

# UNICARE PLUS PLAN

Effective 1 August 2016

# 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 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 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 \$100.00 of the TOTAL refundable costs per admission under the Private Hospital Surgical Benefits section are payable by the patient/member.

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Surgery An admission for Non Acute Qualifying "Surgical Procedure(s)", together with that procedure's associated	Per Admn	Per Year
recovery time, performed by a Registered Medical Specialist in a Licensed Private Surgical Hospital.  • Surgeon's fee	2,420.00	
Anaesthetist's fee	1,210.00	
Hospital fees, in a Licensed Private Hospital or Private Facility approved by UniMed for:		
Accommodation	6,600.00	
Theatre fees and Anaesthetic supplies	1,100.00	
Perfusionist	990.00	
Intensive Care Nursing	1,210.00	No
Recovery nurse	85.00	limit per
X-Ray Examination, ECG	725.00	year
<ul> <li>Intravenous Fluids, Irrigating Solutions, Dressings, Prescriptions and Antibiotics</li> </ul>	440.00	,
Pre op consultation	110.00	
Post Operative Physiotherapy fees from a Registered Physiotherapist	480.00	
Emergency Ambulance for Hospital admission	165.00	
Surgically Implanted Prostheses (50% of costs)	3,600.00	
Laparoscopic Disposables	1,210.00	
In-Patient Non-PHARMAC Subsidised Pharmaceuticals		
Pharmaceuticals prescribed by a Consulting Physician, Paediatrician or Specialist 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 d	330.00

#### 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. 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.

Surgical Tests and Interventions			
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	t.	Per Admn	Per 24 Months
Limit of one procedure every 24 months. Gastroscopy		900.00	900.00
Colonoscopy		1,250.00	1,250.00
Angiography		Per Admn	Per Year
Angiograms, Angioplasty including Hospitalisation, Specialist and Ancillary fees. 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 Anaesthetist	720.00 430.00	720.00 430.00
	Hospital	420.00	420.00
	_	5,370.00	5,370.00
Overseas Transplant	dill aasiatith a aasa aab	+ -f # 4 000 00	
In the event of Heart, Lung, or Liver transplant surgery being required outside New Zealand, UniMe  Accident Surgery	d will assist with a once only gran	11 01 \$4,000.00.	
Before Qualifying "Surgical Procedures" are undertaken UniMed must receive written confirmation decline your claim for surgery. Qualifying Injury Claim(s) that the "ACC" agree to accept will also b levels applicable to the "Private Hospital Surgical Benefits" section. If "ACC" decline your claim Uni cost of surgery or pay the difference between the actual cost of surgery and what the "ACC" would to the levels applicable to the "Private Hospital Surgical Benefits" section. No cover is provided for occurring on or after 1 July 1999.	e accepted by UniMed for 'top-up Med will, at its sole discretion, eit I have contributed had your claim	o' coverage to the her assist with the been accepted b	e benefit ne total oy them
Parent Accommodation  In the event of a policyholder's insured child having surgery in a private hospital for which cover is parent accommodation in the hospital is payable of:	available, a benefit for	Per Night 100.00	Per Yea 500.00
ALL BENEFIT SECTIONS FROM THIS POINT FORWARD REFUND 100% OF ACTUAL MEDICAL	COSTS TO THE SPECIFIED MAX	IMUMS.	
"PUBLIC HOSPITAL" BENEFITS			
"PUBLIC HOSPITAL" CASH GRANT		Per Day	Per Yea
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).			
PRIVATE HOSPITALISATION MEDICAL BENEFITS		Day Advan	Day Vac
Cover is provided for Non Acute Medical Hospitalisation (includes Geriatric) in a Licensed Private H	ospital, on admission and	Per Admn 2,500.00	Per Yea 2,500.00
under the care of a Registered Medical Practitioner.			
		220.00	220.00
Intravenous Fluids, Irrigating Solutions, Dressings, Prescriptions and Antibiotics.		220.00	220.00
Intravenous Fluids, Irrigating Solutions, Dressings, Prescriptions and Antibiotics.  Psychiatric Hospitalisation		220.00	
Intravenous Fluids, Irrigating Solutions, Dressings, Prescriptions and Antibiotics.  Psychiatric Hospitalisation In a Licensed Private Hospital on admission and under the care of a Specialist Psychiatrist.			2,500.00
Intravenous Fluids, Irrigating Solutions, Dressings, Prescriptions and Antibiotics.  Psychiatric Hospitalisation In a Licensed Private Hospital on admission and under the care of a Specialist Psychiatrist. Intravenous Fluids, Irrigating Solutions, Dressings, Prescriptions and Antibiotics.		2,500.00	2,500.00
Intravenous Fluids, Irrigating Solutions, Dressings, Prescriptions and Antibiotics.  Psychiatric Hospitalisation In a Licensed Private Hospital on admission and under the care of a Specialist Psychiatrist. Intravenous Fluids, Irrigating Solutions, Dressings, Prescriptions and Antibiotics.  ACUTE PRIVATE HOSPITALISATION MEDICAL/SURGICAL GRANT  An admission for an "Acute" Qualifying Medical Condition or "Surgical Procedure" under the care o	fa	2,500.00 220.00	2,500.00 220.00
Intravenous Fluids, Irrigating Solutions, Dressings, Prescriptions and Antibiotics.  Psychiatric Hospitalisation In a Licensed Private Hospital on admission and under the care of a Specialist Psychiatrist. Intravenous Fluids, Irrigating Solutions, Dressings, Prescriptions and Antibiotics.  ACUTE PRIVATE HOSPITALISATION MEDICAL/SURGICAL GRANT  An admission for an "Acute" Qualifying Medical Condition or "Surgical Procedure" under the care o Registered Medical Practitioner in a Licensed Private Hospital.	fa	2,500.00	2,500.00 220.00
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Intravenous Fluids, Irrigating Solutions, Dressings, Prescriptions and Antibiotics.  Psychiatric Hospitalisation In a Licensed Private Hospital on admission and under the care of a Specialist Psychiatrist. Intravenous Fluids, Irrigating Solutions, Dressings, Prescriptions and Antibiotics.  ACUTE PRIVATE HOSPITALISATION MEDICAL/SURGICAL GRANT  An admission for an "Acute" Qualifying Medical Condition or "Surgical Procedure" under the care o Registered Medical Practitioner in a Licensed Private Hospital.  MINOR SURGERY  Registered Medical Practitioner  Not requiring a general anaesthetic and including the preceding consultation.  Minor Skin Lesions Removed by a GP  Performed by a Registered Medical Practitioner in General Practice. Note that Prior Approval must		2,500.00 220.00 2,500.00	2,500.00 220.00 2,500.00 No Ma.
Intravenous Fluids, Irrigating Solutions, Dressings, Prescriptions and Antibiotics.  Psychiatric Hospitalisation In a Licensed Private Hospital on admission and under the care of a Specialist Psychiatrist. Intravenous Fluids, Irrigating Solutions, Dressings, Prescriptions and Antibiotics.  ACUTE PRIVATE HOSPITALISATION MEDICAL/SURGICAL GRANT  An admission for an "Acute" Qualifying Medical Condition or "Surgical Procedure" under the care o Registered Medical Practitioner in a Licensed Private Hospital.  MINOR SURGERY  Registered Medical Practitioner Not requiring a general anaesthetic and including the preceding consultation.  Minor Skin Lesions Removed by a GP Performed by a Registered Medical Practitioner in General Practice. Note that Prior Approval must  Registered Medical Specialist	be sought for this benefit.	2,500.00 220.00 2,500.00 400.00	2,500.00 220.00 2,500.00 No Ma:
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Intravenous Fluids, Irrigating Solutions, Dressings, Prescriptions and Antibiotics.  Psychiatric Hospitalisation In a Licensed Private Hospital on admission and under the care of a Specialist Psychiatrist. Intravenous Fluids, Irrigating Solutions, Dressings, Prescriptions and Antibiotics.  ACUTE PRIVATE HOSPITALISATION MEDICAL/SURGICAL GRANT  An admission for an "Acute" Qualifying Medical Condition or "Surgical Procedure" under the care o Registered Medical Practitioner in a Licensed Private Hospital.  MINOR SURGERY  Registered Medical Practitioner Not requiring a general anaesthetic and including the preceding consultation.  Minor Skin Lesions Removed by a GP Performed by a Registered Medical Practitioner in General Practice. Note that Prior Approval must Registered Medical Specialist Not requiring general anaesthetic, including the preceding consultation and performed in specialist  ORAL SURGERY  All Oral Surgery performed by a Registered Oral Surgeon excluding, under all benefit categories, the implantation of teeth or costs of titanium implants.	be sought for this benefit. t rooms.	2,500.00 220.00 2,500.00 400.00 550.00	2,500.00 220.00 2,500.00 No Ma
Intravenous Fluids, Irrigating Solutions, Dressings, Prescriptions and Antibiotics.  Psychiatric Hospitalisation In a Licensed Private Hospital on admission and under the care of a Specialist Psychiatrist. Intravenous Fluids, Irrigating Solutions, Dressings, Prescriptions and Antibiotics.  ACUTE PRIVATE HOSPITALISATION MEDICAL/SURGICAL GRANT  An admission for an "Acute" Qualifying Medical Condition or "Surgical Procedure" under the care of Registered Medical Practitioner in a Licensed Private Hospital.  MINOR SURGERY  Registered Medical Practitioner Not requiring a general anaesthetic and including the preceding consultation.  Minor Skin Lesions Removed by a GP Performed by a Registered Medical Practitioner in General Practice. Note that Prior Approval must Registered Medical Specialist Not requiring general anaesthetic, including the preceding consultation and performed in specialist  ORAL SURGERY  All Oral Surgery performed by a Registered Oral Surgeon excluding, under all benefit categories, the implantation of teeth or costs of titanium implants.  In Professional Rooms	be sought for this benefit. t rooms.	2,500.00 220.00 2,500.00 400.00 550.00	2,500.00 220.00 2,500.00 No Ma 550.00
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CHEMOTHERAPY		
Benefit payable for treatment by a Registered Oncologist in Private Practice. Benefit applies to the cost of materials,	Per Treatment	Per Year
chemotherapy drugs which are Pharmac approved, plus hospital accommodation together with approved ancillary hospital costs.	22,000.00	55,000.00
RADIATION ONCOLOGY		
Limited to Planning, Shielding and Accessories, Field Setup and XRT Simulation and performed in an approved Private Hospital fa	acility.	Per Year 22,000.00
GENERAL MEDICAL EXPENSES		
THIS BENEFIT SECTION REFUNDS 100% 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)	20.00	150.00
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	170.00
Physiotherapist Treatment by a Registered Physiotherapist.	30.00	190.00
Audiology Consultations and audiology testing fees by a Registered Audiologist.	80.00	240.00
Audiometric Tests: For Puretone, Audiometry, Impedance, Tympanometry, Brain-stem evoked response.	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  Specialist Oncologist	100.00	No Max
Consultations following referral from a Medical Practitioner with an Oncologist who is a Specialist Registered Medical Practition	ner.	
First claim in an insurance year Subsequent claims in an insurance year	180.00 100.00	180.00 No Max
Oral Surgeon	100.00	TVO IVIUX
Consultation (not treatment) by a Registered Oral Surgeon.		
First claim in an insurance year Subsequent claims in an insurance year	110.00 100.00	110.00 No Max
Imaging		TTO WILK
Treatment provided by a Registered Medical Practitioner in Private Practice.		
<ul> <li>Bone Density Scan</li> <li>X-Rays and Image Intensifiers</li> </ul>	250.00 500.00 ¬	250.00
Ultrasound	500.00	500.00
Mammography     Scienting phy	500.00	300.00
<ul><li>Scintigraphy</li><li>CT Scan</li></ul>	500.00 J 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
Urodynamic Assessment		
Treatment by a Specialist Urologist.	900.00	900.00
Speech Therapy		
Treatment by a Registered Speech Therapist following surgery, excluding consequence of injury by accident.	80.00	400.00
Cardiac Diagnostic Procedures		
Holter Monitoring	٦	1
Treadmill Exercise		Total
Ambulatory BP Monitoring		- 1,200.00
Cardio Vascular Ultrasound		per annum
Stress 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.

#### Chiropracto

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

200.00

200.00

#### Obstetrics

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

300.00

300.00

# **Existing Conditions**

After three years' continuous membership in this plan conditions qualifying within the Conditions of Membership declared at the time of application and accepted by UniMed may be recognised for cover under all benefit sections. Some existing conditions at the time of application may be excluded from coverage for a period of time greater than three years (e.g. Cardiac conditions). These will be specified on your Membership Certificate.

Obesity SurgeryPer LifetimeBenefits 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 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.

# TOLL FREE 0800 600 666

## **Head Office**

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