



# Unicare Plus

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P L A N

Effective 1 April 2009



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

## EFFECTIVE 1 APRIL 2009

*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.**

### GENERAL MEDICAL EXPENSES

**This benefit section refunds 100% of actual medical costs to the specified maximums.**

	<i>Per Visit</i>	<i>Per Year</i>
<b>General Practitioners</b>		
Treatment and consultation by a Registered Medical Practitioner, including Dressings, Acupuncture, ECG.	35.00	No Max
<b>GP After Hours</b>		
Home Visits	40.00	80.00
<b>Registered Practice Nurse</b>		
Treatment and consultation by a Practice Nurse holding NZRN qualifications.	22.00	No Max
<b>Prescriptions</b>		
User part charges for prescription items on the Department of Health Drug Tariff, and prescribed by a Registered Medical Practitioner . (Note: Maximum of 20 items per policy.)	15.00	120.00
<b>Laboratory Tests</b>		
The cost of Laboratory charges for occult blood or Glucose tests, requested by a Registered Medical Practitioner.	61.00	61.00
<b>Chiropodist/Podiatrist</b>		
Consultation and treatment by a Registered Practitioner.	180.00	180.00
<b>Osteopath</b>		
Consultation and treatment provided by an Osteopath with NZ Registration.	140.00	140.00
<b>Physiotherapist</b>		
Treatment by a Registered Physiotherapist.	25.00	155.00
<b>Audiology</b>		
Consultations and audiology testing fees by a Registered Audiologist.	60.00	200.00
Audiometric Tests: For Puretone, Audiometry, Impedance, Tympanometry, Brain-stem evoked response.	200.00	200.00
<b>Ambulance</b>		
Emergency transportation for Public Hospital Inpatient admissions.	130.00	130.00

## General Medical Expenses continued

### SPECIALISTS

<b>Consulting Physician/Paediatrician</b>	<i>Per Visit</i>	<i>Per Year</i>
Consultations following referral from a Registered Medical Practitioner.		
<i>First claim in an insurance year</i>	150.00	150.00
<i>Subsequent claims in an insurance year</i>	115.00	No Max

### Specialist including Surgeon

Consultations with a Specialist Registered Medical Practitioner.		
<i>First claim in an insurance year</i>	90.00	90.00
<i>Subsequent claims in an insurance year</i>	75.00	No Max

### Specialist Oncologist

Consultations following referral from a Medical Practitioner with an Oncologist who is a Specialist Registered Medical Practitioner.		
<i>First claim in an insurance year</i>	150.00	150.00
<i>Subsequent claims in an insurance year</i>	80.00	No Max

### Oral Surgeon

Consultation (not treatment) by a Registered Oral Surgeon.		
<i>First claim in an insurance year</i>	90.00	90.00
<i>Subsequent claims in an insurance year</i>	75.00	No Max

### Imaging

Treatment provided by a Registered Medical Practitioner in Private Practice.

• Bone Density Scan	50.00	50.00
• X-Rays and Image Intensifiers	} 400.00	400.00
• Ultrasound		
• Mammography		
• Scintigraphy		
• CT Scan	700.00	1,400.00
• MRI Scan	825.00	825.00

## "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.

## MINOR SURGERY

<b>Registered Medical Practitioner</b>	<i>Per Visit</i>	<i>Per Year</i>
Not requiring a general anaesthetic and including the preceding consultation.	80.00	No Max
<b>Registered Medical Specialist</b>		
Not requiring general anaesthetic, including the preceding consultation and performed in specialist rooms.	1,000.00	1,000.00

## ORAL SURGERY

All Oral Surgery performed by a Registered Oral Surgeon excluding, under <b>all benefit categories</b> , the extraction or surgical removal of teeth, implantation of teeth or costs of titanium implants.	<i>Per Visit</i>	<i>Per Year</i>
<b>In Professional Rooms</b>		
Oral Surgeon's fees including consultation and post op care.	600.00	No Max
Anaesthetist including anaesthetic supplies.	300.00	No Max
<b>In Private Hospital</b>	<i>Per Admn</i>	<i>Per Year</i>
Oral Surgeon's fees including consultation and post op care.	600.00	No Max
Anaesthetist including anaesthetic supplies.	300.00	No Max
Operating Theatre fee, all Medication, Dressings etc whilst in Hospital.	1,460.00	No Max
Accommodation - <b>MAX. \$340.00</b> per day.	4,760.00	No Max

## HEALTH MAINTENANCE BENEFITS

<b>Home Care</b>	<i>Per Visit</i>	<i>Per Year</i>
Home Nursing by a Registered Nurse, following surgery in a Private Hospital on referral from a Registered Medical Practitioner.	100.00	600.00
<b>Vision Care</b>		
Treatment by a Registered Orthoptist.	160.00	160.00
Treatment by a Registered Ophthalmologist.		
<i>First claim in an insurance year</i>	90.00	90.00
<i>Subsequent claims in an insurance year</i>	75.00	No Max
<b>Urodynamic Assessment</b>		
Treatment by a Specialist Urologist.	300.00	300.00
<b>Speech Therapy</b>		
Treatment by a Registered Speech Therapist following surgery, excluding consequence of injury by accident (see separate benefits).	60.00	300.00

<i>Health Maintenance Benefits continued</i>	<i>Per Visit</i>	<i>Per Year</i>
<b>Cardiac Diagnostic Procedures</b>		
Holter Monitoring	160.00	} 320.00
Treadmill Exercise	160.00	
Ambulatory BP Monitoring	160.00	
Cardio Vascular Ultrasound	160.00	
Stress Echocardiography	160.00	

## 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.**

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.

	<i>Per Admn</i>	<i>Per Year</i>
• Surgeon's fee	2,000.00	
• Anaesthetist's fee	1,000.00	
• Hospital fees, in a Licensed Private Hospital or Private Facility approved by UniMed for:		
• Accommodation <b>MAX. \$340.00</b> per night	5,440.00	No
• Theatre fees and Anaesthetic supplies	900.00	
• Perfusionist	800.00	limit
• Intensive Care Nursing	1,000.00	
• Recovery nurse	60.00	per
• X-Ray Examination, ECG	600.00	
• Intravenous Fluids, Irrigating Solutions, Dressings, Prescriptions and Antibiotics	350.00	year
• Pre op consultation	85.00	
• Post Operative Physiotherapy fees from a Registered Physiotherapist	400.00	
• Emergency Ambulance for Hospital admission	130.00	
• Surgically Implanted Prostheses (50% of costs)	3,000.00	
• Laparoscopic Disposables	1,000.00	

### 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.

### Laparoscopic Surgery

Performed by a Registered Medical Specialist in a Licensed Private Hospital. Benefits as per Surgery section. No annual limits or limit on number of operations per year.

### Cardiac Surgery

Performed by a Registered Medical Specialist in a Licensed Private Hospital. Benefits as per Surgery section. No annual limits or limit on number of operations per year.

*Private Hospitalisation Surgical Benefits continued*      *Per Admn*      *Per Year*

**Angiography**

Angiograms, Angioplasty including Hospitalisation, Specialist and Ancillary fees.

Angiogram		2,550.00	2,550.00
Angioplasty (Grant)		7,200.00	7,200.00

**Lithotripsy**

Performed by a Specialist	<i>Lithotripter</i>	3,200.00	3,200.00
Urologist.	<i>Urologist</i>	600.00	600.00

<b>Special conditions apply, refer to full conditions of membership.</b>	<i>Anaesthetist</i>	350.00	350.00
	<i>Hospital</i>	340.00	340.00
		<u>4,490.00</u>	<u>4,490.00</u>

**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. No cover is provided for workplace/employment related injuries/ conditions first occurring on or after 1 July 1999.

**Policy Excess**

The first \$100.00 of the TOTAL refundable costs per admission under the Accident Surgery section are payable by the patient/member.

**Parent Accommodation**

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:

	80.00	400.00
	per night	

## "PUBLIC HOSPITAL" BENEFITS

These benefit sections refund 100% of actual medical costs to the specified maximums.

### "PUBLIC HOSPITAL" CASH GRANT

	<i>Per Admn</i>	<i>Per Year</i>
<b>Surgical Admissions</b>		
When admitted to Public Hospital for a full 24 hours or more.	25.00	} 1,400.00
Maximum 20 days admission	per day	
<b>Medical Admissions</b>		
When admitted to Public Hospital for a full 24 hours or more.	25.00	} 1,400.00
Maximum 20 days admission	per day	
(Child Benefit - 50% of above.		
All injury admissions are excluded).		

## PRIVATE HOSPITALISATION MEDICAL BENEFITS

	<i>Per Admn</i>	<i>Per Year</i>
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.		
Accommodation <b>MAX \$340.00</b> per night.	2,040.00	2,040.00
Intravenous Fluids, Irrigating Solutions, Dressings, Prescriptions and Antibiotics.	180.00	180.00
<b>Psychiatric Hospitalisation</b>		
In a Licensed Private Hospital on admission and under the care of a Specialist Psychiatrist.		
Accommodation <b>MAX \$340.00</b> per night.	2,040.00	2,040.00
Intravenous Fluids, Irrigating Solutions, Dressings, Prescriptions and Antibiotics.	180.00	180.00

## 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.		
Accommodation <b>MAX \$340.00</b> per night.	2,040.00	2,040.00

## CHEMOTHERAPY

	<i>Per Admn</i>	<i>Per Year</i>
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.	20,000.00	50,000.00

## RADIATION ONCOLOGY

Limited to Planning, Shielding and Accessories, Field Setup and XRT Simulation and performed in an <b>approved</b> Private Hospital facility.		<i>Per Year</i>
		20,000.00

**SPECIAL CONDITIONS APPLY, REFER TO THE POLICY ADDENDUM/FULL CONDITIONS OF MEMBERSHIP.**

## NON MEDICAL BENEFITS

### Funeral grant

Upon death by natural causes prior to age 65 of any member paying the adult contribution rate a grant of \$600.00 towards funeral costs is available.

## LOYALTY BENEFITS

These benefits recognise long term continuous membership.

### Chiropractor

*Per Visit*

*Per Year*

Benefits apply after one years continuous membership in this plan.

Cost of services from a Registered Chiropractor including X-rays.

(Limited to \$45.00 per person, \$90.00 per policy).

15.00

45/90.00

### Obstetrics

Benefits apply after three years continuous membership in this plan.

Treatment from a Registered Medical Practitioner for obstetric conditions.

250.00

250.00

### Congenital Conditions

Benefits apply after three years continuous membership in this plan for qualifying Congenital conditions.

### 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.

## SUMMARY OF CONDITIONS OF MEMBERSHIP

### IMPORTANT NOTE

The following is a Summary of the Conditions of Membership only.

UniMed provides all new members, soon after their completed application is received and accepted, with a Membership Certificate and a copy of the Conditions of Membership, which together detail in full the rules and exclusions (if any) applicable to your policy.

- Benefits are only payable for costs incurred within New Zealand and during the currency of the policy.
- Membership is on an annual basis. Your policy's anniversary date will be shown on the Membership Certificate.

### Pre-Existing Conditions

- Failure to declare any known symptoms or pre-existing conditions on the health declaration forming part of the application form will automatically exclude that condition or treatment of those symptoms or conditions from any further benefit entitlement under the nominated plan.
- During the first three years of membership, declared existing conditions are excluded from payment of any benefit or entitlement under the nominated plan unless agreed to by the Society and confirmed on your Membership Certificate. After three years continuous membership in the same plan, qualifying conditions may be covered under all benefit sections unless excluded

elsewhere in the Conditions of Membership or specified individually as an exclusion on your Membership Certificate.

## Not Included in Cover

- No claim will be accepted for, or in association with, the following conditions unless specifically provided for in UniMed's various plans:-

Accommodation costs for non-patients whilst accompanying patients in hospital; Acupuncture treatment other than that performed by a Registered Medical Practitioner; AIDS or HIV infection or any condition arising from the presence of AIDS or HIV infection; Any costs not specifically provided for under a benefit section contained in the plan selected; Any expense recoverable from a third party under any contract of indemnity or insurance or any statutory scheme; Any health condition not registered with the Ministry of Health as a disease entity; Any medical costs incurred outside New Zealand; Any unapproved medical service; Surgical or medical appliances including diabetic monitoring equipment and/or lost appliances; Breast reduction procedures performed for any reason; Chelation therapy or similar treatment as defined by UniMed; Chronic conditions; Cochlear implants; Congenital / developmental condition(s); Contraception of any kind; Cosmetic treatment; Pre-senile dementia; Dental care including Oral Surgery including conditions arising out of the neglect of dental services; Ailments solely or partially attributable to the use of non-prescription drug(s); Disability or illness arising from misuse of alcohol or drugs; Gender reassignment; Gynaecomastia; Health surveillance testing; Treatment of infertility including diagnostic testing; Self inflicted injuries or illness; Injury or disability suffered as a result of terrorism, war or any act of war declared or undeclared or of active duty in the military, naval, or air forces of any country or international authority; Mole Mapping; Treatment for obesity including medical / surgical treatment indirectly attributed to obesity; Organ donation or receipt; Orthodontic and periodontal treatment including surgery designed to assist or allow the implementation of orthodontic healthcare services; All conditions of, or as a consequence of, and/or associated with pregnancy and childbirth; Preventative medicine and vaccinations; Psychiatric and/or psychological treatment or counselling including Attention Deficit Disorder (A.D.D & A.D.H.D); Renal dialysis, blood products, Continuous Ambulatory Peritoneal Dialysis (CAPD), and specialised transfusions of blood; Senile conditions with dependency including geriatric hospitalisation; Sexually transmitted diseases; Refractive surgery for the correction of short sight or long sight including Astigmatism; Any investigation and / or treatment for sleep disturbance, snoring, or obstructive sleep apnoea; Sterilisation or reversal; Television, telephone and/or any personal incidental expenses incurred whilst in hospital; Travel costs; Treatment for a condition which in the opinion of UniMed's Medical Referee is not detrimental to health; Treatment which in the opinion of UniMed's Medical Referee is not medically necessary including but not limited to practices which are experimental, unorthodox and not widely accepted as effective, appropriate or essential according to the recognised standards of the medical speciality involved.

### Injury or Employment Related Conditions

- No claim is payable for treatment relating to personal injury by accident or employment related conditions occurring prior to 1 May 1990 or the commencement date of your policy if after that date.

UniMed's policies exclude cover for secondary care relating to work/employment injuries occurring on or after 1 July 1999. Non employment related injuries may qualify for treatment in a licensed private hospital providing a claim is first lodged with the "ACC" and their decision regarding acceptance or declination is made available (in writing) for consideration by UniMed prior to any treatment being undertaken. Any cover provided will be solely at UniMed's discretion and dependant upon the advice the Society receives from the "ACC".

## Claims Procedures

### General

Routine claims must exceed \$50.00 and be lodged within 15 months of the date of consultation.

### Claims Handling Fee

A Claims Handling Fee will apply to the third and subsequent claims lodged in each insurance year.

### Private Hospital Admissions

All members are required to notify the Society upon becoming aware of the requirement for an admission to a private hospital for a surgical procedure. **UniMed's payments are limited to usual and customary charges for any approved procedure.**

### Acute Hospital Admissions

Cover for secondary care relating to an acute hospital admission is excluded under all benefit sections other than the "Acute Private Hospitalisation Medical/Surgical Grant" as contained in various plans.

Please note: **The above is a summary only of UniMed's Conditions of Membership.** If you would like to view the full Conditions of Membership, please feel free to telephone UniMed 0800-600-666 or contact our Sales staff who will be pleased to provide a full copy of the Conditions of Membership for you.

## 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 365-4048.

# TOLL FREE 0800 600 666



Union Medical Benefits Society Limited (UniMed) has elected not to have a rating in accordance with the Insurance Companies (Rating and Inspections) Act 1994, and is not required to have a rating.

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



### Head Office

Union Medical Benefits Society Ltd

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### Branch Offices

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