

SDA AFFINITY MEDICAL PLAN – Hospital Benefits Table H

All benefits included in this brochure are net of any Social Security refund and include GST charged by providers of service. Please note: All benefits in all sections apply to each person on the policy unless otherwise stated, and are subject to Usual & Customary Charges. Effective 01 April 2013.

PRIVATE HOSPITALISATION SURGICAL BENEFITS

THE FOLLOWING BENEFIT SECTIONS REFUND 100% OF ACTUAL MEDICAL COSTS LESS YOUR CO-PAYMENT UP TO THE SPECIFIED MAXIMUMS.

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 Visit	Per Year
• Surgeon's Fee		
• Anaesthetist's Fee		
• Hospital fees, in a Licensed Private Hospital or Private Facility approved by UniMed for: -	100% of	No limit on
• Accommodation - Southern Cross Hospital Single Room	costs	number
• Theatre Fees and anaesthetic supplies		of
• Perfusionist		admissions
• Intensive care and special in-hospital nursing		per
• Recovery Nurse		year
• X-Ray examination, ECG		
• Intravenous fluids, irrigating solutions, dressings, prescriptions and antibiotics		
• Post Operative Physiotherapist Fees from a Registered Physiotherapist		
• Emergency Ambulance for hospital admission		
• Surgically implanted prostheses		
• Laparoscopic Disposables		

Laparoscopic surgery

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

Cardiac surgery

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

Oral surgery

All Oral Surgery performed by a Registered Oral Surgeon excluding, under all benefit categories, extraction or surgical removal of teeth, implantation of teeth or costs of titanium implants.

NOTE: The cost of tooth implants, removal of wisdom teeth and other in-patient dental procedures will attract benefits under the Dental category of the Ancillary Benefits Table. Hospital costs (accommodation/theatre costs etc) associated with tooth implants will be fully met by Table H.

Angiography

Performed by a Registered Medical Practitioner. Per Visit Per Year

Angiograms, Angioplasty including hospitalisation, specialist & ancillary fees. Unlimited No Max

Angiogram Unlimited No Max

Angioplasty Unlimited No Max

Special conditions apply, refer to full conditions of membership.

Performed by a Registered Medical Practitioner. Unlimited No Max

Special conditions apply, refer to full conditions of membership.

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. The first \$100 of the TOTAL refundable costs per admission under this section are payable by the patient/member.

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SDA AFFINITY MEDICAL PLAN – Ancillary Benefits Table A

THE FOLLOWING BENEFIT SECTIONS REFUND 80% OF ACTUAL MEDICAL COSTS

LESS YOUR CO-PAYMENT UP TO THE SPECIFIED MAXIMUMS.

Allergy Testing

When ordered and performed by a registered practitioner.

Appliances

For glucose testing machines for diabetics, and nebulisers and peak flow meters for asthmatics, provided they have been ordered by a registered medical practitioner. Other appliances as approved by the Committee.

Audiology (Hearing testing)

For services of a registered practitioner.

Autologous Blood

Self-donated blood.

Cardiac Rehabilitation Programs

When performed by a registered practitioner.

Chiropractic-Osteopathy

Including x-rays, for services of a registered practitioner.

Occupational Therapy

When referred by a registered medical practitioner.

Orthoptics (eye therapy)

For services of a registered practitioner.

Physiotherapy/Hydrotherapy

For services of a registered practitioner.

Speech Therapy

For services of a registered practitioner.

Combined annual benefit limit of \$800 per person, per year

Dietetics

Consultation fee for services of a registered dietician.

Hearing Aids

Including replacement batteries and repairs.

Limit on Hearing Aids: Benefit of \$500 per person, per year.

Home Nursing

When ordered by a registered medical practitioner for a health condition which requires the services of a qualified nurse. Limit of benefit \$1200 per person, per year, with a daily limit of \$100.

Podiatry/Chiropody

For services of a registered practitioner. Limited to \$300 per person, per year.

Surgical Corsets, Braces & Stockings

Limit of \$400 per any one item per person, per year when ordered by a Registered Practitioner for a medical condition.

Theatre Fees/Outpatient

Cost of theatre fees as an outpatient in a hospital or clinic/medical centre. (An outpatient is a person not occupying a bed and receiving local anaesthetic only).

SDA AFFINITY MEDICAL PLAN – Ancillary Benefits Table A (Continued)

THE FOLLOWING BENEFIT SECTIONS REFUND 100% OF ACTUAL MEDICAL COSTS LESS YOUR CO-PAYMENT UP TO THE SPECIFIED MAXIMUMS.

Ambulance Transport

Transport cost.

Dental (including orthodontia)
Limited to \$400 per person, per year.

Funeral Expense
Cost of burial up to \$3000 per member or dependant. The benefit does not cover persons 65 years of age and over. Limit one claim per membership, per year.

Optical
Reimbursement of costs (excluding replacement for loss or breakage) for spectacles or contact lenses up to a maximum of \$250 per person, per year, providing a change in prescription is required.

Orthopaedic & Surgical Shoes
Costs (in excess of \$100) when ordered by a registered practitioner for a medical condition. Limit one pair per person, per year. **Shoe modifications and repairs attract a benefit of 80% of actual medical costs less your co-payment up to the specified maximums.**

GENERAL MEDICAL EXPENSES

THE FOLLOWING BENEFIT SECTIONS REFUND 100% OF ACTUAL MEDICAL COSTS LESS YOUR CO-PAYMENT UP TO THE SPECIFIED MAXIMUMS.

	Per Visit	Per Year
General practitioners Treatment and consultation by a Registered Medical Practitioner, including dressings, acupuncture, ECG	50.00	No Max
After hours Home Visits	60.00	120.00
Registered Practice Nurse Treatment and consultation by a Practice Nurse holding NZRN qualifications	20.00	No Max
Pharmaceutical For medicine, drugs and vaccines, available only on prescription by a registered medical or dental practitioner, EXCLUDING contraceptives unless prescribed for therapeutic purposes.	15.00	300.00
Laboratory tests The cost of laboratory charges for occult blood or glucose tests, requested by a Registered Medical Practitioner	70.00	70.00
Independent nurse practitioners Treatment/consultation	30.00	150.00

SPECIALISTS & IMAGING

THE FOLLOWING BENEFIT SECTIONS REFUND 100% OF ACTUAL MEDICAL COSTS LESS YOUR CO-PAYMENT UP TO THE SPECIFIED MAXIMUMS.

Consulting physician/paediatrician Consultations following referral from a Registered Medical Practitioner.		
First claim in an insurance year	250.00	250.00
Subsequent claims in an insurance year	110.00	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

Consultations (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	85.00	85.00
• 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

Confinement by a qualified Midwife

A benefit of 40% of cost less your co-payment, including ante-natal and post-natal visits, will be paid for services of a registered midwife nurse in private practice. This benefit is only payable where a midwife's service is used rather than a registered medical practitioner.

Psychology

A benefit of up to \$60 for initial consultation and \$45 for subsequent services of a registered practitioner. Limit of benefit \$540 per person, per year.

Travel & Non-Hospital Accommodation

When a member or dependant is required to travel more than 100 kms (within NZ) each way for medical consultation or treatment to the nearest centre where medical requirements can be met a 50% benefit less your co-payment may be claimed on economy bus, rail, taxi fare or 15 cents per km if a private vehicle is used. A registered medical practitioner must recommend in writing the need for travel. This travel benefit is also available to one family member or carer who accompanies the patient. Where the patient is hospitalised, an accommodation allowance of up to \$30 per night may be claimed for the accompanying family member or carer. Where a member/dependant is receiving medical treatment in a public or private hospital more than 100 kms from home and chooses not to be an inpatient, an accommodation allowance of up to \$30 per night may be claimed. Limit of combined travel and accommodation benefit \$400 per family membership (\$200 single) per year.

ACCIDENT COMPENSATION CORPORATION (ACC) COVERAGE PRIMARY HEALTH CARE ACC TOP-UP

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.