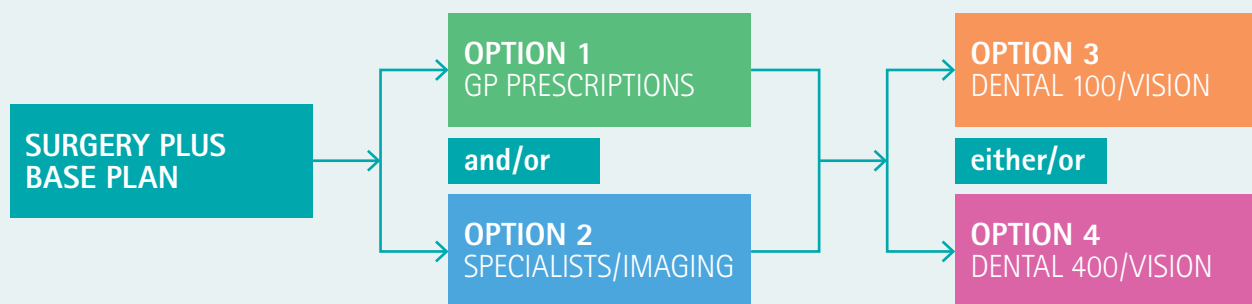


SURGERY PLUS PLAN

Effective 1 April 2017

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.



Surgery Plus is the base plan to which the other options may be added, individually or together, with the exception of Options 3 and 4 which cannot be added to Surgery Plus Base Plan on their own.

SURGERY PLUS BASE PLAN

PRIVATE HOSPITALISATION SURGICAL BENEFITS

Policy Excess

The first \$500.00 when such costs are equal to or less than \$3,000.00, or the first \$750.00 when such costs are over \$3,000.00 of the TOTAL refundable costs per admission under this section are payable by the patient/member.

THE FOLLOWING SECTION REFUNDS 100% OF THE USUAL AND CUSTOMARY CHARGES LIMITED TO THE BENEFIT MAXIMUMS FOR ANY ADMISSION.

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 and special In-Hospital Nursing
- Recovery Nurse
- X-Ray examination, ECG
- Intravenous Fluids, Irrigating Solutions, Dressings, Prescriptions and Antibiotics
- Post Operative Physiotherapy fees from a Registered Physiotherapist
- Emergency Ambulance for hospital admission
- Surgically Implanted Prostheses
- Laparoscopic Disposables

Per Admn

Per Year

85,000.00

No limit on number of admissions per year

Surgical Tests & 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
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.	2,000.00	2,000.00
Laparoscopic Surgery		
Performed by a Registered Medical Specialist in a Private Hospital. Benefits as per Surgery section.		
Cardiac Surgery		
Performed by a Registered Medical Specialist in a Private Hospital. Benefits as per Surgery section.		
Angiography		
Angiograms, Angioplasty including Hospitalisation, Specialist and Ancillary fees.		
Angiogram	85,000.00	No Max
Angioplasty	85,000.00	No Max
Lithotripsy		
Performed by a Registered Medical Practitioner. Special conditions apply, refer to full conditions of membership.	85,000.00	No Max
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 parent accommodation in the hospital is payable of:	200.00	600.00
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.		
Oral Surgery	Per Admn	Per Year
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.	85,000.00	No Max
Wisdom Tooth Extraction		
Removal of un-erupted or impacted wisdom teeth, including all associated costs.	2,400.00	2,400.00
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.		
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. (Child Benefit - 50% of above. All injury admissions are excluded).	125.00	1,500.00
SURGERY - PRE ADMISSION BENEFITS		
Please note: To qualify for a claim, costs falling under these benefits must be incurred within the three months prior to an operation. Please submit receipted accounts at the same time as your claim for surgical hospitalisation.		
Consultant Physician	Per Visit	Per Year
For Pre-Operative Consultation Only.		
First claim in an insurance year	400.00	400.00
Subsequent claims in an insurance year	200.00	No Max

Specialist/Surgeons		Per Visit	Per Year
For Consultation(s) associated with Surgical Hospitalisation.			
First claim in an insurance year		200.00	200.00
Subsequent claims in an insurance year		90.00	No Max
Imaging			
For Diagnostic Procedures associated with Surgical Hospitalisation.			
• X-rays and Image Intensifiers		500.00	500.00
• Ultrasound		500.00	500.00
• Mammography		500.00	500.00
• Scintigraphy		500.00	500.00
• CT Scan		1,500.00	1,500.00
• MRI Scan		2,000.00	2,000.00
• PET Scan		2,500.00	2,500.00
MINOR SURGERY			
Registered Medical Specialist			
Not requiring general anaesthetic, including preceding consultation and performed in specialist rooms.		85,000.00	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.		2,000.00	2,000.00
HEALTH MAINTENANCE BENEFITS			
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.		150.00	1,500.00
PRIVATE HOSPITALISATION MEDICAL BENEFITS			
Cover is provided for Non Acute Medical Hospitalisation (Excludes Psychiatric / Geriatric) in a Licensed Private Hospital, on admission and under the care of a Registered Medical Practitioner.		Per Admn	Per Year
Refund of Hospital Accommodation fees.		10,000.00	10,000.00
Intravenous Fluids, Irrigating Solutions, Dressings, Prescriptions and Antibiotics.		500.00	500.00
Psychiatric/Geriatric Hospitalisation			
In a Licensed Private Hospital on Admission and under the Care of a Specialist Psychiatrist/Geriatrician.			
Refund of Hospital Accommodation fees.		2,000.00	2,000.00
Intravenous Fluids, Irrigating Solutions, Dressings, Prescriptions and Antibiotics.		500.00	500.00
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.		5,000.00	5,000.00
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 30,000.00	Per Year 65,000.00
RADIATION ONCOLOGY			
Limited to Planning, Shielding and Accessories, Field Setup and XRT Simulation and performed in an approved Private Hospital facility.			Per Year 30,000.00
NON MEDICAL BENEFITS			
Funeral Grant			
Upon death by natural causes prior to age 65 of any peron on the policy, a grant of \$2,400.00 towards funeral costs is available.			
Waiver of Premium			
Upon the death by natural causes prior to age 60 of any member paying the adult contribution rate the surviving spouse and/or qualifying dependants named on the policy will receive two years free coverage at the benefit levels applying at the date of death.			
LOYALTY BENEFITS			
THESE BENEFITS RECOGNISE LONG TERM CONTINUOUS MEMBERSHIP.			
Sterilisation Procedures			
Sterilisation procedures are covered for males and females after three years' continuous membership in the Surgery Plus plan.			

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 Surgery

Benefits apply after five years' continuous membership in this plan. A one time grant is payable of 50% of actual costs up to the benefit limit.

Per Lifetime
8,000.00

Overseas Treatment

Benefits apply after five years' continuous membership in this plan. A grant is payable of 75% of usual and customary charge for the identical procedure in New Zealand. 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.

ADD-ON OPTIONS TO THE SURGERY PLUS PLAN

OPTION 1 – GP/PRESCRIPTIONS

GENERAL MEDICAL EXPENSES

	Per Visit	Per Year
General Practitioners Treatment and Consultation by a Registered Medical Practitioner, Including Dressings, Acupuncture, ECG.	55.00	No Max
After Hours Home Visits.	70.00	140.00
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)	300.00	300.00
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.		Per Year 2,000.00
Laboratory Tests The cost of laboratory charges for occult blood or glucose tests, requested by a Registered Medical Practitioner.	75.00	75.00
Independent Nurse Practitioners Treatment/consultation.	30.00	150.00

"ACC" TOP UP BENEFIT

The 'shortfall' between actual costs and "ACC" refunds incurred as a result of qualifying personal injury or employment related conditions are covered to the limits as shown within this option. NB: For a claim to qualify, "ACC" must have provided financial assistance towards treatment costs.

MINOR SURGERY

Performed by a Registered Medical Practitioner. Not requiring general anaesthetic, including preceding consultation.	450.00	No Max
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LOYALTY BENEFIT

Psychiatric Consultations

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

OPTION 2 – SPECIALISTS/IMAGING

SPECIALISTS & IMAGING

	Per Visit	Per Year
Consulting Physician/Paediatrician Consultations following referral from a Registered Medical Practitioner.		
First claim in an insurance year	400.00	400.00
Subsequent claims in an insurance year	200.00	No Max
Specialist Including Surgeon Consultations following referral from a Registered Medical Practitioner with a Specialist Registered Medical Practitioner.		
First claim in an insurance year	200.00	200.00
Subsequent claims in an insurance year	100.00	No Max

	Per Visit	Per Year
Specialist Oncologist		
Consultation following referral from a Registered Medical Practitioner with an Oncologist who is a Specialist Registered Medical Practitioner.		
First claim in an insurance year	250.00	250.00
Subsequent claims in an insurance year	110.00	No Max
Oral Surgeon		
Consultation (not treatment) by a Registered Oral Surgeon.		
First claim in an insurance year	200.00	200.00
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	500.00
• Ultrasound	500.00	500.00
• Mammography	500.00	500.00
• Scintigraphy	500.00	500.00
• CT Scan	1,500.00	1,500.00
• MRI Scan	2,000.00	2,000.00
• PET Scan	2,500.00	2,500.00
HEALTH MAINTENANCE BENEFITS		
Chiropodist/Podiatrist		
Consultation and treatment by a Registered Practitioner.	220.00	220.00
Osteopath		
Consultation and treatment provided by an Osteopath with NZ Registration.	200.00	200.00
Physiotherapist		
Treatment by a Registered Physiotherapist, including acupuncture and manipulations.	50.00	200.00
Audiology		
Consultations and audiology testing fees by a Registered Audiologist.	100.00	250.00
Audiometric Tests: For Puretone, Audiometry, Impedance, Tympanometry, Brain-stem evoked response.	250.00	250.00
Dietician		
Consultation by a New Zealand Registered Dietician on referral from a Registered Medical Practitioner.	40.00	200.00
Ambulance		
Emergency transportation for Public Hospital inpatient admission.	180.00	180.00
Urodynamic Assessment		
Treatment by a Specialist Urologist.	1,200.00	1,200.00
Speech Therapy		
Treatment by a Registered Speech Therapist following surgery, excluding consequence of injury by accident.	80.00	400.00
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 \$12,500.00.		
Cardiac Diagnostic Procedures		
Holter Monitoring	}	Total 2,400.00 per annum
Treadmill Exercise		
Ambulatory BP Monitoring		
Cardio Vascular Ultrasound		
Stress Echocardiography		
LOYALTY BENEFITS		
These benefits recognise long term continuous membership.		
Chiropractor		
Benefits apply after three years' continuous membership in this plan. Cost of services from a Registered Chiropractor including X-rays.	200.00	200.00
Sterilisation Procedures		
Sterilisation procedures are covered for males and females after one years' continuous membership in the Surgery Plus with Specialist/Imaging option.	Per Admn 85,000.00	Per Year No Max

Obstetrics	Per Visit	Per Year
Benefits apply after three years' continuous membership in this plan. Treatment from a Registered Medical Practitioner for Obstetric conditions.	1,000.00	1,000.00
Hearing Aid Grant		
Benefits apply after three years' continuous membership in this plan.	200.00	200.00
"ACC" TOP UP BENEFIT		
The 'shortfall' between actual costs and "ACC" refunds incurred as a result of qualifying personal injury or employment related conditions are covered to the limits as shown within this option. NB: For a claim to qualify, "ACC" must have provided financial assistance towards treatment costs.		

OPTION 3 – DENTAL 100/VISION		
VISION CARE		
Optometrist	Per Visit	Per Year
Consultation by a Registered Optometrist. NB: Vision testing only. For spectacles/lenses see below.	75.00	250.00
Ophthalmologist		
Treatment by a Registered Ophthalmologist.		
First claim in an insurance year	200.00	200.00
Subsequent claims in an insurance year	100.00	No Max
Orthoptist		
Treatment by a Registered Orthoptist.	300.00	300.00
Spectacles and Lenses		
Reimbursement of costs (excluding replacement for loss or breakage) of spectacles or contact lenses providing a change in prescription is required.	500.00	500.00
DENTAL CARE		
Dental treatment by a Registered Dental Practitioner including routine maintenance, fillings, extraction of teeth, dentures, periodontic and orthodontic treatment.	100.00	100.00

OPTION 4 – DENTAL 400/VISION		
VISION CARE		
The benefits as detailed in Option 3 relating to Optometrist, Ophthalmologist, Orthoptist, and Spectacles and Lenses also apply to Option 4.		
DENTAL CARE		
Dental treatment by a Registered Dental Practitioner including routine maintenance, fillings, extraction of teeth, dentures, periodontic and orthodontic treatment.	400.00	400.00
Note: Dental conditions or their consequence present at the commencement of cover are excluded from reimbursement under Option 4.		

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.

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