



**Financial Strength Rating:** Union Medical Benefits Society Limited (UniMed) has been given an A (Excellent) Financial Strength Rating by AM Best. AM Best's ratings are as follows:  
 Secure: A++, A+ (Superior); A, A- (Excellent); B++, B+ (Good)  
 Vulnerable: B, B- (Fair); C++, C+ (Marginal); C, C- (Weak); D (Poor); E (Under Regulatory Supervision);  
 F (In Liquidation); S (Suspended)



**Primary Care Extra Benefits:** Primary Care Extra offers reimbursements towards day-to-day health care costs. The following is a brief outline of the benefits Primary Care Extra has to offer. Please refer to our online Policy Document for full conditions applicable to each benefit at [www.healthcareplus.org.nz](http://www.healthcareplus.org.nz)

**Dental:** 50% of the net cost of dental consultations and minor treatment to a maximum of \$350 a year each for Member, partner and children (maximum total \$750).

**Optical:** 50% of the net cost of an eye examination, glasses/lenses due to a change in vision, to a maximum of \$350 a year each for Member, partner and children (maximum total \$750) - providing subscriptions have been paid for six months prior to the date of the optical examination.

Please Note - The effective date for the optical benefit is the date of the eye examination, NOT the date the lenses/glasses are purchased or supplied.

**Medical Treatment:** 50% of the net cost of doctors' fees and prescription charges (\$20 per item limit applies) to a maximum of \$1000 a year each for Member, partner and children (maximum total \$3000).

**Complementary Medical:** (e.g., homeopathic, fertility treatment) 50% of the net cost of specified expenses to a maximum of \$500 a year each for Member, partner and children (maximum total \$1500).

**Hospital Expenses:** 50% of the net cost to a maximum of \$1000 a year each for Member, partner and children (maximum total \$3000).

**Standard \$500 Excess Reimbursement:**\* is available to HealthCarePlus linked and approved Hospital Cover policies only.

**Major Diagnostic:** 50% of the net cost of CAT & MRI scans and Angiograms to a maximum of \$600 a year each for Member, partner and children (maximum total of \$1,800) - providing subscriptions have been paid for six months prior to the date of the procedure.

**Medical Appliance:** 50% of the net cost of specified items (e.g., hearing aids) to a maximum of \$400 a year each for Member, partner and children (maximum total \$1200).

**Orthodontic:** 30 percent of orthodontic and associated fees to a maximum of \$750 per registered child. The maximum benefit payable for the duration of the Membership is \$1,500

**Sick Leave Without Pay:** \$50 per week plus \$5 for each child to a maximum of \$60 per week for 26 weeks.

**Birth:** \$200 for each live child born to a Member or partner.

**Bereavement:** \$1000 on the death of a Member, registered partner or child (including still birth).

*Entitlements cannot be aggregated to allow more than the annual maximum per adult or child.*

*\* Hospital Cover excess is available to HealthCarePlus linked and approved Hospital Cover policies only.*

\*HealthCarePlus Primary Care Extra rates are based on the age of the Member. **Please note that rates may change from time to time.** Hospital Cover rates are additional to the Primary Care Extra rates and are available on request, please call 0800 268 3763.

**Primary Care Extra rates - effective 1 April 2022**

Age	Single			Couple			One Parent Family			Two Parent Family		
	Fortnight	Month	Annual	Fortnight	Month	Annual	Fortnight	Month	Annual	Fortnight	Month	Annual
00-45	12.54	27.17	326.05	24.73	53.57	642.87	22.10	47.89	574.64	34.07	73.81	885.72
46-60	15.31	33.18	398.17	30.20	65.43	785.13	25.50	55.26	663.11	40.13	86.94	1043.28
61-65	18.80	40.73	488.78	37.08	80.34	964.05	27.25	59.05	708.63	45.23	97.99	1175.93
66-99	22.86	49.52	594.25	45.29	98.13	1177.58	31.53	68.32	819.90	53.51	115.94	1391.24

**Primary Care Extra Non Union rates (conditions apply) – effective 1 April 2022**

Age	Single			Couple			One Parent Family			Two Parent Family		
	Fortnight	Month	Annual	Fortnight	Month	Annual	Fortnight	Month	Annual	Fortnight	Month	Annual
00-45	13.79	29.89	358.65	27.20	58.93	707.15	24.31	52.68	632.11	37.47	81.19	974.30
46-60	16.84	36.50	437.97	33.22	71.97	863.64	28.05	60.79	729.43	44.14	95.63	1147.61
61-65	20.68	44.80	537.64	40.79	88.37	1060.46	29.98	64.96	779.50	49.75	107.79	1293.52
66-99	25.14	54.47	653.65	49.82	107.94	1295.34	34.69	75.16	901.88	58.86	127.53	1530.37

HealthCarePlus 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. UniMed, PO Box 1721, Christchurch 8140. Level 3, 165 Gloucester Street, Christchurch 8011.