

# UNICARE ADVANTAGE 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.

## PRIVATE HOSPITALISATION SURGICAL BENEFITS

Payments under this section are limited to 80% of the 'Usual and Customary' costs of the procedure up to the per admissions limit stated.

### 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 Nursing
  - Recovery nurse
  - X-Ray Examination, ECG
  - Intravenous Fluids, Irrigating Solutions, Dressings, Prescriptions and Antibiotics
- Pre op consultation
- Post Operative Physiotherapy fees from a Registered Physiotherapist
- Emergency Ambulance for Hospital admission
- Surgically Implanted Prostheses
- Laparoscopic Disposables

Per Adm

Per Year

100,000

No limit  
on number  
of admissions  
per year

### Post-operative Occupational Therapy

Treatment by a Registered Occupational Therapist.

Per Visit  
100

3 Visits  
per surgical  
admission

### 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  
330

### 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.

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.

### 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

<b>Surgical Tests and Investigations</b>	Per Admn	Per Year
Gastroscopy and/or Colonoscopy	5,000	5,000
<b>Surveillance Colonoscopy or Gastroscopy</b>		Per 24 Months
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	2,500
Gastroscopy and/or Colonoscopy	2,500	2,500
☒ <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>Angiography</b>	Per Admn	Per Year
Angiograms, Angioplasty including Hospitalisation, Specialist and Ancillary fees.	100,000	100,000
<b>Lithotripsy</b>		
Performed by a Specialist Urologist.	Lithotripter	3,800
Special conditions apply, refer to full Conditions of Membership.	Urologist	720
	Anaesthetist	430
	Hospital	420
		5,370
		5,370
<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 \$4,000.		
<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.		
<b>Parent Accommodation</b>	Per Night	Per Year
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:	100	500
<b>ALL BENEFIT SECTIONS FROM THIS POINT FORWARD REFUND 80% OF ACTUAL MEDICAL COSTS TO THE SPECIFIED MAXIMUMS.</b>		
<b>"PUBLIC HOSPITAL" BENEFITS</b>		
<b>"PUBLIC HOSPITAL" CASH GRANT</b>	Per Day	Per Year
<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).	150	1,680
<b>PRIVATE HOSPITALISATION MEDICAL BENEFITS</b>		
Cover is provided for Non Acute Medical Hospitalisation (includes Geriatric) in a Licensed Private Hospital, on admission and under the care of a Registered Medical Practitioner. Refund of Hospital Accommodation fees, and ancillary hospital charges.	Per Admn	Per Year
	3,500	3,500
<b>Psychiatric Hospitalisation</b>		
In a Licensed Private Hospital on admission and under the care of a Specialist Psychiatrist. Refund of Hospital Accommodation fees, and ancillary hospital charges.	3,500	3,500
<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.	2,500	2,500
<b>MINOR SURGERY</b>		
<b>Registered Medical Practitioner</b>		
Not requiring a general anaesthetic and including the preceding consultation.	400	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.	550	550
<b>Registered Medical Specialist</b>		
Not requiring general anaesthetic, including the preceding consultation and performed in specialist rooms.	1,210	1,210
<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.		
<b>In Professional Rooms</b>		
Oral Surgeon's fees including consultation and post op care.	720	No Max
Anaesthetist including anaesthetic supplies.	360	No Max
<b>In Private Hospital</b>		
Oral Surgeon's fees including consultation and post op care.	720	No Max
Anaesthetist including anaesthetic supplies.	360	No Max
Operating Theatre fee, all Medication, Dressings etc whilst in Hospital.	2,000	No Max
Accommodation.	6,400	No Max

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 \$8,500 per annum. Included in cover is genetic/genomic testing. Testing is payable following a cancer diagnosis and referral by a Registered Oncologist.		Per Year 55,000
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.		
RADIATION ONCOLOGY		
Limited to Planning, Shielding and Accessories, Field Setup and XRT Simulation and performed in an approved Private Hospital facility.		Per Year 55,000
GENERAL MEDICAL EXPENSES		
<b>THIS BENEFIT SECTION REFUNDS 80% OF ACTUAL MEDICAL COSTS TO THE SPECIFIED MAXIMUMS.</b>		
<b>General Practitioners</b>	Per Visit	Per Year
Treatment and consultation by a Registered Medical Practitioner, including Dressings, Acupuncture, ECG.	45	No Max
<b>GP After Hours</b>		
Home Visits.	50	100
<b>Registered Practice Nurse</b>		
Treatment and consultation by a Practice Nurse holding NZRN qualifications.	30	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.	240	240
<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.		330
<b>Laboratory Tests</b>		
The cost of Laboratory charges for occult blood or Glucose tests, requested by a Registered Medical Practitioner.	80	80
<b>Independent Nurse Practitioner</b>		
Treatment/consultation.	40	200
<b>Chiropodist/Podiatrist</b>		
Consultation and treatment by a Registered Practitioner.	220	220
<b>Osteopath</b>		
Consultation and treatment provided by an Osteopath with NZ Registration.	170	340
<b>Physiotherapist</b>		
Treatment by a Registered Physiotherapist.	30	300
<b>Audiology</b>		
Consultations and audiology testing fees by a Registered Audiologist.	80	240
Audiometric Tests: For Puretone, Audiometry, Impedance, Tympanometry, Brain-stem evoked response.	240	240
<b>Ambulance</b>		
Emergency transportation for Public Hospital Inpatient admissions.	160	160
<b>Specialist/Surgeon/Consultant Physician</b>		
Consultations following referral from a Registered Medical Practitioner.		4,000
<b>Imaging</b>		
Treatment provided by a Registered Medical Practitioner in Private Practice.		
<ul style="list-style-type: none"> <li>• Bone Density Scan</li> <li>• X-Rays and Image Intensifiers</li> <li>• Ultrasound</li> <li>• Mammography, including surveillance</li> <li>• Scintigraphy</li> <li>• CT Scan</li> <li>• MRI Scan</li> <li>• PET Scan</li> </ul>		Combined Maximum 10,000 Per Year
"ACC" TOP UP BENEFIT		
<b>NON HOSPITAL</b>		
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 under the General Medical Expenses and Minor Surgery benefit sections. NB: For a claim to qualify, "ACC" must have provided financial assistance towards treatment costs.		

HEALTH MAINTENANCE BENEFITS		
<b>Home Care</b>	Per Visit	Per Year
Home Nursing by a Registered Nurse, following surgery in a Private Hospital on referral from a Registered Medical Practitioner.	120	720
<b>Vision Care</b>		
Treatment by a Registered Orthoptist.	200	200
<b>Urodynamic Assessment</b>		
Treatment by a Specialist Urologist.	900	900
<b>Speech Therapy</b>		
Treatment by a Registered Speech Therapist following surgery, excluding consequence of injury by accident.	80	400
<b>Cardiac Diagnostic Procedures</b>		
Holter Monitoring	}	Combined Maximum 1,200 Per Year
Treadmill Exercise		
Ambulatory BP Monitoring		
Cardio Vascular Ultrasound		
Stress Echocardiography		
Echocardiography		
Transoesophageal Echocardiography		
NON MEDICAL BENEFITS		
<b>Funeral Grant</b>		
Upon death by natural or accidental causes prior to age 65 of any person on the policy a grant of \$600 towards funeral costs is available.		
LOYALTY BENEFITS		
<b>THESE BENEFITS RECOGNISE LONG TERM CONTINUOUS MEMBERSHIP.</b>		
<b>Chiropractor</b>		
Benefits apply after three years' continuous membership in this plan. Cost of services from a Registered Chiropractor including X-rays.	200	200
<b>Obstetrics</b>		
Benefits apply after three years' continuous membership in this plan. Treatment from a Registered Medical Practitioner for obstetric conditions.	300	300
<b>Obesity Surgery</b>		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 benefit limit.		4,000
<b>Overseas Treatment</b>		
Benefits apply after five years' continuous membership in this plan. A grant is payable of up to \$5,000. 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.		
<b>Psychiatric Consultations</b>	Per Visit	Per Year
Benefits apply after five years' continuous membership in this plan. Consultation with a psychiatrist who is vocationally registered in New Zealand.	150	Three Visits

#### 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.

#### Head Office

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

**TOLL FREE 0800 600 666**

[www.unimed.co.nz](http://www.unimed.co.nz)