

**From  
\$5.75 a week**

# Health Positive Plan

**If you're fit and healthy, chances are your budget is tuned for entertainment, travel or a house deposit rather than for seeing a doctor, dentist or physio. Regular health expenses can mount up, plus it's easy to put off looking after yourself when there are more exciting things to spend your money on.**

UniMed's Health Positive Plan reimburses you for day-to-day health expenses – such as GP, prescriptions, dental, prescription glasses, even massage and chiropractor treatments: – from just \$5.75 a week.

- Reduce the impact of health expenses on your pay packet with speedy reimbursement of either 50% or 80% of day-to-day health expenses.\*
- Get over \$10,000 of cover per year for just \$5.75 a week.
- If you're active, you can still claim: physio, osteo, massage and chiropractor expenses.
- Spread out the cost of healthcare throughout the year with affordable regular payments.

\*Up to benefit limits.

**Now feeling good  
has never been  
more affordable.**



## Benefit Schedule

### Benefit

	Stand Down Period	Annual Limit
<b>Dental Benefits</b>		
Routine examinations, scale and polish, fillings, extractions, x-rays	2 Months	\$500 per annum
Wisdom teeth extraction	12 Months	\$500 per annum
Treatment by a registered orthodontist	36 Months	\$600 per annum
<b>Optical Benefits</b>		
Prescription glasses or contact lenses	12 Months	\$350 per annum
Routine eye test	12 Months	\$50 per annum
<b>Health Maintenance Benefit</b>		
Physiotherapy. Treatment by a Registered Physiotherapist	3 Months	\$300 per service per annum, up to \$600 total benefit per annum
Chiropractic. Treatment by a Registered Chiropractor	3 Months	
Osteopath. Treatment by an Osteopath with NZ Registration	3 Months	
Podiatry. Treatment by a Registered Podiatrist. Excludes orthotics and other devices	3 Months	
Homeopathy. Treatment by a Registered Homeopath including the cost of any medication	3 Months	
Acupuncture. Treatment by a Registered Acupuncture Practitioner	3 Months	
Remedial massage therapy. Treatment by a Registered Massage Therapist	3 Months	
Dietician. Treatment by a Registered Dietician. Excludes food/ food substitutes	3 Months	
<b>GP Benefits</b>		
GP consultations. Consultations with a Registered Medical Practitioner, Registered Practice Nurse and Independent Nurse Practitioner	3 Months	\$300 per annum
Prescriptions. User part charges for prescription items on the New Zealand Pharmaceutical Schedule and prescribed by a Registered Medical Practitioner; including psychiatric medications	3 Months	
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 partially subsidised by Pharmac through the New Zealand Pharmaceutical Schedule	3 Months	
Surgery performed by a Registered Medical Practitioner in GP rooms	3 Months	\$200 per procedure up to \$500 total benefit per annum
<b>Specialist Consultations</b>		
Consultations with a Specialist Registered Medical Practitioner, on referral from a GP (Registered Medical Practitioner)	3 Months	\$5,000 per annum
Diagnostic investigations on referral from a specialist, excluding healthcare services performed in the specialists' rooms. Limited to X-rays, ultrasound, ECG, EEG, CT scans, MRI scans and diagnostic blood tests	3 Months	
<b>Loyalty Benefits</b>		
Loyalty benefit for screening services. Limited to smear and prostate tests, mammogram, mole checking, bone density scan, colonoscopy	3 Years	\$750 per annum
Childbirth grant (where both parents qualify then the grant is increased by 50%)	12 Months	\$300 grant per child
Psychiatric Consultations Consultation with a psychiatrist who is vocationally registered in New Zealand	5 Years	\$150 per consultation Max 3 consultations per year

Although the UniMed Health Positive Plan includes registered specialist consultations on referral from a GP and diagnostic investigations on referral from a specialist, it excludes major surgery, hospital visits or healthcare services performed in the specialists' rooms. If you are interested in cover for surgery and related costs our advisors can discuss our other plans with you; call 0800 600 666.

## Two affordable options

You can choose from two levels of reimbursement – 50% or 80% of actual costs up to the benefit limits. Pricing is based only on your age at your last birthday.

Examples of premiums are:

Age band	Your premium - 50% Plan	Your Premium - 80% Plan
0-39 incl. children	\$299.06 per annum (\$24.92 per month, or \$5.75 per week)	\$524.65 per annum (\$43.72 per month, or \$10.09 per week)
40-44	\$358.87 per annum	\$629.59 per annum
45-49	\$418.66 per annum	\$734.51 per annum

Premiums increase in 5 year age bands with no upper age limit

\*Reimbursements are 50% or 80% of actual costs up to the benefits payable below, subject to UniMed's usual and customary charges. Reimbursement level is as per your chosen plan (50% or 80%)

### Upgrades

- Cover for pre-existing conditions is included and we don't require you to provide details of your medical history.
- If you choose to upgrade to a UniMed surgical plan you will need to complete a full medical declaration relating to medical conditions and your medical history at the time of upgrade.
- If you choose to upgrade from the 50% plan to the 80% plan, the stand down periods will start again and, the higher level of cover will apply at the end of the stand down periods. During the new stand down periods you will remain covered at the 50% level.

Once you've completed your application form, please send it to

### Head Office

Union Medical Benefits Society Ltd  
165 Gloucester Street, Christchurch  
PO Box 1721, Christchurch 8140  
sales@unimed.co.nz



I don't go to doctors and dentists because they are too expensive - \$45 for 5 minutes at the GP, and that doesn't include a prescription! But I am definitely willing to give up a cup of coffee a week to know that I'll be looked after if I need it."

Mike, 24 years



UniMed is assessed by AM Best Company Inc. to have a Financial Strength Rating of: A (Excellent)

To help interpret the rating the AM Best's Financial Strength Rating scale is;

A++, A+ (Superior), A, A- (Excellent), B++, B+ (Good), B, B- (Fair), C++, C+ (Marginal), C, C- (Weak), D (Poor), E (Under Regulatory Supervision), F (In liquidation)



## Application Form:

Title: (please circle) Mr/Mrs/Miss/Ms

Name of applicant	First name	Middle name	Surname	DOB of applicant	DD/MM/YYYY	Gender (please circle)
	<input type="text"/>			<input type="text"/>		<input type="checkbox"/> Female <input type="checkbox"/> Male
Address of applicant	Street	Suburb		Contact phone		
	<input type="text"/>	<input type="text"/>		<input type="text"/>		
	City	Postcode	Email	Cellphone		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

Please use another form for each additional family member

Nature of plan:  
Level of reimbursement (Tick)  50%  80%

Premium payment options  
I wish to pay my premium:  Annually  Monthly  Fortnightly  
And by the following method:  Direct debit  Recurring credit card payment

- Important information**
- 1: This form is your application to become a member of the Union Medical Benefits Society Limited (UniMed), which administers health insurance plans for members.
  - 2: "Acceptance" by UniMed will not have immediate binding effect. You will be afforded a period in which to consider the extent of the cover UniMed is prepared to provide, any exclusions, the Conditions of Membership, and the like.
  - 3: UniMed is registered under the Industrial and Provident Societies Act 1908. Like all societies, it has rules which will bind you. The Rules govern the way UniMed is run and the Health Insurance Plans it administers. The Rules are subject to change. If you want a copy of the current rules before making this application, please feel free to request a copy.

- Privacy declaration**
- Pursuant to the Privacy Act 2020 (and the Health Information Privacy code 2020) the following is brought to your attention:
- i. Your application collects personal information about you and other named applicants to enable Union Medical Benefits Society Limited to evaluate and administer the cover you seek.
  - ii. You are required by law to disclose information that is relevant to the cover you require. Failure to provide this information may result in your application for cover being declined or your cover being void.
  - iii. This information will be held by the Union Medical Benefits Society Limited whose Head Office is 165 Gloucester Street, Christchurch, and any agency involved in completing your application.
  - iv. You have the right to access and to request correction of this information, subject to the provisions of the Privacy Act 2020.
  - v. UniMed will, in the main, be able to treat the information you supply as confidential between you and us. There are some situations however where this will not be possible. These are: A. To offer the best acceptance terms, we may need to share the information with reinsurers B. Statistical purposes (you will not be identified).

- Applicant's declaration**
1. I acknowledge having read and understood the significance of the 'Important Information' contained in this Application Form.
  2. I declare all entries made on this form to be true and correct and that I am not aware of any other circumstance which might affect the risk of insurance on my health or that of any other person listed on my application. I acknowledge that failure to make this declaration truthfully may invalidate my insurance.
  3. I understand that the Society's Membership/Sales Representative does not have authority to advise me upon such disclosure and that the said Representative has explained the terms and conditions of the Society.
  4. I understand that the written declaration in the Application Form constitutes the basis of the contract with the Society. No oral representations, inducements, statements or promises made by or on behalf of either party, including the Sales Representative, and not contained in the Application Form or the brochure for the Health Plan selected shall be relied upon or binding.
  5. I agree that any payment accompanying this application shall be a deposit only and I understand that any coverage will not commence until the Society has issued a Membership Certificate.
  6. I understand that any special joining concessions or restrictions of cover in relation to my declared existing conditions will be shown on my Membership Certificate.
  7. I authorise the obtaining of any personal medical information the Society may require in respect of this application or future claims as submitted by me, from any doctor who has attended or examined me or my listed dependants.
  8. I agree to be bound by the Rules of the Society and the Conditions of Membership.

Signature  Date



