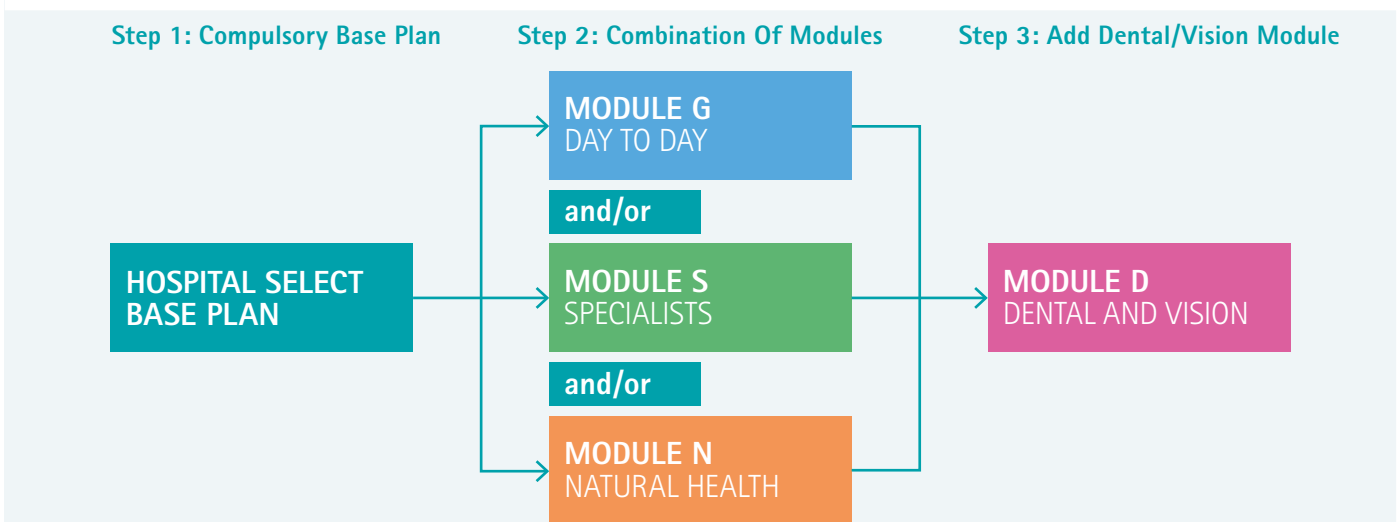


HOSPITAL SELECT PLUS MODULES PLAN

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. All benefits included in this brochure are inclusive of 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. 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.



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

	Per Admn	Per Year	Excess Applies
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			<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> Surgeon's fee Anaesthetist's fee Hospital fees, in a Licensed Private Hospital or Private Facility approved by UniMed for:- <ul style="list-style-type: none"> 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 	300,000	300,000	<input checked="" type="checkbox"/>

Post-operative Occupational Therapy Treatment by a Registered Occupational Therapist.	Per Visit 100	3 Visits per surgical admission	
Surgical Tests & Investigations Gastroscopy and/or Colonoscopy	Per Admn 5,000	Per Year 5,000	
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	Per 24 Months	☒
Gastroscopy and/or Colonoscopy	2,500	2,500	
☒ Please note: 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.			
In-Patient Non-PHARMAC Subsidised Pharmaceuticals 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	
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	Per Year 300,000	☑
Breast Reconstruction Breast Reconstruction performed by a Registered Medical Practitioner in Private Practice. No benefit will be paid under this section unless UniMed has paid for the initial mastectomy.	300,000	300,000	☑
Breast Symmetry, Post Mastectomy The costs of unilateral breast reduction surgery in order to achieve breast symmetry after a mastectomy for the treatment of breast cancer. This procedure must occur within 24 months after a mastectomy approved by UniMed under this policy.		Per Lifetime 6,500	
Angiography Angiograms & Angioplasty including hospitalisation, specialist & ancillary fees	Per Admn 300,000	Per Year 300,000	☑
Lithotripsy Performed by a Registered Medical Specialist Special conditions apply, refer to full conditions of membership.	300,000	300,000	☑
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.			☑
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	
Overseas Treatment Benefits apply after five years' continuous membership in this plan. A grant is payable of 100% of usual and customary charge for the identical procedure in New Zealand. The procedure must be available in New Zealand, eligible under the terms of your policy 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.	Per Admn 30,000	Per Year 30,000	☑
Sterilisation Sterilisation procedures are covered after three years continuous membership in this plan	5,000	5,000	
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	Per Year 6,000	
Speech and Language Therapy Treatment by a Registered Speech Therapist following surgery, excluding consequence of injury by accident (see separate benefits).	Per Visit 80	Per Year 400	
Ambulance Emergency transportation for Public Hospital inpatient admission		Per Year 200	
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	Per Year 600	
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 150	Per Year 1,800	

IMAGING		Per Year
<ul style="list-style-type: none"> CT Scan MRI Scan PET Scan Cardioversion Myocardial Perfusion Scan Scintigraphy 		Combined Maximum 300,000 Per Year
IMAGING (six months prior and six months after surgery)		Per Year
<ul style="list-style-type: none"> X-rays Mammography Ultrasounds Nuclear Scanning 		Combined Maximum 300,000 Per Year
SPECIALISTS (six months prior and six months after surgery)		Per Year
Specialist/Surgeon/Consultant Physician		300,000
Consultations following referral from a Registered Medical Practitioner		
Medical Hospitalisation		
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
Ancillary hospital charges		500
Radiation Oncology		
Limited to Planning, Shielding and Accessories, Field Setup and XRT Simulation and performed in an approved Private Hospital facility.		65,000
Chemotherapy		
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. Included in cover is genetic/genomic testing. Testing is payable following a cancer diagnosis and referral by a Registered Oncologist.		65,000
Surveillance Following Cancer Treatment		
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		
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
Psychiatric/Geriatric Hospitalisation		
In a Licensed Private Hospital, on admission and under the care of a Specialist Psychiatrist/ Geriatrician. Refund of Hospital Accommodation fees, and acillary hospital charges.		5,000
MINOR SURGERY		Per Year
Registered Medical Specialist		
Not requiring general anaesthetic, including preceding consultation and performed in specialist rooms		300,000
Registered Medical Practitioner		Per Procedure
Not requiring general anaesthetic, including preceding consultation performed in practice rooms		500
		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
		2,000
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
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 or accidental causes prior to age 65 of any person on the policy a grant of \$2,400 towards funeral costs is available.		
"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. 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

- Bone density scan
- X-rays
- Mammography, including surveillance
- Ultrasounds
- Nuclear scanning
- Holter monitoring
- Exercise ECG
- Blood pressure monitoring
- Stress echocardiography
- Cardiovascular ultrasound
- Echocardiography
- Transoesophageal Echocardiography
- Urodynamic assessment
- Audiology

Combined
Maximum
7,500
Per Year

SPECIALISTS

Per Year

Specialist/Surgeon/Consultant Physician

Consultations following referral from a Registered Medical Practitioner

5,000

Obstetrics

Treatment by a Registered Medical Practitioner for obstetric conditions

1,000

“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.

General Practitioners

Treatment and consultation by a Registered Medical Practitioner, including dressings, acupuncture, ECG.

Per Visit

55

Per Year

No Limit

After Hours

Home Visits

70

No Limit

Registered Practice Nurse

Treatment and consultation by a Practice Nurse holding NZRN qualifications.

35

No Limit

Independent Nurse Practitioner

Treatment/Consultation

40

200

Prescriptions

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

No Limit

400

Non-PHARMAC subsidised pharmaceuticals

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.

1,000

Laboratory Tests

The cost of laboratory charges for occult blood or glucose tests, requested by a Registered Medical Practitioner

No Limit

75

“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 five years' continuous membership in the Hospital Select plan with Day to Day Module. Consultation with a psychiatrist who is vocationally registered in New Zealand.

150

Three Visits

NATURAL HEALTH – MODULE “N”

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

Osteopath	}	Combined Maximum 200 Per Year
Consultation and treatment provided by an Osteopath with NZ Registration		
Chiropractor	}	
Services from a Registered Chiropractor including X-rays.		

Treatment provided by the following Registered Practitioners

<ul style="list-style-type: none"> • Chiropractist • Physiotherapist • Dietitian • Podiatrist • Acupuncture • Homeopathy • Naturopathy • Nutritionist • Medical Herbalist • Remedial Massage Therapy 	}	Combined Maximum 800 Per Year

Wellness benefit

A health check by a Registered Medical Practitioner	100 every three years
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“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.

	Per Visit	Per Year
Orthoptist		
Treatment by a Registered Orthoptist		300
Optometrist		
Consultation by a Registered Optometrist NB: Vision testing only, for spectacles/lenses see below.	75	300
Spectacles and Lenses		
Reimbursement of costs (excluding replacement for loss or breakage) of spectacles or contact lenses.		500
Dental		
Dental treatment by a Registered Dental Practitioner including routine maintenance, fillings, extraction of teeth, dentures, periodontic and orthodontic treatment.		500
Dental Hygienist		
Treatment by a Hygienist registered with the NZ Dental Hygienist Association.		100

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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