

HOSPITAL SELECT PLUS MODULES PLAN

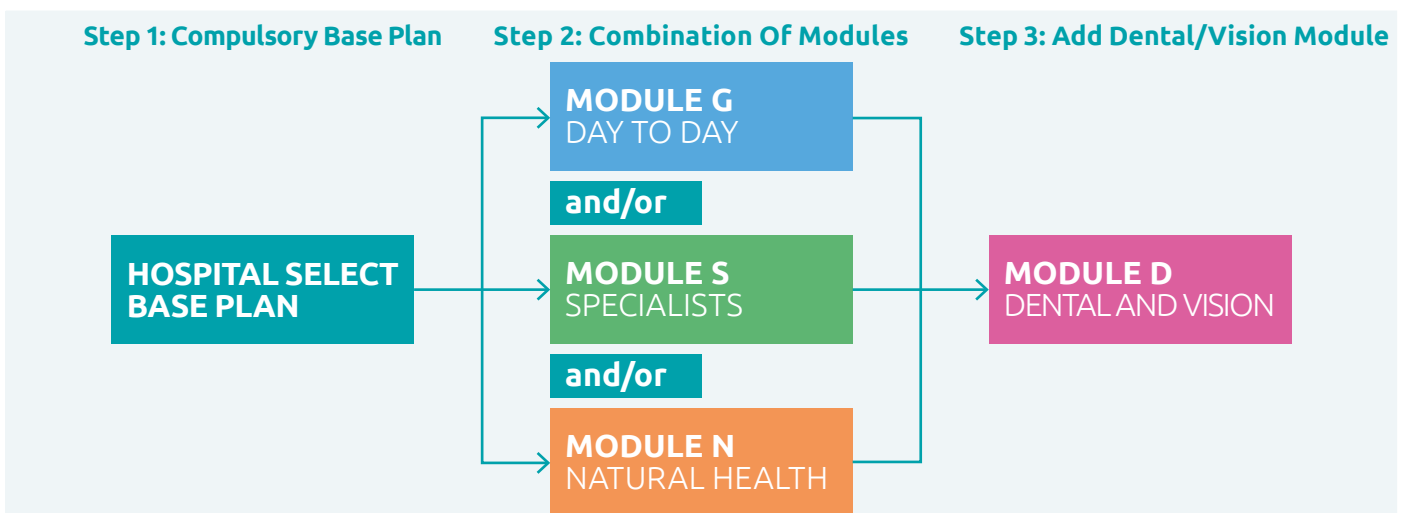
It's the security of knowing we're there.

PLEASE NOTE: All benefits in all sections apply to each person on the policy unless otherwise stated.

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.

All benefits included in this brochure are net of any social security refund and include GST charged by providers of service.



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

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 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

Per Admn

Per Year

Excess Applies

300,000

300,000

Post-operative Occupational Therapy Treatment by a Registered Occupational Therapist.	Per Visit 100	3 Visits persurgical admission	
Surgical Tests & Investigations Gastroscopy Colonoscopy	Per Admn 1,800 2,500	Per Year No Max No Max	
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 Colonoscopy	900 1,250	900 1,250	
☒ 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	300,000	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. 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	Per Admn 5,000	Per Year 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 125	Per Year 1500	

IMAGING		Per Year
• CT Scan		3,000
• MRI Scan		4,000
• PET Scan		2,500
• Cardioversion		300,000
• Myocardial Perfusion Scan		300,000
• Scintigraphy		2,000
IMAGING (six months prior and six months after surgery)		Per Year
• X-rays	}	300,000
• Mammography		
• Ultrasounds		
• Nuclear Scanning		
SPECIALISTS (six months prior and six months after surgery)		Per Year
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/Surgeon		}
Consultation following referral from a Registered Medical Practitioner		
Oral Surgeon		}
Consultation (not treatment) by a Registered Oral Surgeon		
Medical Hospitalisation		Per Year
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.		30,000
Chemotherapy		
Benefit payable for treatment by a Registered Oncologist in Private Practice. Benefit applies to the cost of materials, Chemotherapy drugs per course 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.		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		2,000
Ancillary hospital charges		500
MINOR SURGERY		Per Year
Registered Medical Specialist		300,000
Not requiring general anaesthetic, including preceding consultation and performed in specialist rooms		
Registered Medical Practitioner		Per Procedure
Not requiring general anaesthetic, including preceding consultation performed in practice rooms		500
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
OVERSEAS TREATMENT		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 causes prior to age 65 of any person on the policy a grant towards funeral costs is available.		2,400
"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
- Ultrasounds
- Nuclear scanning
- Holter monitoring
- Exercise ECG
- Blood pressure monitoring
- Stress echocardiography
- Cardiovascular ultrasound
- Echocardiography
- Transoesophageal Echocardiography
- Urodynamic assessment
- Audiology

Per Year

5,000

SPECIALISTS

Per Year

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 Surgeon

Consultation following referral from a Registered Medical Practitioner

Oral Surgeon

Consultation (not treatment) by a Registered Oral Surgeon

5,000

Obstetrics

Treatment by a Registered Medical Practitioner for obstetric conditions

Per Year

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 subsidised by PHARMAC through New Zealand Pharmaceutical Schedule, prescribed by a Registered Medical Practitioner. Psychiatric medications prescribed by a Registered Medical Practitioner are now included in this benefit. (Note: Maximum of 20 items per policy)

No Limit

400

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 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 cover 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	}	Per Visit 50	Per Year 200
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"> • Chiropodist • Physiotherapist • Dietitian • Podiatrist • Acupuncture • Homeopathy • Naturopathy • Nutritionist • Medical Herbalist • Remedial Massage Therapy 	}	Per Practitioner 50 per visit 200 per year	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.

Orthoptist	Per Visit	Per Year
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 providing a change in prescription is required.		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?

UniMed and HealthCarePlus have contracted Monument Insurance Limited, a division of Crombie Lockwood to provide financial advice in relation to HCP Hospital Select health insurance underwritten by UniMed.

Contact the HealthCarePlus enquiry line to speak to a HealthCarePlus Representative

0800 268 3763



Get in touch

HealthCarePlus Hospital Select is administered and underwritten by Union Medical Benefits Society Ltd (UniMed). Any cover issued in response to this application is subject to the terms and conditions contained in the relevant policy documentation and UniMed/HealthCarePlus Conditions of Membership.

For policy queries and claims contact UniMed's friendly staff on:

0800 600 666

Head Office

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