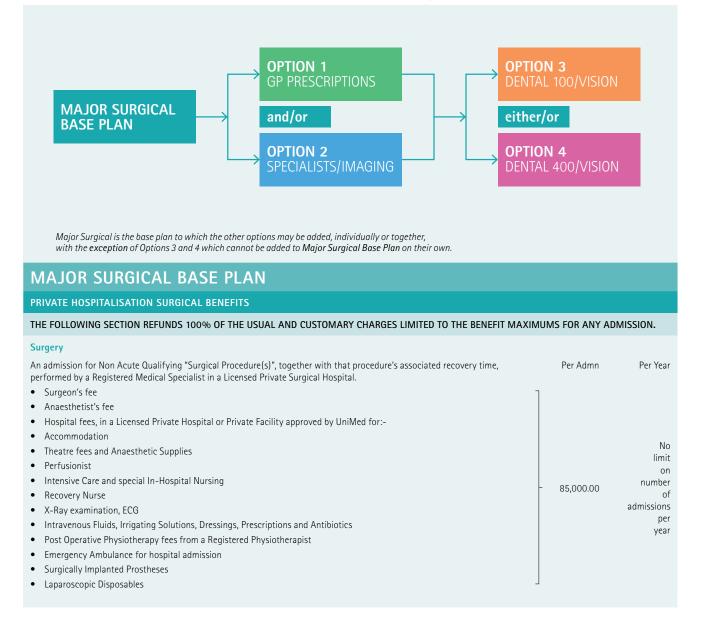


MAJOR SURGICAL PLUS OPTIONS PLAN

Effective 1 August 2013

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. Excess Option: Any voluntary excess option selected applies per claim and will be additional to any other deductibles applying to this plan. All benefits included in this brochure are net of any Social Security refund and include GST charged by providers of service.



Surgical Tests & Investigations Gastroscopy	Per Admn 1,500.00	Per Year No Max
Colonoscopy	2,000.00	No Max
In-Patient Non-PHARMAC Subsidised Pharmaceuticals Pharmaceuticals prescribed by a Consulting Physician, Paediatrician or Specialist Registered Medical Practitioner which have been approved by Medsafe and are not fully or partly subsidised by PHARMAC through the New Zealand Pharmaceutical Schedule.	1,000.00	1,000.00
Laparoscopic Surgery Performed by a Registered Medical Specialist in a Private Hospital. Benefits as per Surgery section.		
Cardiac Surgery Performed by a Registered Medical Specialist in a Private Hospital. Benefits as per Surgery section.		
Angiography		
Angiograms, Angioplasty including Hospitalisation, Specialist and Ancillary fees.		
Angiogram Angioplasty	85,000.00 85,000.00	No Max No Max
Lithotripsy		
Performed by a Registered Medical Practitioner. Special conditions apply, refer to full conditions of membership.	85,000.00	No Max
Parent Accommodation	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:	200.00	600.00
Accident Surgery		
Before Qualifying "Surgical Procedures" are undertaken UniMed must receive written confirmation from the "ACC" regulacine your claim for surgery. Qualifying Injury Claim(s) that the "ACC" agree to accept will also be accepted by UniM levels applicable to the "Private Hospital Surgical Benefits" section. If "ACC" decline your claim UniMed will, at its sole cost of surgery or pay the difference between the actual cost of surgery and what the "ACC" would have contributed here to the levels applicable to the "Private Hospital Surgical Benefits" section. No cover is provided for workplace/employr occurring on or after 1 July 1999.	led for 'top-up' coverage to the bene discretion, either assist with the tot nad your claim been accepted by the	efit al m
Oral Surgery	Per Admn	Per Year
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.	85,000.00	No Max
Wisdom Tooth Extraction Removal of un-erupted or impacted wisdom teeth, including all associated costs.	2,400.00	2,400.00
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 performed after the initial mastectomy or not under the same anaesthetic as the (payable once only) being the lesser of either the total cost of the reconstruction (including nipple reconstruction and For the avoidance of doubt, this benefit section excludes surgery to the breasts to achieve or correct the symmetry and This benefit is only available for surgery following first diagnosis of breast cancer on or after 01 May 2005 and no benefit unless UniMed has paid for the initial mastectomy.	e initial mastectomy, an amount tattooing); or \$15,000. d/or look and/or feel of the breasts.	
	ECIFIED MAXIMUMS.	
ALL BENEFIT SECTIONS FROM THIS POINT FORWARD REFUND 100% OF ACTUAL MEDICAL COSTS TO THE SPE		
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	Per Day	Per Year
"PUBLIC HOSPITAL" BENEFITS	Per Day	Per Year
"PUBLIC HOSPITAL" BENEFITS "PUBLIC HOSPITAL" CASH GRANT	Per Day 125.00	Per Year 1,500.00
"PUBLIC HOSPITAL" BENEFITS "PUBLIC HOSPITAL" CASH GRANT Surgical and Medical Admissions When Admitted to Public Hospital for a full 24 hours or more.		
"PUBLIC HOSPITAL" BENEFITS "PUBLIC HOSPITAL" CASH GRANT Surgical and Medical Admissions When Admitted to Public Hospital for a full 24 hours or more. (Child Benefit - 50% of above. All injury admissions are excluded).	125.00	1,500.00
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Imaging For Diagnostic Procedures associated with Surgical Hospitalisation. • X-rays and Image Intensifiers	Per Visit 500.00	Per Year 500.00
• Ultrasound	500.00	500.00
Mammography Scintigraphy	500.00 500.00	500.00 500.00
CT Scan	1,500.00	1,500.00
MRI Scan	2,000.00	2,000.00
• PET Scan	2,500.00	2,500.00
MINOR SURGERY		
Registered Medical Specialist Not requiring general anaesthetic, including preceding consultation and performed in specialist rooms.	85,000.00	No Max
Minor Skin Lesions Removed by a GP 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
HEALTH MAINTENANCE BENEFITS		
Home Care 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
PRIVATE HOSPITALISATION MEDICAL BENEFITS		
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. Intravenous Fluids, Irrigating Solutions, Dressings, Prescriptions and Antibiotics.	10,000.00 500.00	10,000.00 500.00
Psychiatric/Geriatric Hospitalisation In a Licensed Private Hospital on Admission and under the Care of a Specialist Psychiatrist/Geriatrician.		
Refund of Hospital Accommodation fees. Intravenous Fluids, Irrigating Solutions, Dressings, Prescriptions and Antibiotics.	2,000.00 500.00	2,000.0 500.0
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.	5,000.00	5,000.00
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.	Per Treatment 30,000.00	Per Yea 65,000.00
RADIATION ONCOLOGY		
Limited to Planning, Shielding and Accessories, Field Setup and XRT Simulation and performed in an approved Private Hospital facility.		Per Yea 30,000.00
NON MEDICAL BENEFITS		
Funeral Grant Upon death by natural causes prior to age 65 of any member paying the adult contribution rate a grant of \$2,400.00 towards	funeral costs is available	
Waiver of Premium Upon the death by natural causes prior to age 60 of any member paying the adult contribution rate the surviving spouse and/ the policy will receive two years free coverage at the benefit levels applying at the date of death.	or qualifying dependant:	s named on
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 pla	n.	
Existing Conditions After three years' continuous membership in this plan conditions qualifying within the conditions of membership declared at t by UniMed may be recognised for cover under all benefit sections. Some existing conditions at the time of application may be of time greater than three years (e.g. Cardiac conditions). These will be specified on your Membership Certificate.	the time of application ar	
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 t	he	Per Lifetim

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.

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		
General Practitioners	Per Visit	Per Year
Treatment and Consultation by a Registered Medical Practitioner, Including Dressings, Acupuncture, ECG.	55.00	No Max
After Hours		
Home Visits.	70.00	140.00
Registered Practice Nurse		
Treatment and consultation by a Practice Nurse holding NZRN qualifications.	30.00	No Max
Prescriptions		
User part charges for prescription items on the New Zealand Pharmaceutical Schedule and prescribed by a Registered Medical Practitioner. (Note: Maximum of 20 items per policy)	300.00	300.00
Non-PHARMAC Subsidised Pharmaceuticals		Per Year
Pharmaceuticals prescribed by a Registered Medical Practitioner in General Practice which have been approved by Medsafe and are not fully or partly subsidised by PHARMAC through the New Zealand Pharmaceutical Schedule.		2,000.00
Laboratory Tests		
The cost of laboratory charges for occult blood or glucose tests, requested by a Registered Medical Practitioner.	75.00	75.00
Independent Nurse Practitioners		
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 con as shown within this option. NB: For a claim to qualify, "ACC" must have provided financial assistance towards treatment costs.	ditions are covered t	to the limits
MINOR SURGERY		
Performed by a Registered Medical Practitioner. Not requiring general anaesthetic, including preceding consultation.	100.00	No Max

OPTION 2 – SPECIALISTS/IMAGING

SPECIALISTS & IMAGING		
Consulting Physician/Paediatrician	Per Visit	Per Year
Consultations following referral from a Registered Medical Practitioner.		
First claim in an insurance year	250.00	250.00
Subsequent claims in an insurance year	110.00	No Max
Specialist Including Surgeon		
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
Specialist Oncologist		
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
Oral Surgeon		
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

IMAGING		
Treatment provided by a Registered Medical Practitioner in Private Practice.	Per Visit	Per Year
Bone Density Scan	85.00	85.00
X-Rays and Image Intensifiers	500.00	500.00
Ultrasound	500.00	500.00
Mammography	500.00	500.00
Scintigraphy	500.00	500.00
CT Scan	1,500.00	1,500.00
MRI Scan	2,000.00	2,000.00
PET Scan	2,500.00	2,500.00
HEALTH MAINTENANCE BENEFITS		
Chiropodist/Podiatrist	220.00	220.00
Consultation and treatment by a Registered Practitioner.	220.00	220.00
Osteopath		
Consultation and treatment provided by an Osteopath with NZ Registration.	200.00	200.00
Physiotherapist		
Treatment by a Registered Physiotherapist, including acupuncture and manipulations.	50.00	200.00
Audiology		
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
Dietician		
Consultation by a New Zealand Registered Dietician on referral from a Registered Medical Practitioner.	40.00	200.00
Travel Vouchers for travel within New Zealand		
If you have to travel further than 200 kms for Public Hospital treatment within NZ and are admitted for 48 hours or more the	100.00	500.00
following vouchers are available for accommodation for families, vehicle costs etc. (Per 24 hour period)	100.00	000.00
Ambulance		
Emergency transportation for Public Hospital inpatient admission.	180.00	180.00
Urodynamic Assessment	450.00	450.00
Treatment by a Specialist Urologist.	450.00	450.00
Speech Therapy Treatment by a Registered Speech Therapist following surgery, excluding consequence of injury by accident.	80.00	400.00
Overseas Transplant		
In the event of Heart, Lung, or Liver transplant surgery being required outside New Zealand, UniMed will assist with a once only g	rant of \$12,500.00.	
Cardiac Diagnostic Procedures		
Holter Monitoring	500.00 J	
Treadmill Exercise	500.00	
Ambulatory BP Monitoring	500.00	1,000.00
Cardio Vascular Ultrasound	500.00	
Stress Echocardiography	500.00 -	
LOYALTY BENEFITS		
These benefits recognise long term continuous membership.		
Chiropractor		
Benefits apply after one years' continuous membership in this plan. Cost of services from a Registered	30.00	90/180.00
Chiropractor including X-rays. (Limited to \$90.00 per person/\$180 per policy).		
Sterilisation Procedures	Per Admn	Per Year
Sterilisation procedures are covered for males and females after one years' continuous membership in the Major Surgical with Specialist/Imaging option.	85,000.00	No Ma>
Obstetrics	Per Visit	Per Year
Benefits apply after three years' continuous membership in this plan. Treatment from a Registered Medical Practitioner for Obstetric conditions.	1,000.00	1,000.00
Hearing Aid Grant		
Benefits apply after three years' continuous membership in this plan.	200.00	200.00
Congenital Conditions Repetits apply after three years' continuous membership in this plan for qualifying Congenital Conditions		

Benefits apply after three years' continuous membership in this plan for qualifying Congenital Conditions.

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		
Optometrist Consultation by a Registered Optometrist.	Per Visit	Per Year
NB: Vision testing only. For spectacles/lenses see below.	75.00	250.00
Ophthalmologist Treatment by a Registered Ophthalmologist.		
First claim in an insurance year	200.00	200.00
Subsequent claims in an insurance year	100.00	No Max
Orthoptist		
Treatment by a Registered Orthoptist.	300.00	300.00
Spectacles and Lenses 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

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
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

Head Office

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