

# **Multicare Plan**

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

Effective 1 August 2023

PLEASE NOTE: All benefits in all sections apply to each person on the policy unless otherwise stated.

## 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. All benefits included in this brochure are inclusive of GST charged by providers of service.

**Compulsory Policy Excess:** The first \$300 when such costs are equal to or less than \$3,000, or the first \$600 when such costs are over \$3,000 of the TOTAL refundable costs per admission under this section are payable by the patient/member.

**Voluntary Excess Option:** Any voluntary excess option selected applies per claim and will be additional to any other deductibles applying to this plan. If a selected voluntary excess is greater than the compulsory excess the voluntary excess will apply.

Surgery Per Admission Per Year

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
- Emergency Ambulance for Hospital admission
- · Surgically Implanted Prostheses
- Laparoscopic Disposables
- Devices and Appliances (crutches, toilet seat, shower stool, walking frame, darco shoe, moonboot, non-motorised wheelchair hire, mastectomy bra when recovering from surgery, and the initial pacemaker insertion)

Combined Maximum 100,000 Unlimited

# **Breast Reconstruction**

Breast Reconstruction performed by a Registered Medical Practitioner in Private Practice. Benefits and limit as per surgery section.

# **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. Benefits and limits as per Surgery section.

ALL BENEFIT SECTIONS FROM THIS POINT FORWARD REFUND 100% OF ACTUAL MEDICAL COSTS TO THE SPECIFIED MAXIMUMS.

# **Post Operative Therapy**

Post Operative Therapy up to six months following surgery:

- Occupational therapy
- Physiotherapy
- · Speech and language therapy
- · Osteopath
- · Chiropractor
- · Dietician consultations (excludes food/food substitutes)

Combined Maximum 1,000 Per Surgical Event

| In-Patient | Non-PHARMAC | Subsidised Pharmac | euticals |
|------------|-------------|--------------------|----------|
|            |             |                    |          |

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 550

Angiography Per Year

Angiograms, Angioplasty including Hospitalisation, Specialist and Ancillary fees.

Angiogram 3,850 Angioplasty (Grant) 12,000

Lithotripsy Per Year

Performed by a Registered Medical Specialist.

Special conditions apply, refer to full conditions

of membership.

Lithotripter 4,200

900

Anaesthetist 600

Hospital 450

6,150

# **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

**Surgical Tests and Investigations** 

Gastroscopy and/or Colonoscopy

Per Year

5,000

# **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.

Gastroscopy and/or Colonoscopy

2,500

Per 24 Months

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.

# **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 \$4,000.

# **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 Hospitalisation Surgical Benefits" section.

| Parent Accommodation  | Per Night | Per Year |
|---|-----------|----------|
| In the event of a policyholder's insured child having surgery in a  | 130       | 650      |
| private hospital for which cover is available, a benefit for parent |           |          |

# "PUBLIC HOSPITAL" BENEFITS

# "Public hospital" Cash Grant

| Surgical and Medical Admissions                                     | Per Day | Per Year |
|---|---------|----------|
| When Admitted to Public Hospital for a full 24 hours or more.       | 140     | 1,680    |
| (Child Benefit - 50% of above. All injury admissions are excluded). |         |          |

# PRIVATE HOSPITALISATION MEDICAL BENEFITS

accommodation in the hospital is payable of:

| 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. Refund of        |
| Hospital Accommodation fees, and ancillary hospital charges.          |

# Per Year

3,500

# **Psychiatric Hospitalisation**

In a Licensed Private Hospital on admission and under the care of a Specialist Psychiatrist. Refund of Hospital Accommodation Fees, and ancillary hospital charges.

# **Per Year**

3,500

# 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.

2,750

| MINOR SURGERY   |           |           |
|---|-----------|-----------|
| Registered Medical Practitioner or Registered Nurse/Nurse Practitioner                                    | Per Visit | Per Year  |
| Not requiring general anaesthetic, including preceding consultation and performed in practice rooms.      | 400       | Unlimited |
| Minor Skin Lesions Removed by a GP, Registered Nurse/Nurse<br>Practitioner                                | Per Visit | Per Year  |
| Performed by a Registered Medical Practitioner Registered Nurse/<br>Nurse Practitioner in practice rooms. | 550       | 1,100     |
| Registered Medical Specialist   |           | Per Year  |
| Not requiring General Anaesthetic, including preceding consultation and performed in specialist rooms.    |           | 1,500     |

# 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 \$9,250 per annum. Included in cover is genetic/genomic testing. Testing is payable following a cancer diagnosis and referral by a Registered Oncologist.

# **Per Year**

60,000

# 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**

60,000

# **GENERAL MEDICAL EXPENSES**

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

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|--|-----------|-----------|--|
| General Practitioners  | Per Visit | Per Year  |  |
| Treatment and consultation by a Registered Medical Practitioner, including Dressings, Acupuncture, ECG, Accident Costs part paid by "ACC". | 55        | Unlimited |  |
| GP After Hours   | Per Visit | Per Year  |  |
| Home Visits.   | 55        | 110       |  |
| Registered Practice Nurse & Registed Nurse Practitioner  | Per Visit | Per Year  |  |
| Treatment and consultation by a Registered Practice Nurse or Registered Nurse Practitioner   | 40        | Unlimited |  |

| 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. |           | Per year<br>300 |
|---|-----------|-----------------|
| Non-PHARMAC Subsidised Pharmaceuticals  |           | Per Year        |
| 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.  |           | 550             |
| Laboratory Tests  | Per Visit | Per Year        |
| The cost of Laboratory charges for occult blood or glucose tests, requested by a Registered Medical Practitioner.   | 100       | Unlimited       |
| Chiropodist/Podiatrist  |           | Per Year        |
| Consultation and treatment by a Registered Practitioner.  |           | 240             |
| Osteopath   | Per Visit | Per Year        |
| Consultation and treatment provided by an Osteopath with NZ Registration.   | 200       | 500             |
| Physiotherapist   | Per Visit | Per Year        |
| Treatment by a Registered Physiotherapist, including Acupuncture and Manipulations.   | 40        | 480             |
| Audiology   | Per Visit | Per Year        |
| Consultations and Audiology testing fees by a Registered Audiologist.<br>Audiometric Tests: For Puretone, Audiometry, Impedance,<br>Tympanometry, Brain-stem evoked response.   | 100       | 275<br>300      |
| Dietician   | Per Visit | Per Year        |
| Consultation by a New Zealand Registered Dietician on referral from a Registered Medical Practitioner.  | 40        | 160             |
| Ambulance   |           | Per Year        |
| Emergency ambulance call out, excluding injuries.   |           | 165             |
| Specialist/Surgeon/Consultant Physician   |           | Per Year        |
| Consultations following referral from a Registered Medical Practitioner.  |           | 4,000           |

Imaging Per Year

Treatment provided by a Registered Medical Practitioner in Private Practice.

- · Bone Density Scan
- $\cdot$  X-Rays and Image Intensifiers
- Ultrasound
- · Mammography, including surveillance
- Scintigraphy
- · CT Scan
- · MRI Scan
- · PET Scan

Combined Maximum 10,000

# "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 Private<br>Hospital on referral from a Registered Medical Practitioner.  | 130       | 1,300                        |
| Vision Care   | Per Visit | Per Year                     |
| Consultation by a Registered Optometrist.  NB: Vision testing only, excludes cover for spectacles and lenses.   | 55        | 240                          |
| Treatment by a Registered Orthoptist.   |           | 220                          |
| Urodynamic Assessment   |           | Per Year                     |
| Treatment by a Specialist Urologist.  |           | 1,200                        |
| Cardiac Diagnostic Procedures   |           | Per Year                     |
| <ul> <li>Holter Monitoring</li> <li>Treadmill Exercise</li> <li>Ambulatory BP Monitoring</li> <li>Cardio Vascular Ultrasound</li> <li>Stress Echocardiography</li> <li>Echocardiography</li> <li>Transoesophageal Echocardiography</li> </ul> |           | Combined<br>Maximum<br>1,200 |

# NON MEDICAL BENEFITS

Funeral Grant
Upon death by natural or accidental causes prior to age 65 of any person on the policy.

1,000

## LOYALTY BENEFITS

THESE BENEFITS RECOGNISE LONG TERM CONTINUOUS MEMBERSHIP.

Chiropractor Per Year

Benefits apply after three years' continuous membership in this plan.

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

# **Sterilisation Surgery**

Sterilisation procedures for males and females are covered after one years' continuous membership. See Private Hospitalisation Surgical Benefits.

Obstetrics Per year

Benefits apply after three years continuous membership in this plan. 380

Treatment from a Registered Medical Practitioner for

Obstetric conditions.

# **Obesity Surgery or Breast Reduction 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. For Breast Reduction Surgery, an underlying medical condition must apply. Excluding removal of implants or cosmetic reduction.

# **Per Lifetime**

6,000

## **Overseas Treatment**

Benefits apply after five years' continuous membership in this plan. A grant is payable of up to \$3,000. 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**

Benefits apply after five years' continuous membership in this plan. Consultation with a psychiatrist who is vocationally registered in New Zealand.

# **Per Visit**

150

# **Per Year**

Three Visits

# **Head Office** Need to know more before making your choice?

Union Medical Benefits Society Limited

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unimed.co.nz

Phone UniMed's friendly, helpful staff now and secure your

Freephone: **0800 600 666** 

future. If calling from Christchurch please phone 03 365 4048.