

# MULTICARE 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 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 \$300.00 when such costs are equal to or less than \$3,000.00, or the first \$600.00 when such costs are over \$3,000.00 of the TOTAL refundable costs per admission under this section are payable by the patient/member.

#### 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.

	Per Admn	Per Year
• Surgeon's fee		
• Anaesthetist's fee		
• Hospital fees, in a Licensed Private Hospital or Private Facility approved by UniMed for:		
• Accommodation	100%	No
• Theatre fees and Anaesthetic supplies	of	limit
• Perfusionist	the	
• Intensive Care Nursing	usual	
• Recovery Nurse	&	
• X-Ray Examination, ECG	customary	per
• Intravenous Fluids, Irrigating Solutions, Dressings, Prescriptions and Antibiotics	costs	year
• Pre op Consultation	to	
• Post Operative Physiotherapy fees from a Registered Physiotherapist	\$14,500.00	
• Emergency Ambulance for Hospital admission		
Surgically Implanted Prostheses	8,250.00	
Laparoscopic Disposables	2,000.00	

#### 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.	550.00	550.00
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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.

#### 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.

<b>Angiography</b>		Per Admn	Per Year
Angiograms, Angioplasty including Hospitalisation, Specialist and Ancillary fees.			
Angiogram		3,850.00	3,850.00
Angioplasty (Grant)		12,000.00	12,000.00
<b>Lithotripsy</b>			
Performed by a Registered Specialist Urologist.	Lithotripter	4,200.00	4,200.00
Special conditions apply, refer to full conditions of membership.	Urologist	900.00	900.00
	Anaesthetist	600.00	600.00
	Hospital	450.00	450.00
		6,150.00	6,150.00
<b>Breast Reconstruction</b>			
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.			
<b>Surgical Test and Investigations</b>		Per Admn	Per Year
Gastroscopy		1,800.00	No Max
Colonoscopy		2,500.00	No Max
<b>Surveillance Colonoscopy or Gastroscopy</b>			
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
<b>Overseas Transplant</b>			
In the event of Heart, Lung, or Liver transplant surgery being required outside New Zealand, UniMed will assist with a once only grant of \$4,000.00.			
<b>Accident Surgery</b>			
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.			
<b>Parent Accommodation</b>		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:		130.00	650.00
<b>ALL BENEFIT SECTIONS FROM THIS POINT FORWARD REFUND 100% OF ACTUAL MEDICAL COSTS TO THE SPECIFIED MAXIMUMS.</b>			
<b>"PUBLIC HOSPITAL" BENEFITS</b>			
<b>"PUBLIC HOSPITAL" CASH GRANT</b>		Per Day	Per Year
<b>Surgical and Medical Admissions</b>			
When Admitted to Public Hospital for a full 24 hours or more.		140.00	1,680.00
(Child Benefit - 50% of above. All injury admissions are excluded).			
<b>PRIVATE HOSPITALISATION MEDICAL BENEFITS</b>			
		Per Admn	Per Year
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.		2,750.00	2,750.00
Intravenous Fluids, Irrigating Solutions, Dressings, Prescriptions and Antibiotics.		240.00	240.00
<b>Psychiatric Hospitalisation</b>			
In a Licensed Private Hospital on admission and under the care of a Specialist Psychiatrist.		2,750.00	2,750.00
Intravenous Fluids, Irrigating Solutions, Dressings, Prescriptions and Antibiotics.		240.00	240.00
<b>ACUTE PRIVATE HOSPITALISATION MEDICAL/SURGICAL GRANT</b>			
An admission for an "Acute" Qualifying Medical Condition or "Surgical Procedure" under the care of a Registered Medical Practitioner in a Licensed Private Hospital.		2,750.00	2,750.00
<b>MINOR SURGERY</b>			
<b>Registered Medical Practitioner</b>			
Not requiring a general anaesthetic and including the preceding consultation.		400.00	No Max
<b>Minor Skin Lesions Removed by a GP</b>			
Performed by a Registered Medical Practitioner in General Practice. Note that Prior Approval must be sought for this benefit.		550.00	1,100.00
<b>Registered Medical Specialist</b>			
Not requiring General Anaesthetic, including the preceding consultation and performed in specialist rooms.		1,500.00	1,500.00

<b>CHEMOTHERAPY</b>		
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 27,500.00	Per Year 60,000.00
<b>RADIATION ONCOLOGY</b>		
Limited to Planning, Shielding and Accessories, Field Setup and XRT Simulation and performed in an approved Private Hospital facility.		Per Year 27,500.00
<b>GENERAL MEDICAL EXPENSES</b>		
<b>THIS BENEFIT SECTION REFUNDS 100% OF ACTUAL MEDICAL COSTS TO THE SPECIFIED MAXIMUMS.</b>		
<b>General Practitioners</b> Treatment and consultation by a Registered Medical Practitioner, including Dressings, Acupuncture, ECG, Accident Costs part paid by "ACC".	Per Visit 50.00	Per Year No Max
<b>GP After Hours</b> Home Visits.	55.00	110.00
<b>Registered Practice Nurse</b> Treatment and consultation by a Practice Nurse holding NZRN qualifications.	35.00	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)	300.00	300.00
<b>Non-PHARMAC Subsidised Pharmaceuticals</b> 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.	550.00	550.00
<b>Laboratory Tests</b> The cost of Laboratory charges for occult blood or glucose tests, requested by a Registered Medical Practitioner.	90.00	90.00
<b>Independent Nurse/Practitioners</b> Per treatment/consultation.	40.00	160.00
<b>Chiropodist/Podiatrist</b> Consultation and treatment by a Registered Practitioner.	240.00	240.00
<b>Osteopath</b> Consultation and treatment provided by an Osteopath with NZ Registration.	200.00	500.00
<b>Physiotherapist</b> Treatment by a Registered Physiotherapist, including Acupuncture and Manipulations.	40.00	480.00
<b>Audiology</b> Consultations and Audiology testing fees by a Registered Audiologist. Audiometric Tests: For Puretone, Audiometry, Impedance, Tympanometry, Brain-stem evoked response.	100.00 300.00	275.00 300.00
<b>Dietician</b> Consultation by a New Zealand Registered Dietician on referral from a Registered Medical Practitioner.	40.00	160.00
<b>Ambulance</b> Emergency Transportation for Public Hospital Inpatient Admissions.	165.00	165.00
<b>SPECIALISTS</b>		
<b>Consulting Physician/Paediatrician</b> Consultations following referral from a Registered Medical Practitioner. First claim in an insurance year Subsequent claims in an insurance year	400.00 200.00	400.00 No Max
<b>Specialist including Surgeon</b> Consultations with a Specialist Registered Medical Practitioner. First claim in an insurance year Subsequent claims in an insurance year	130.00 110.00	130.00 No Max
<b>Specialist Oncologist</b> Consultation following referral from a Registered Medical Practitioner with an Oncologist who is a Specialist Registered Medical Practitioner. First claim in an insurance year Subsequent claims in an insurance year	240.00 110.00	240.00 No Max
<b>Oral Surgeon</b> Consultation (not treatment) by a Registered Oral Surgeon. First claim in an insurance year Subsequent claims in an insurance year	130.00 110.00	130.00 No Max
<b>"ACC" TOP UP BENEFIT</b>		
<b>NON HOSPITAL</b>		
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.		

	Per Visit	Per Year
<b>IMAGING</b>		
Treatment provided by a Registered Medical Practitioner in Private Practice.		
• Bone Density Scan	250.00	250.00
• X-Rays and Image Intensifiers	550.00	550.00
• Ultrasound	550.00	550.00
• Mammography	550.00	550.00
• Scintigraphy	2,000.00	2,000.00
• CT Scan	1,000.00	2,000.00
• MRI Scan	1,100.00	1,100.00
• PET Scan	1,375.00	1,375.00
<b>HEALTH MAINTENANCE BENEFITS</b>		
<b>Home Care</b>		
Home Nursing by a Registered Nurse, following surgery in Private Hospital on referral from a Registered Medical Practitioner.	130.00	1,300.00
<b>Vision Care</b>		
Consultation by a Registered Optometrist.	55.00	240.00
NB: Vision testing only, excludes cover for spectacles and lenses.		
Treatment by a Registered Orthoptist.	220.00	220.00
Treatment by a Registered Ophthalmologist.		
First claim in an insurance year	120.00	120.00
Subsequent claims in an insurance year	110.00	No Max
<b>Urodynamic Assessment</b>		
Treatment by a Specialist Urologist.	1,200.00	1,200.00
<b>Speech Therapy</b>		
Treatment by a Registered Speech Therapist following surgery, excluding consequence of injury by accident (see separate benefits).	85.00	450.00
<b>Cardiac Diagnostic Procedures</b>		
Holter Monitoring	}	Total 1,200.00 per Annum
Treadmill Exercise		
Ambulatory BP Monitoring		
Cardio Vascular Ultrasound		
Stress Echocardiography		
Echocardiography		
Transoesophageal Echocardiography		
<b>NON MEDICAL BENEFITS</b>		
<b>Funeral Grant</b>		
Upon death by natural causes prior to age 65 of any person on the policy a grant of \$1,000.00 towards funeral costs is available.		
<b>LOYALTY BENEFITS</b>		
<b>THESE BENEFITS RECOGNISE LONG TERM CONTINUOUS MEMBERSHIP.</b>		
<b>Chiropractor</b>		
Benefits apply after three years' continuous membership in this plan.	200.00	200.00
Cost of services from a Registered Chiropractor including X-rays.		
<b>Sterilisation Surgery</b>		
Sterilisation procedures for males and females are covered after one years' continuous membership. See Private Hospitalisation Surgical Benefits.		
<b>Obstetrics</b>		
Benefits apply after three years continuous membership in this plan.		
Treatment from a Registered Medical Practitioner for Obstetric conditions.	380.00	380.00
<b>Existing Conditions</b>		
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.		
<b>Obesity Surgery</b>		Per Lifetime
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.		6,000.00
<b>Overseas Treatment</b>		
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.		
<b>Psychiatric Consultations</b>		
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.	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.

### Head Office

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