



Effective 20 June 2007

It's the Security of Knowing We're There

SDA Group Medical Plan

Seventh-day Adventist employees and their spouse/partner and children are entitled to join the SDA Group Medical Plan and receive the benefits as outlined in UniMed's brochure. This is an opportunity to obtain cover with special benefits and conditions not normally available and one you should consider.

Why Medical Insurance?

We have all seen (and some have experienced) the changes to New Zealand's health system. These changes have placed greater responsibility in taking care of our own health issues. With modern medical science, many recover from their illness but for some this has a financial cost. As New Zealanders age the demands on our health system increase and waiting lists get longer. Medical insurance enables you to seek advice and treatment at a time convenient to you, your family and your employer. Medical insurance is peace of mind.

Who are UniMed?

UniMed is one of the fastest growing health insurers in New Zealand. UniMed is a mutual society, which means there are no share-holders to pay dividends to, so all of the profits go into providing high quality medical plans and first class service.

What makes UniMed special?

There are a number of things that make these UniMed plans special. Here are some examples:

- UniMed pays the Usual & Customary cost of treatment up to a pre-arranged maximum according to the cover you choose.
- UniMed can approve payment even before you are admitted to hospital.
- UniMed takes just 2-3 days to settle routine claims.
- UniMed has a toll free hotline to answer all your questions.
- You can retain discounted premiums and special concessions upon leaving the SDA Group Medical Plan.
- ACC accepted claims 'shortfall' cover.

Special Joining Concessions

SDA Group Medical Plan

The SDA Group Medical Plan is only available for Seventh-day Adventist employees, their spouse/partner and children. Upon implementation of this scheme and for any new employee in the future, providing the application is made within 30 days of first becoming eligible, the following special joining concessions are available.

For those transferring from the ACA Health Plan.

- Immediate coverage from cover start date as set by UniMed i.e. no three month “no claim period”.
- All qualifying pre-existing medical and surgical conditions accepted for coverage by the ACA Health Plan will be covered immediately under all benefit sections to the UniMed equivalent of your current plan providing you have served the appropriate qualifying period.

For those without Health Insurance Cover

- Immediate coverage from cover start as set by UniMed i.e. no three month “no claim period”.
- Qualifying pre-existing medical and surgical conditions (but not accident/ injury /or employment related conditions) will be accepted for coverage by UniMed under the "General Medical Expenses" and “Specialist & Imaging” section of the Ancillary plan from cover start date. (Please refer to plan brochures for the list of benefits included in these sections).
- After three years continuous membership in the same plan, qualifying pre-existing conditions will also be covered under all plan benefit sections. Standard exceptions are existing cardiovascular/vascular, accident conditions and conditions likely to require joint replacement surgery.
- New conditions arising after the cover start date will receive cover immediately under all benefit sections of the chosen plan unless otherwise detailed in the conditions of membership.

What to do next

1. Complete the application form (to be found enclosed with this brochure) with details of the members of your immediate family to be covered. Return this directly to UniMed, using the enclosed freepost envelope.
2. If you need assistance completing the application form contact:
 - UniMed on Free Phone 0800-107-700.

SDA GROUP 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. **Effective 20 June 2007.**

PRIVATE HOSPITALISATION SURGICAL BENEFITS

The following section refunds 100% of the usual and customary charges, limited to the benefit maximums for any admission.

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 costs	No limit on number of admissions per year
• Accommodation - Southern Cross Hospital Single Room		
• 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 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

Angiograms, Angioplasty including hospitalisation, specialist & ancillary fees.

	Per Visit	Per Year
Angiogram	Unlimited	No Max
Angioplasty	Unlimited	No Max

Lithotripsy

Performed by a Registered Medical Practitioner.

Unlimited No Max

Special conditions apply, refer to full conditions of membership.

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

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.	Unlimited	No Max
Intravenous Fluids, Irrigating Solutions, Dressings, Prescriptions and Antibiotics.	900.00	2,700

SDA GROUP MEDICAL PLAN – Ancillary Benefits Table A

THE FOLLOWING BENEFIT SECTIONS REFUND 80% OF ACTUAL MEDICAL COSTS 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).

THE FOLLOWING BENEFIT SECTIONS REFUND 100% OF ACTUAL MEDICAL COSTS TO THE SPECIFIED MAXIMUMS.

Per Visit Per Year

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%.**

GENERAL MEDICAL EXPENSES

The following benefit sections refund 100% of actual medical costs 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 to the specified maximums.

Consulting physician/paediatrician

Consultations following referral from a Registered Medical Practitioner.

Initial consultation	250.00	250.00
Follow-up	110.00	No Max

Specialist including surgeon

Consultations following referral from a Registered Medical Practitioner with a Specialist Registered Medical Practitioner.

Initial consultation	200.00	200.00
Follow-up	100.00	No Max

Specialist oncologist

Consultation following referral from a Registered Medical Practitioner with an Oncologist who is a Specialist Registered Medical Practitioner.

Initial consultation	250.00	250.00
Follow-up	110.00	No Max

Oral surgeons

Consultations (not treatment) by Registered Oral Surgeons.

Initial consultations	200.00	200.00
Follow-up	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, 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 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.

SUMMARY OF THE CONDITIONS OF MEMBERSHIP

FOR THE SDA GROUP MEDICAL PLAN STAFF HEALTH INSURANCE SCHEME

IMPORTANT INFORMATION

UniMed provides all new members soon after their completed application is received and accepted with a Membership Certificate outlining in full the rules and exclusions (if any) applicable to each member's policy. **The following is a summary only of the main rules and exclusions:**

- **Cover is offered on the basis of the "Special Joining Concessions" as agreed for the SDA Group Medical Plan, effective from 20th June 2007. For treatment costs to qualify for reimbursement they must be incurred during the currency of the policy.**

PRE-EXISTING CONDITIONS

- Cover for pre-existing conditions will be on the basis of the leaflet titled "Special Joining Concessions" as agreed for the SDA Group Medical Plan, effective from 20th June 2007.

NOT INCLUDED IN COVER

- No claim can be accepted for or in association with costs incurred for any of the following conditions unless specifically provided for in the Society's various plans: -

Congenital/developmental conditions, Cosmetic surgery as defined by the Society, Breast reduction procedures performed for any reason, Acupuncture treatment other than that performed by a registered medical practitioner, Chelation therapy or similar treatment as defined by the Society, Contraception of any kind, Treatment of infertility including diagnostic testing, All conditions of, or as a consequence of, or/and associated with pregnancy and childbirth, Sterilisation, Dental care including oral surgery, Orthodontic and periodontal treatment, Refractive surgery for the correction of short sight or long sight including Astigmatism, Treatment for obesity, Psychiatric and/or psychological treatment or counselling, including Attention Deficit Disorder (A.D.D & A.D.H.D), Pre-senile dementia, Senile conditions with dependency as defined by the Society including geriatric hospitalisation, Disability or illness arising from misuse of alcohol or drugs, Self inflicted injuries or illness, Surgical or medical appliances, War injury or disability, Health surveillance testing, Treatment where a condition detrimental to health is not evident, AIDs or HIV infection or any condition arising from the presence of AIDs or HIV infection, Sexually transmitted diseases, Duplicate and/or lost devices or appliances, Television, telephone and/or any personal incidental expenses whilst in hospital, Travel costs, Accommodation costs for non-patients whilst staying with patients in hospital, Any expense recoverable from a third party under any contract of indemnity or insurance or any statutory scheme, Any medical costs incurred outside New Zealand, Any costs not specifically provided for under a benefit section contained in the plan selected.

LOYALTY BENEFITS

After three years continuous membership in the same plan qualifying conditions not otherwise expressly excluded under the Conditions of Membership or individually specified on your Membership Certificate will be accepted under all benefit sections. Some existing conditions at the time of application may be excluded from cover for a period of time greater than 3 years (e.g. cardiac conditions and conditions likely to require joint replacement surgery).

INJURY OR EMPLOYMENT RELATED CONDITIONS

Cover for pre-existing conditions will be on the basis of the "Special Joining Concessions" as agreed for the SDA Group Medical Plan, effective from 20th June 2007 and including any subsequent amendments as advised from time to time.

UniMed's benefits do not extend to provide assistance with secondary care relating to work/employment injuries. These costs are the responsibility of your employer's nominated insurer. Non employment related injuries will qualify for treatment in a licensed private hospital provided a claim is first lodged with the ACC and their decision regarding acceptance or declination is made available (in writing) for consideration by UniMed **prior to any treatment being undertaken**. Dependant upon ACC's advice UniMed will either pay the shortfall in costs to the surgical benefit maximums for claims accepted by ACC, or if ACC have declined a claim will either meet the costs of surgery to the benefit maximums, or at UniMed's sole discretion, meet what would have been the shortfall in costs had ACC accepted cover.

CLAIMS PROCEDURES

General

Any routine claims submitted must exceed \$50.00 and be lodged within 15 months of the date of consultation.

Private Hospital Admissions

There are requirements on all members to notify the Society upon becoming aware of the requirement for an admission to a private hospital for a surgical procedure. **UniMed's payments are limited to usual and customary charges for any approved procedure.**

INSURANCE COMPANIES (RATING AND INSPECTIONS) ACT 1994

Union Medical Benefits Society Limited has elected not to have a rating in accordance with the Insurance Companies (Rating and Inspections) Act 1994, and is not required to have a rating.