000.00
PET Scan	1,100.00	1,100.00

"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	Per Visit	Per Year
Home Nursing by a Registered Nurse, following surgery in a Private Hospital on referral from a Registered Medical Practitioner.	120.00	720.00
Vision Care		
Treatment by a Registered Orthoptist.	200.00	200.00
Treatment by a Registered Ophthalmologist. First claim in an insurance year	110.00	110.00
Subsequent claims in an insurance year	90.00	No Max
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Urodynamic Assessment Treatment by a Specialist Urologist.	900.00	900.00
Teatment by a Specialist biologist.	300.00	900.00
Speech Therapy Treatment has Desirted Council Therapirt following august and other consequence of injury has accident	00.00	400.00
Treatment by a Registered Speech Therapist following surgery, excluding consequence of injury by accident.	80.00	400.00
Cardiac Diagnostic Procedures		
Holter Monitoring Treadmill Exercise	-]
Ambulatory BP Monitoring		Ŧ
Cardio Vascular Ultrasound		Total - 1.200.00
Stress Echocardiography		per annum
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.

Benefits apply after three years' continuous membership in this plan. Cost of services from a Registered Chiropractor including X-rays.

200.00

200.00

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

300.00

Obesity 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.

Per Lifetime 4,000.00

300.00

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 5 years' continuous cover in this plan option. Consultation with a psychiatrist who is vocationally registered in New Zealand.	150.00	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.

Union Medical Benefits Society Ltd 165 Gloucester Street, PO Box 1721, Christchurch 8140 Phone: 03 365 4048 Fax: 03 365 4066