

UNICARE PLAN

Effective 1 August 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.

PRIVATE HOSPITAL 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 \$150.00 of the TOTAL refundable costs per admission under the Private Hospital Surgical Benefits section are payable by the patient/member.

Surgery

	Per Admn	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	1,800.00	
• Anaesthetist's fee	1,000.00	
• Hospital fees, in a Licensed Private Hospital or Private Facility approved by UniMed for:		
• Accommodation	6,000.00	
• Theatre fees and Anaesthetic supplies	1,050.00	
• Perfusionist	780.00	
• Intensive Care Nursing	1,000.00	No limit per year
• Recovery Nurse	70.00	
• X-Ray examination, ECG	600.00	
• Intravenous Fluids, Irrigating Solutions, Dressings, Prescriptions and Antibiotics	390.00	
• Pre op consultation	100.00	
• Post Operative Physiotherapy fees from a Registered Physiotherapist	300.00	
• Emergency Ambulance for Hospital admission	150.00	
• Surgically implanted Prostheses (50% of costs)	3,600.00	
• Laparoscopic Disposables	950.00	

Post-operative Occupational Therapy

Treatment by a Registered Occupational Therapist.	Per Visit 100.00	3 Visits per surgical admission
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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.	Per Admn 330.00	Per Year 330.00
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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 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
Angiography		Per Admn	Per Year
Angiograms, Angioplasty including Hospitalisation, Specialist and Ancillary fees.			
Angiogram		2,500.00	2,500.00
Angioplasty (Grant)		8,400.00	8,400.00
Lithotripsy			
Performed by a Specialist Urologist. Special conditions apply, refer to full conditions of membership.	Lithotripter	3,800.00	3,800.00
	Urologist	720.00	720.00
	Anaesthetist	430.00	430.00
	Hospital	380.00	380.00
		5,330.00	5,330.00
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 \$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.			
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).		140.00	1,680.00
PRIVATE HOSPITALISATION MEDICAL BENEFITS			
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.		Per Admn	Per Year
		2,220.00	2,220.00
Intravenous Fluids, Irrigating Solutions, Dressings, Prescriptions and Antibiotics.		195.00	195.00
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.		2,220.00	2,220.00
MINOR SURGERY			
Registered Medical Practitioner			
Not requiring a general anaesthetic and including the preceding consultation.		350.00	No Max
Registered Medical Specialist			
Not requiring general anaesthetic, including the preceding consultation and performed in specialist rooms.		275.00	550.00
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
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.			
In Professional Rooms			
Oral Surgeon's fees including consultation and post op care.		600.00	No Max
Anaesthetist including Anaesthetic supplies.		240.00	No Max
In Private Hospital			
Oral Surgeon's fees including consultation and post op care.		600.00	No Max
Anaesthetist including Anaesthetic supplies.		240.00	No Max
Operating Theatre fee, all Medication, Dressings etc whilst in hospital.		1,750.00	No Max
Accommodation		5,180.00	No Max

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 16,500.00	Per Year 38,500.00
RADIATION ONCOLOGY			
Limited to Planning, Shielding and Accessories, Field Setup and XRT Simulation and performed in an approved Private Hospital facility.			Per Year 16,500.00
GENERAL MEDICAL EXPENSES			
THIS BENEFIT SECTION REFUNDS 100% OF ACTUAL MEDICAL COSTS TO THE SPECIFIED MAXIMUMS.			
General Practitioners		Per Visit	Per Year
Treatment and consultation by a Registered Medical Practitioner, including Dressings, Acupuncture, ECG.	Adult	40.00	No Max
	Child	25.00	No Max
GP After Hours			
Home Visits.		45.00	90.00
Registered Practice Nurse			
Treatment and consultation by a Practice Nurse holding NZRN qualifications.		25.00	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	120.00
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.		12.00	39.00
Physiotherapist			
Treatment by a Registered Physiotherapist.		20.00	260.00
Audiology			
Consultations and audiology testing fees by a Registered Audiologist.		60.00	200.00
Audiometric Tests: For Puretone, Audiometry, Impedance Tympanometry, Brain-stem evoked response.		220.00	220.00
Ambulance			
Emergency transportation for Public Hospital inpatient admissions.		150.00	150.00
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		100.00	100.00
Subsequent claims in an insurance year		80.00	No Max
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		150.00	150.00
Subsequent claims in an insurance year		90.00	No Max
Oral Surgeon			
Consultation (not treatment) by a Registered Oral Surgeon.			
First claim in an insurance year		100.00	100.00
Subsequent claims in an insurance year		80.00	No Max

	Per Visit	Per Year
IMAGING		
Treatment provided by a Registered Medical Practitioner in Private Practice.		
• Bone Density Scan	200.00	200.00
• X-Rays and Image Intensifiers	80.00	400.00
• Ultrasound	80.00	
• Mammography	80.00	
• Scintigraphy	800.00	
• CT Scan	770.00	1,540.00
• MRI Scan	820.00	820.00
• PET Scan	1,100.00	1,100.00
"ACC" TOP UP BENEFIT		
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		
Home nursing by a Registered Nurse, following surgery in a Private Hospital on referral from a Registered Medical Practitioner.	Per Day 100.00	Per Year 600.00
Vision Care		
Treatment by a Registered Orthoptist.	Per Visit 170.00	Per Year 170.00
Treatment by a Registered Ophthalmologist.		
First claim in an insurance year	100.00	100.00
Subsequent claims in an insurance year	80.00	No Max
Speech Therapy		
Treatment by a Registered Speech Therapist following surgery, excluding consequence of injury by accident.	55.00	220.00
Urodynamic Assessments		
Treatment by a Specialist Urologist.	800.00	800.00
Cardiac Diagnostic Procedures		
Holter Monitoring		Total 1,000.00 per annum
Treadmill Exercise		
Ambulatory BP Monitoring		
Cardio Vascular Ultrasound		
Stress Echocardiography		
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.		
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 benefit limit.		Per Lifetime 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		
Benefits apply after 5 years' continuous cover in this plan option.	Per Visit	Per Year
Consultation with a psychiatrist who is vocationally registered in New Zealand.	100.00	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.

Head Office

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