

Effective 1 January 2017

Cover and acceptance of claims is subject to the terms and conditions of your policy. Capitalised terms not defined in this document have the meaning given in the Glossary of Terms in the Conditions of Membership, a copy of which is available at www.unimed.co.nz.

PrivateHealth Cover Core Benefits

All benefits in this section apply to each person named on the Membership Certificate unless specifically excluded on your Membership Certificate.

All benefits included are net of any payment made by a government agency for treatment and include GST charged by service providers.

Private Hospitalisation Surgical Benefits

The following section refunds 100% of the usual and customary charges, except where expressly limited to the benefit maximums for any period / admission.

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.

Surgery

Surgeon's Fee, Anaesthetist's Fee and Hospital Fees, in a Licensed Private Hospital or Private Facility approved by UniMed. Covers: 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 Physiotherapist Fees from a Registered Physiotherapist, Emergency Ambulance for hospital admission, Surgically Implanted Prostheses, Laparoscopic Disposables.

Up to \$300,000 per year

Laparoscopic surgery

Performed by a Registered Medical Practitioner in Private Practice. Benefits as per Surgery section.

Up to \$300,000 per year

Cardiac surgery

Performed by a Registered Medical Practitioner in Private Practice. Benefits as per Surgery section.

Up to \$300,000 per year

Oral surgery

All Oral Surgery performed by a Registered Oral Surgeon including the removal of un-erupted or impacted wisdom teeth including all associated costs. Under all benefit categories, the extraction or surgical removal of teeth, implantation of teeth or costs of titanium implants, is excluded from cover.

Up to \$300,000 per year

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 Hospitalisation Surgical Benefits" section. No cover is provided for workplace/employment related injuries/conditions first occurring on or after 1 July 1999. The first \$100 of the TOTAL refundable costs per admission under this section are payable by the patient/member.

In-Patient Non-Pharmac Subsidised Pharmaceuticals

Pharmaceuticals prescribed by a Consultant Physician, Paediatrician or other Specialist Registered Medical Practitioner which have been approved by Medsafe and are not fully or partly subsidised by Pharmac through the Pharmac Schedule.

Up to \$2,000 per year

Angiogram

Including hospitalisation, Specialist & ancillary fees.

Up to \$300,000 per year

Angioplasty

Including hospitalisation, Specialist & ancillary fees.

Up to \$300,000 per year

Lithotripsy

Performed by a Registered Medical Practitioner. Special conditions apply, refer to full conditions of membership.

Up to \$300,000 per year

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 1 May 2005 and no benefit will be paid under this section unless UniMed has paid for the initial mastectomy.

Sterilisation

Sterilisation procedures are covered for males and females after three years continuous membership in the Plan.

Up to \$5,000 per year

Home nursing - following surgery

Home nursing by a Registered Nurse, following surgery in a Private Hospital on referral from a Registered Medical Practitioner.

\$150 per day up to \$6,000 per year

Speech and language therapy

Treatment by a Registered Speech Therapist following surgery, excluding consequence of injury by accident (see separate benefits).

\$80 per day up to \$400 per year

Ambulance

Emergency transportation for public hospital inpatient admission.

Up to \$200 per year

Parent support accommodation

In the event of a policy holder's insured child having surgery in a private hospital for which cover is available, a benefit for parent accommodation in the hospital is payable.

\$150 per day up to \$600 per year

Hospital cash allowance for Medical/Surgical admissions

When admitted to public hospital for a full 24 hours or more. (All injury admissions excluded).

Adult Benefit \$125 per day up to \$1,500 per year

Child Benefit \$62.50 per day up to \$750 per year

Imaging and Diagnostics

CT Scan **Up to \$3,000 per year**

MRI Scan **Up to \$4,000 per year**

PET Scan **Up to \$2,500 per year**

Cardioversion **Up to \$300,000 per year**

Myocardial Perfusion Scan **Up to \$300,000 per year**

Surveillance Colonoscopy or Gastroscopy

Payable where no signs or symptoms of a related medical condition are present, reimbursement of 50% of actual costs up to limit.

Gastroscopy **Up to \$900 per admission/per 24 months**

Colonoscopy **Up to \$1,250 per admission/per 24 months**

Imaging six months prior to and after surgery

X-rays, Mammography, Ultrasounds, Nuclear Scanning

Up to \$300,000 per year for combined claims under this benefit

Specialists six months prior to and after surgery

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/Surgeons

For consultation(s) associated with Surgical Hospitalisation.

Oral Surgeons

Consultations (not treatment) by a Registered Oral Surgeon.

Up to \$300,000 per year for combined claims under Consulting Physician/Paediatrician, Specialist Oncologist, Specialist/Surgeons, and Oral Surgeons benefits

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.

Up to \$65,000 per year

Ancillary hospital charges up to \$500 per year

Radiation Oncology benefit

Limited to Planning, Shielding and Accessories, Field Setup and XRT Simulation and performed in an approved Private Hospital facility. Special conditions apply, refer to the policy addendum/full conditions of membership.

Up to \$30,000 per year

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.

Up to \$30,000 per course of treatment up to \$65,000 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.

Up to \$5,000 per year

Psychiatric/Geriatric hospitalisation

In a Licensed Private Hospital, on admission and under the care of a Specialist Psychiatrist/Geriatrician.

**Refund of hospital accommodation fees up to \$2,000 per year
Ancillary hospital charges: \$500 per year**

Minor surgery

Minor Surgery by a Registered Medical Specialist

Not requiring general anaesthetic, including preceding consultation and performed in specialist rooms.

Up to \$300,000 per year

Minor Surgery by a Registered Medical Practitioner

Not requiring general anaesthetic, including preceding consultation. Performed by a Registered Medical Practitioner.

Up to \$500 per year

Minor Skin Lesions Removed by a GP

Performed by a General Practitioner.

Note that prior approval from UniMed must be obtained for this benefit to be payable.

Up to \$2,000 per year

Other benefits

Overseas treatment

In the event of heart, lung or liver transplant surgery being required outside New Zealand, UniMed will assist with a once only grant of \$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 causes prior to age 65 of any person on the Membership Certificate a grant of \$2,400 towards funeral costs is available.

Loyalty Benefits

Obesity Surgery

Benefits apply after five years' of a claimant being named on the Membership Certificate. A one-time grant is payable of 50% of actual costs up to the benefit limit.

Grant up to \$8,000 per lifetime

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 (subject to policy limits that would apply for New Zealand treatment). 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 from UniMed must be obtained in writing for the treatment to be eligible.

Optional Specialists Module Benefits

The benefits in this section only apply if the optional Specialist Module is specifically listed on your Membership Certificate.

All benefits included are nett of any Social Security refund and include GST charged by providers of service. The following benefit sections refund 100% of actual medical costs to the specified maximums even if hospitalisation is not required as a result.

Imaging and diagnostic

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

Up to \$5,000 per year for combined Imaging and Diagnostic claims under this benefit

Specialists

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 including Surgeons

Consultation following referral from a Registered Medical Practitioner.

Oral Surgeons

Consultations (not treatment) by a Registered Oral Surgeon.

Up to \$5,000 per year for combined Specialists claims under this benefit

Obstetrics

Treatment by a Registered Medical Practitioner for obstetric conditions.

Up to \$1,000 per year

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.