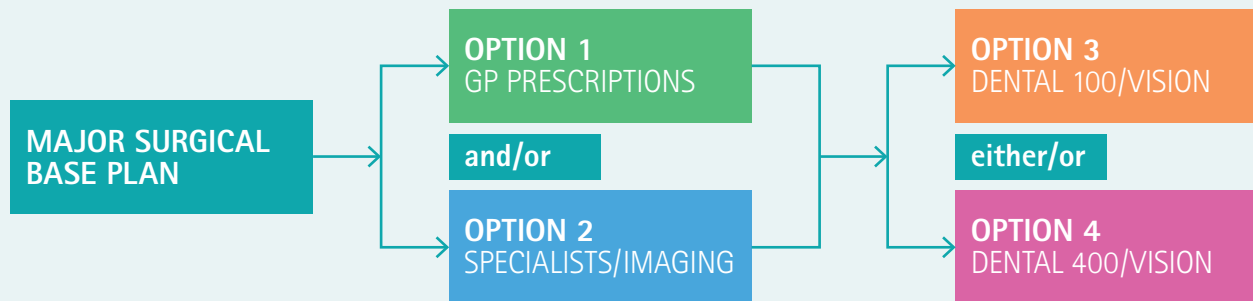


# MAJOR SURGICAL PLUS OPTIONS PLAN

Effective 1 August 2019

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. All benefits included in this brochure are net of any Social Security refund and include GST charged by providers of service. **Voluntary Excess Option:** Any voluntary excess option selected applies per claim. All benefits where an Excess applies are indicated within this brochure.



*Major Surgical is the base plan to which the other options may be added, individually or together, with the exception of Options 3 and 4 which cannot be added to Major Surgical Base Plan on their own.*

## MAJOR SURGICAL BASE PLAN

### PRIVATE HOSPITALISATION SURGICAL BENEFITS

#### Policy Excess

The first \$500.00 when such costs are equal to or less than \$3,000.00, or the first \$750.00 when such costs are over \$3,000.00 of the TOTAL refundable costs per admission under this section are payable by the patient/member. All benefits where an Excess applies are indicated within this brochure.

Excess Applies

**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

85,000.00

No limit on number of admissions per year

<b>Post-operative Occupational Therapy</b> Treatment by a Registered Occupational Therapist.	Per Visit 100.00	3 Visits per surgical admission	
<b>Surgical Tests &amp; Investigations</b> Gastroscopy Colonoscopy	Per Admn 1,800.00 2,500.00	Per Year No Max 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 Colonoscopy	900.00 1,250.00	900.00 1,250.00	
✳ <b>Please note:</b> if the procedure extends to a polypectomy, the claim will be considered under the Private Hospitalisation Surgical Admission benefit and, if applicable, the policy excess applies.			
<b>In-Patient Non-PHARMAC Subsidised Pharmaceuticals</b> Pharmaceuticals prescribed by a 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	
<b>Laparoscopic Surgery</b> Performed by a Registered Medical Specialist in a Private Hospital. Benefits as per Surgery section.			☑
<b>Cardiac Surgery</b> Performed by a Registered Medical Specialist in a Private Hospital. Benefits as per Surgery section.			☑
<b>Angiography</b> Angiograms, Angioplasty including Hospitalisation, Specialist and Ancillary fees.			☑
Angiogram Angioplasty	85,000.00 85,000.00	No Max No Max	
<b>Lithotripsy</b> Performed by a Registered Medical Practitioner. Special conditions apply, refer to full conditions of membership.	85,000.00	No Max	☑
<b>Parent Accommodation</b> 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 200.00	Per Year 600.00	
<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>Oral Surgery</b> 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.	Per Admn 85,000.00	Per Year No Max	☑
<b>Wisdom Tooth Extraction</b> Removal of un-erupted or impacted wisdom teeth, including all associated costs.	2,400.00	2,400.00	
<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>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> <b>Surgical and Medical Admissions</b> When Admitted to Public Hospital for a full 24 hours or more. (Child Benefit - 50% of above. All injury admissions are excluded).	Per Day 125.00	Per Year 1,500.00	
<b>SURGERY - PRE ADMISSION BENEFITS</b> Please note: To qualify for a claim, costs falling under these benefits must be incurred within the three months prior to an operation. Please submit receipted accounts at the same time as your claim for surgical hospitalisation.			

<b>Consultant Physician</b>	Per Visit	Per Year
For Pre-Operative Consultation Only.		
First claim in an insurance year	400.00	400.00
Subsequent claims in an insurance year	200.00	No Max
<b>Specialist/Surgeons</b>		
For Consultation(s) associated with Surgical Hospitalisation.		
First claim in an insurance year	200.00	200.00
Subsequent claims in an insurance year	90.00	No Max
<b>Imaging</b>		
For Diagnostic Procedures associated with Surgical Hospitalisation.		
• X-rays and Image Intensifiers	500.00	500.00
• Ultrasound	500.00	500.00
• Mammography	500.00	500.00
• Scintigraphy	2,000.00	2,000.00
• CT Scan	1,500.00	1,500.00
• MRI Scan	2,000.00	2,000.00
• PET Scan	2,500.00	2,500.00
<b>MINOR SURGERY</b>		
<b>Registered Medical Specialist</b>		
Not requiring general anaesthetic, including preceding consultation and performed in specialist rooms.	85,000.00	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.	2,000.00	2,000.00
<b>HEALTH MAINTENANCE BENEFITS</b>		
<b>Home Care</b>		
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 1,500.00
<b>PRIVATE HOSPITALISATION MEDICAL BENEFITS</b>		
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.	10,000.00	10,000.00
Intravenous Fluids, Irrigating Solutions, Dressings, Prescriptions and Antibiotics.	500.00	500.00
<b>Psychiatric/Geriatric Hospitalisation</b>		
In a Licensed Private Hospital on Admission and under the Care of a Specialist Psychiatrist/Geriatrician.		
Refund of Hospital Accommodation fees.	2,000.00	2,000.00
Intravenous Fluids, Irrigating Solutions, Dressings, Prescriptions and Antibiotics.	500.00	500.00
<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.	5,000.00	5,000.00
<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. Included in this benefit is cover for Non-PHARMAC chemotherapy drugs that are Medsafe approved for the treatment of cancer, up to a maximum of \$10,000 per annum.		Per Year 65,000.00
<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 30,000.00
<b>SURVEILLANCE FOLLOWING CANCER TREATMENT</b>		
Following surgery or treatment for cancer, associated with an eligible claim under your policy, cover exists for Registered Specialist consultations and investigations related to the cancer diagnosis. The benefit applies from the end date of treatment, for a period of five consecutive years, up to a limit of \$3,000 per year.		
<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 \$2,400.00 towards funeral costs is available.		
<b>Waiver of Premium</b>		
Upon the death by natural causes prior to age 60 of any member paying the adult contribution rate the surviving spouse and/or qualifying dependants named on the policy will receive two years free coverage at the benefit levels applying at the date of death.		

## LOYALTY BENEFITS

THESE BENEFITS RECOGNISE LONG TERM CONTINUOUS MEMBERSHIP.

### Sterilisation Procedures

Sterilisation procedures are covered for males and females after three years' continuous membership in the Major Surgical plan.

### Existing Conditions

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.

### 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 and Prior Approval is required for the treatment to be eligible.

## OPTION 1 – GP/PRESCRIPTIONS

### GENERAL MEDICAL EXPENSES

	Per Visit	Per Year
<b>General Practitioners</b> Treatment and Consultation by a Registered Medical Practitioner, Including Dressings, Acupuncture, ECG.	55.00	No Max
<b>After Hours</b> Home Visits.	70.00	140.00
<b>Registered Practice Nurse</b> Treatment and consultation by a Practice Nurse holding NZRN qualifications.	30.00	No Max
<b>Prescriptions</b> User part charges for Prescription items on the New Zealand Pharmaceutical schedule and prescribed by a Registered Medical Practitioner. Psychiatric medications prescribed by a Registered Medical Practitioner are now included in this benefit. (Note: Maximum of 20 items per policy)		300.00
<b>Non-PHARMAC Subsidised Pharmaceuticals</b> Pharmaceuticals prescribed by a 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
<b>Laboratory Tests</b> The cost of laboratory charges for occult blood or glucose tests, requested by a Registered Medical Practitioner.	75.00	75.00
<b>Independent Nurse Practitioners</b> Treatment/consultation.	30.00	150.00

### "ACC" TOP UP BENEFIT

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.

### MINOR SURGERY

Performed by a Registered Medical Practitioner. Not requiring general anaesthetic, including preceding consultation. 450.00 No Max

### 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

## OPTION 2 – SPECIALISTS/IMAGING

### SPECIALISTS & IMAGING

	Per Visit	Per Year
<b>Consulting Physician/Paediatrician</b> Consultations following referral from a Registered Medical Practitioner.		
First claim in an insurance year	400.00	400.00
Subsequent claims in an insurance year	200.00	No Max

<b>Specialist Including Surgeon</b>	Per Visit	Per Year
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
<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	250.00	250.00
Subsequent claims in an insurance year	110.00	No Max
<b>Oral Surgeon</b>		
Consultation (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
<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	500.00	500.00
• Ultrasound	500.00	500.00
• Mammography	500.00	500.00
• Scintigraphy	2,000.00	2,000.00
• CT Scan	1,500.00	1,500.00
• MRI Scan	2,000.00	2,000.00
• PET Scan	2,500.00	2,500.00
<b>HEALTH MAINTENANCE BENEFITS</b>		
<b>Chiropodist/Podiatrist</b>		
Consultation and treatment by a Registered Practitioner.	220.00	220.00
<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.	50.00	500.00
<b>Audiology</b>		
Consultations and audiology testing fees by a Registered Audiologist.	100.00	250.00
Audiometric Tests: For Puretone, Audiometry, Impedance, Tympanometry, Brain-stem evoked response.	250.00	250.00
<b>Dietician</b>		
Consultation by a New Zealand Registered Dietician on referral from a Registered Medical Practitioner.	40.00	200.00
<b>Ambulance</b>		
Emergency transportation for Public Hospital inpatient admission.	180.00	180.00
<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.	80.00	400.00
<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 \$12,500.00.		
<b>Cardiac Diagnostic Procedures</b>		
Holter Monitoring	}	Total 2,400.00 per annum
Treadmill Exercise		
Ambulatory BP Monitoring		
Cardio Vascular Ultrasound		
Stress Echocardiography		
Echocardiography		
Transoesophageal Echocardiography		

## LOYALTY BENEFITS

These benefits recognise long term continuous membership.

	Per Visit	Per Year	
<b>Chiropractor</b> Benefits apply after three years' continuous membership in this plan. Cost of services from a Registered Chiropractor including X-rays.	200.00	200.00	
<b>Sterilisation Procedures</b> Sterilisation procedures are covered for males and females after one years' continuous membership in the Major Surgical with Specialist/Imaging option.	Per Admn 85,000.00	Per Year No Max	<input checked="" type="checkbox"/>
<b>Obstetrics</b> Benefits apply after three years' continuous membership in this plan. Treatment from a Registered Medical Practitioner for Obstetric conditions.	Per Visit 1,000.00	Per Year 1,000.00	
<b>Hearing Aid Grant</b> Benefits apply after three years' continuous membership in this plan.	1,000.00	1,000.00	

## "ACC" TOP UP BENEFIT

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.

## OPTION 3 – DENTAL 100/VISION

### VISION CARE

	Per Visit	Per Year
<b>Optometrist</b> Consultation by a Registered Optometrist. NB: Vision testing only. For spectacles/lenses see below.	75.00	250.00
<b>Ophthalmologist</b> Treatment by a Registered Ophthalmologist. First claim in an insurance year Subsequent claims in an insurance year	200.00 100.00	200.00 No Max
<b>Orthoptist</b> Treatment by a Registered Orthoptist.	300.00	300.00
<b>Spectacles and Lenses</b> Reimbursement of costs (excluding replacement for loss or breakage) of spectacles or contact lenses providing a change in prescription is required.	500.00	500.00

### DENTAL CARE

Dental treatment by a Registered Dental Practitioner including routine maintenance, fillings, extraction of teeth, dentures, periodontic and orthodontic treatment.	100.00	100.00
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## OPTION 4 – DENTAL 400/VISION

### VISION CARE

The benefits as detailed in Option 3 relating to Optometrist, Ophthalmologist, Orthoptist, and Spectacles and Lenses also apply to Option 4.

### DENTAL CARE

Dental treatment by a Registered Dental Practitioner including routine maintenance, fillings, extraction of teeth, dentures, periodontic and orthodontic treatment.	400.00	400.00
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Note: Dental conditions or their consequence present at the commencement of cover are excluded from reimbursement under Option 4.

### 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**

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