

A good range of cover

We have eleven different types of benefits as well as a special grant. See following chart.

Health Care Basic Plans

Benefit/ Annual cover	No claims Periods (mths.)	Brief Description of Benefits <i>*No claims period is 12 months</i>
Medical \$1,200	3	GP, specialist (on referral), prescription drugs (on Pharmac drug tariff), medical tests
Minor Surgery \$1,000	3	Lacerations, suspect mole removal, sterilisations (e.g. vasectomy*) - to maximum of \$500
Non-PHARMAC Subsidised Pharmaceuticals \$300	3	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.
Radiology \$1,000	3	X-rays, all types of diagnostic radiology to a maximum of \$500 each time
Complementary \$600	3	Physiotherapy, chiropractic, podiatry, osteopathy, homeopathy acupuncture, psychology* (on referral). Each type of treatment is limited to no more than half of the annual cover
Surgical \$2,400	3	Surgery in a licensed private hospital. Emergency or acute admissions are not covered. Chemo and radiotherapy (up to \$500). See Extra Surgical Option for additional cover
Optical \$300	12	Eye test (\$50); newspectacle lenses or contact lenses (\$250) where there is a change in vision (not disposables or sunglasses)
Hearing Aid \$500	12	Hearing test (\$50); cost of new hearing aid (\$450)
Wisdom teeth \$500 (min claim \$100)	12	Adult benefit for cost of extracting impacted unerupted wisdom teeth
Orthodontic \$600 (min claim \$100)	36	Child benefit (one-off payment per child) for cost of medically required orthodontic brace
Screening \$750	varies	Loyalty benefit for smear and prostate tests, mammogram, mole checking, bone density scan, colonoscopy
Birth A - \$150, B - \$240, C - \$300	12	Special grants on the birth of a baby to an adult member. Where both parents qualify the grant is increased by 50%

Full guidelines for individual benefits are available on request by participants and applicants.

Generous refund limits

You decide the refund level you want for your Health Care Basic Plan:

Plan A - 50% Plan B - 80% Plan C - 100%

Depending on which one you choose, you'll be able to claim that percentage of the maximum annual cover listed in the table on the left.

For example, with Plan A you can get annual refunds up to \$600 for the Medical Benefit, \$500 for Minor Surgery and \$300 for the Complementary Benefit if required. Plan B total refunds for the same benefits would be \$960, \$800 and \$480 and Plan C's total would be 100% of the annual cover in the table.

Fast Claims

When you need to make a claim you'll get a fast response by helpful UniMed staff.

What about surgery?

We can give you surgical cover two ways:

* By itself (Surgical Care)

* As an add-on to a Basic Plan (Extra Surgical Option)

Choose Surgical Care if you only want to be covered for surgery you may need in the future (up to a total of \$60,000 per operation). If you decide you need a day-to-day health plan and surgery cover, add the Extra Surgical Option to a Basic Plan.

The Extra Surgical Option combined with a Basic Plan gives you extended cover that includes major costs for surgery.

Additional Policy Excess for both the Extra Surgical Option and Surgical Care Plan - The first \$500.00 when such costs are equal to or less than \$3,000.00, or the first \$750.00 of the total refundable costs 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 table following summarises the main features of our surgery options.

Surgical Care and the Extra Surgical Option

Here's a general overview of our Surgical Care and Extra Surgical Option.

Type of Expense	Surgical Care	Extra Surgical Option
General Practitioner Specialist (on referral)	No	See Basic Plan table for details of this cover
Relevant pre-operation test	Yes*	Yes
Surgeon	Yes	Yes
Surgeon's Assistant	Yes	Yes
Anaesthetist	Yes	Yes
Hospital bed	Yes	Yes
Theatre	Yes	Yes
Hospital supplies	Yes	Yes
Prosthesis	Yes to \$7,500 max, per operation	Yes
Special nursing (in hospital)	Yes	Yes
Physiotherapy (in hospital)	Yes	Yes
Post operation medication	Yes*	Yes
Specialist (post operation)	Yes*	Yes
Max cover per operation	\$60,000	\$35,000
Lithotripsy**	Yes to \$5,000 max	
Accident top up	Yes after first \$500, limited to no more than half the ACC contribution towards the total cost.	Yes, limited to no more than half of the ACC contribution towards the total cost.
Radiation Oncology	\$30,000	\$30,000
	Benefit payable for treatment classified as either Urgent or Curative using Ministry of Health guidelines. Including Planning, Shielding and Accessories, Field Setup and XRT Simulation and performed in a n approved Private Hospital facility	
Chemotherapy	\$30,000 Per Treatment	\$65,000 Per Year
	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	
In-Patient Non-PHARMAC Subsidised Pharmaceuticals	\$2,000.00 Per Admn	\$2,000.00 Per Year
	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.	

Surgical Care and the Extra Surgical Option Continued

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.

Minor Skin Lesions Removed by a GP \$2,000.00 Per Visit \$2,000.00 Per Year
Performed by a Registered Medical Practitioner in General Practice. Note that Prior Approval must be sought for this benefit.

Public Hospital Cash Grant \$125.00 Per Day \$1,500.00 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).

AFTER FIVE YEARS CONTINUOUS MEMBERSHIP THE FOLLOWING BENEFITS ARE AVAILABLE

Obesity Surgery \$8,000.00 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 the benefit limit.

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.

Notes:

- * To be eligible, these costs must be incurred within three months of the date of the operation.
- ** Limited to one treatment every 3 years.
- Prior approval is essential to ensure that cover is available for any operation.
- While Health Care does not have a fixed schedule of fees, all surgery is expected to be carried out under a reasonable cost structure. Costs may be limited if proposed fees are not acceptable to Health Care.
- Emergency and acute admissions are not covered.

Things you should know

- An accident top-up is built into relevant benefits and options.
- There are some limits on refunds, e.g. there is a maximum cover of \$15 per prescription item.
- We recognise that medical fees are sometimes beyond the control of the patient and have adopted a "reasonable" cost structure for refunds.
- Standard exclusions apply to all policies and are available on request.
- Pre-existing health problems may be excluded. You must be completely truthful when completing the application.
- This brochure contains summary information only, and is not intended to be relied on as a comprehensive summary of the policy benefits. General exclusions and other rules are explained in the Health Care Terms and Conditions brochure which is available from UniMed Head Office.

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health
care

we'll look
after you

UniMed
YOUR HEALTH INSURER

Effective 1 May 2015