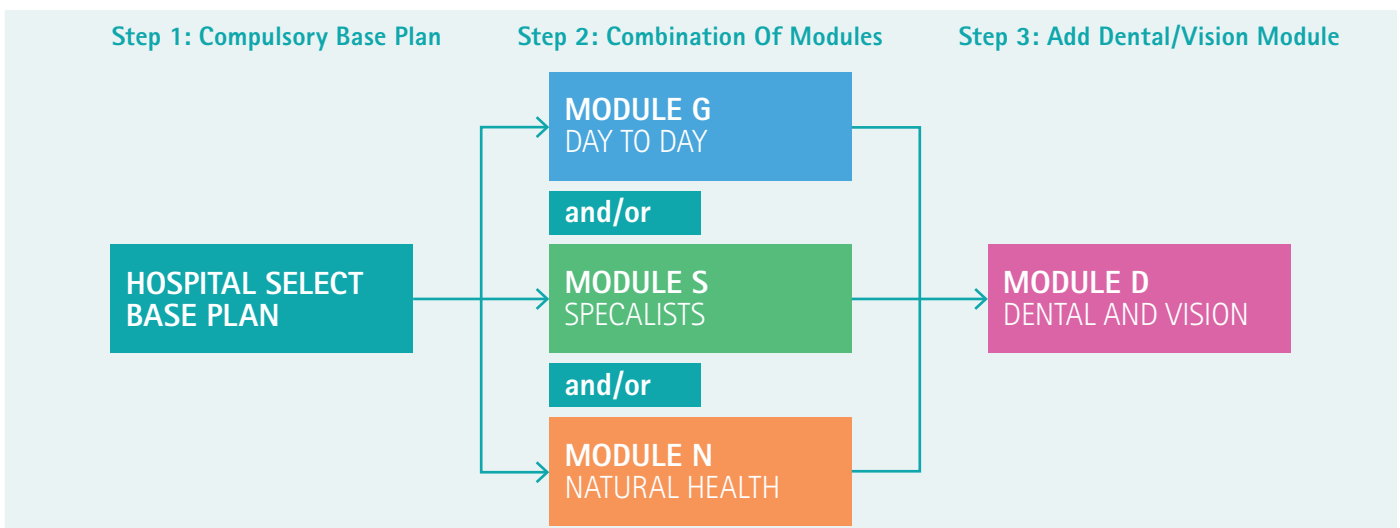


HOSPITAL SELECT PLUS MODULES PLAN

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.
 Hospital Select is the base plan to which the other modules may be added, individually or together, with the exception of Module "D" which cannot be added to Hospital Select Base Plan on its own.
 All benefits included in this brochure are net of any social security refund and include GST charged by providers of service.



HOSPITAL SELECT BASE PLAN

PRIVATE HOSPITALISATION SURGICAL BENEFITS

THE FOLLOWING SECTION REFUNDS 100% OF THE USUAL AND CUSTOMARY CHARGES, LIMITED TO THE BENEFIT MAXIMUMS FOR ANY ADMISSION.

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

- Surgeon's fee
- Anaesthetist's fee
- Hospital fees, in a Licensed Private Hospital or Private Facility approved by UniMed for:-
- Accommodation
- 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 Physiotherapy fees from a Registered Physiotherapist
- Emergency Ambulance for hospital admission
- Surgically Implanted Prostheses
- Laparoscopic Disposables

	Per Admn	Per Year
	300,000.00	300,000.00

Post-operative Occupational Therapy Treatment by a Registered Occupational Therapist.	Per Visit 100.00	3 Visits per surgical admission
Surgical Tests & Investigations Gastroscopy Colonoscopy	Per Admn 1,800.00 2,500.00	Per Year No Max 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 900.00 1,250.00	Per 24 Months 900.00 1,250.00
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 Year 2,000.00
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. Wisdom tooth extraction including the removal of un-erupted or impacted wisdom teeth, including all associated costs.	Per Admn 300,000.00	Per Year 300,000.00
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.		
Angiography Angiograms & Angioplasty including hospitalisation, specialist & ancillary fees	300,000.00	300,000.00
Lithotripsy Performed by a Registered Medical Specialist Special conditions apply, refer to full conditions of membership.	300,000.00	300,000.00
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.		
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 the benefit limit.		Per Lifetime 8,000.00
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. Prior approval is required for the treatment to be eligible.		
Sterilisation Sterilisation procedures are covered after three years continuous membership in this plan	Per Admn 5,000.00	Per Year 5,000.00
Home Nursing – Following Surgery Home Nursing by a Registered Nurse, following surgery in a Private Hospital on referral from a Registered Medical Practitioner	Per Day 150.00	Per Year 6,000.00
Speech and Language Therapy Treatment by a Registered Speech Therapist following surgery, excluding consequence of injury by accident (see separate benefits).	Per Visit 80.00	Per Year 400.00
Ambulance Emergency transportation for Public Hospital inpatient admission		Per Year 200.00
Parent Support Accommodation 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:	Per Night 150.00	Per Year 600.00
Hospital Cash Allowance – Medical/surgical admissions When admitted to Public Hospital for a full 24 hours or more. Child Benefit - 50% of above. (All injury admissions excluded)	Per Day 125.00	Per Year 1500.00

IMAGING		Per Year
• CT Scan		3,000.00
• MRI Scan		4,000.00
• PET Scan		2,500.00
• Cardioversion		300,000.00
• Myocardial Perfusion Scan		300,000.00
• Scintigraphy		2,000.00
IMAGING (six months prior and six months after surgery)		Per Year
• X-rays	}	300,000.00
• Mammography		
• Ultrasounds		
• Nuclear Scanning		
SPECIALISTS (six months prior and six months after surgery)		Per Year
Consulting Physician/Paediatrician		}
Consultation following referral from a Registered Medical Practitioner		
Specialist Oncologist		
Consultation following referral from a Registered Medical Practitioner with an Oncologist who is a Specialist Registered Medical Practitioner		
Specialist/Surgeon		}
Consultation following referral from a Registered Medical Practitioner		
Oral Surgeon		}
Consultation (not treatment) by a Registered Oral Surgeon		
Medical Hospitalisation		Per Year
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.		65,000.00
Ancillary hospital charges		500.00
Radiation Oncology		
Limited to Planning, Shielding and Accessories, Field Setup and XRT Simulation and performed in an approved Private Hospital facility.		30,000.00
Chemotherapy		Per Treatment
Benefit payable for treatment by a Registered Oncologist in Private Practice. Benefit applies to the cost of materials, Chemotherapy drugs per course which are PHARMAC approved, plus Hospital Accommodation together with approved ancillary hospital costs.		30,000.00
		65,000.00
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		5,000.00
Psychiatric/Geriatric Hospitalisation		
In a Licensed Private Hospital, on admission and under the care of a Specialist Psychiatrist/ Geriatrician. Refund of Hospital Accommodation fees		2,000.00
Ancillary hospital charges		500.00
MINOR SURGERY		
Registered Medical Specialist		Per Year
Not requiring general anaesthetic, including preceding consultation and performed in specialist rooms		300,000.00
Registered Medical Practitioner		Per Procedure
Not requiring general anaesthetic, including preceding consultation performed in practice rooms		500.00
		No Max
Minor Skin Lesions Removed by a GP		Per Visit
Performed by a Registered Medical Practitioner in General Practice. Note: Prior Approval must be sought for this benefit		2,000.00
		2,000.00
OVERSEAS TRANSPLANT		Per Lifetime
In the event of Heart, Lung, or Liver transplant surgery being required outside New Zealand, UniMed will assist with a once only grant		20,000.00
WAIVER OF PREMIUM		
Upon death by natural causes prior to age 60 of any member paying the adult contribution rate the surviving spouse and/or qualifying dependents named on the policy will receive two years free coverage at the benefit levels applying at the date of death.		
FUNERAL GRANT		
Upon death by natural causes prior to age 65 of any person on the policy a grant towards funeral costs is available.		2,400.00
"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 within this option. NB: For a claim to qualify, ACC must have provided financial assistance towards treatment costs.		

SPECIALISTS – MODULE “S”

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

Imaging	Per Year
<ul style="list-style-type: none"> • Bone density scan • X-rays • Mammography • Ultrasounds • Nuclear scanning • Holter monitoring • Exercise ECG • Blood pressure monitoring • Stress echocardiography • Cardiovascular ultrasound • Echocardiography • Transoesophageal Echocardiography • Urodynamic assessment • Audiology 	5,000.00

SPECIALISTS	Per Year
Consulting Physician/Paediatrician Consultation following referral from a Registered Medical Practitioner	5,000
Specialist Oncologist Consultation following referral from a Registered Medical Practitioner with an Oncologist who is a Specialist Registered Medical Practitioner	
Specialist including Surgeon Consultation following referral from a Registered Medical Practitioner	
Oral Surgeon Consultation (not treatment) by a Registered Oral Surgeon	
Obstetrics Treatment by a Registered Medical Practitioner for obstetric conditions	Per Year 1,000.00

“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 within this option. NB: For a claim to qualify, ACC must have provided financial assistance towards treatment costs.

DAY TO DAY – MODULE “G”

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.	55.00	No Limit
After Hours Home Visits	70.00	No Limit
Registered Practice Nurse Treatment and consultation by a Practice Nurse holding NZRN qualifications.	35.00	No Limit
Independent Nurse Practitioner Treatment/Consultation	30.00	150.00
Prescriptions User part charges for prescription items subsidised by PHARMAC through New Zealand Pharmaceutical Schedule, prescribed by a Registered Medical Practitioner (Note: Maximum of 20 items per policy).	No Limit	400.00
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.		1,000 .00
Laboratory Tests The cost of laboratory charges for occult blood or glucose tests, requested by a Registered Medical Practitioner	No Limit	75.00

“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 within this option. NB: For a claim to qualify, ACC must have provided financial assistance towards treatment costs.

LOYALTY BENEFIT

Psychiatric Consultations Benefits apply after 5 years' continuous cover in this plan option. Consultation with a psychiatrist who is vocationally registered in New Zealand.	150.00	Three Visits
--	--------	--------------

NATURAL HEALTH – MODULE “N”

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

<p>Osteopath Consultation and treatment provided by an Osteopath with NZ Registration</p>	}	Per Visit 50.00	Per Year 200.00
<p>Chiropractor Services from a Registered Chiropractor including X-rays.</p>			
<p>Treatment provided by the following Registered Practitioners</p> <ul style="list-style-type: none"> • Chiropodist • Physiotherapist • Dietitian • Podiatrist • Acupuncture • Homeopathy • Naturopathy • Nutritionist • Medical Herbalist • Remedial Massage Therapy 			
	}	Per Practitioner 50.00 per visit 200.00 per year	Combined maximum 800.00 per year
<p>Wellness benefit A health check by a Registered Medical Practitioner</p>			
			100.00 every three years

“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 within this option. NB: For a claim to qualify, ACC must have provided financial assistance towards treatment costs.

DENTAL & VISION – MODULE “D”

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

<p>Orthoptist Treatment by a Registered Orthoptist</p>	Per Visit	Per Year
		300.00
<p>Optometrist Consultation by a Registered Optometrist NB: Vision testing only, for spectacles/lenses see below.</p>	75.00	300.00
<p>Spectacles and Lenses Reimbursement of costs (excluding replacement for loss or breakage) of spectacles or contact lenses providing a change in prescription is required.</p>		500.00
<p>Dental Dental treatment by a Registered Dental Practitioner including routine maintenance, fillings, extraction of teeth, dentures, periodontic and orthodontic treatment.</p>		500.00
<p>Dental Hygienist Treatment by a Hygienist registered with the NZ Dental Hygienist Association.</p>		100.00

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.

TOLL FREE 0800 600 666

Head Office

Union Medical Benefits Society Ltd
165 Gloucester Street,
PO Box 1721, Christchurch 8140
Phone: 03 365 4048 Fax: 03 365 4066

www.unimed.co.nz