

Effective from your anniversary on or after 1 September 2025

KidSmart

This Summary of Health Plan Changes details benefit changes to your Health Plan. These changes will apply from your anniversary on or after 1 September 2025 and to any claims that are made for events that occur after that date.

You should read this along with your Health Plan document and other documents that make up your policy as listed in the Health Plan document.

Accuro is becoming UniMed. We will be progressively updating communications to reflect this, and you'll see some references to Accuro until we've fully transitioned to UniMed. Find out more at <u>unimed.co.nz/accuro</u>.

You may also notice that we have updated some of our terminology including Health Plan documents that were previously called 'policy documents'. This has been done to make things easier to understand. Unless outlined below there is no change to the meaning of the terminology. See the glossary in your Health Plan document, or find out more at unimed.co.nz/important-documents.

Hospital & Surgical Base Plan

Type of change	Benefit	
New limit	Spinal surgery A lifetime limit of \$200,000 has been introduced for each child for spinal surgeries. A list of all surgeries which fall under this benefit can be found under the Resources page on our website. This cap means that Children can still claim for spinal surgery as needed, however we will only provide cover up to a maximum of \$200,000 for these procedures, for each Child, over their lifetime. We have seen an increase in the volume and cost of spinal surgeries, which are highly complex and risky surgeries. However, some also come with lower success rates than other procedures and a high likelihood of needing to undertake the procedure again. As a Member-based cooperative, we need to balance the high cost of these types of procedures with the impact on premium across all Members, which is why we believe a lifetime limit is fair. We remain committed to helping Members who require these types of procedures, as well as alternative treatment options.	\$200,000 per lifetime Excess applies
New benefit	Mental health We see the value in all of our Members being able to access mental health support, which is why we have added a new benefit to the Hospital & Surgical base plan. This benefit covers the costs of consultations with a psychiatrist, psychologist, psychotherapist or counsellor up to \$1,000 per year.	\$1,000 per child pe policy year No excess applies

Post:

This benefit covers the costs of Reasonable charges for consultations with a psychiatrist, psychologist, psychotherapist or counsellor.

They must be registered either under the psychiatry scope with the Medical Council of New Zealand, as a psychologist with the New Zealand Psychologists Board, as a psychotherapist with the Psychotherapists Board of Aotearoa New Zealand, or as a counsellor with the New Zealand Association of Counsellors or other relevant association.

Updated benefit to improve cover

Post operative therapy

Recovery doesn't look the same for everyone, so we've made changes to the post-operative therapy benefit. We have expanded the benefit to include a wider range of therapies including occupational therapy, osteopathy and chiropractic care, alongside physiotherapy and speech and language therapy. We know recovery after surgery or cancer treatment can be complex, and we want to make sure you have the support you need to get back to feeling your best.

oncology No excess applies

This benefit covers the costs of reasonable charges associated with postoperative therapy provided within 12 months following a related surgery, cycle of chemotherapy or radiation treatment that we've approved under this policy. This includes:

- Occupational therapy
- Physiotherapy
- Speech and language therapy
- Osteopathy
- Chiropractic treatment
- Dietitian/Nutritionist consultations
- Lymphedema physiotherapy

You must be treated by a New Zealand-registered health or medical practitioner with a current practising certificate who is registered with their professional association. The treatment must occur and be completed within 12 months after the event date of your surgery or treatment. This doesn't include costs for personal items such as food/food substitutes, materials or garments.

This benefit replaces and builds on the existing speech and language therapy and physiotherapy benefit.

Removal from Health Plan document removal and addition of services

Teladoc Health services

We've updated our offer from Teladoc Health to ensure more Members can access support that fits their everyday health needs.

We have removed these services from the Health Plan document and will be surfacing these Teladoc Health services and other Member offers on the Accuro website accuro.co.nz/memberbenefits.

- **Exercise and Nutrition Support (New addition)** All members will now have access to the exercise and nutrition support services from Teladoc.
- Mental Health Assist R18+ (Removed from Health Plan document and replaced)

We've removed Mental Health Assist and replaced this with the new Mental health benefit.

Virtual Clinic - Expert medical opinion (Removed from Health Plan document)

\$1,500 per surgical event, cycle of chemotherapy and/or radiation

Access to the Expert Medical Opinion service now requires a referral from the UniMed team.

 Virtual Clinic – Ask a GP (Removed from Health Plan document)

This service is still available but no longer included in the Health Plan document.

Wording Changes

Active benefits

We have removed the mention of Active benefits from the Health Plan document. Additional Member benefits and offers still exist outside of those listed in the Health Plan document and further information is available on the Accuro website accuro.co.nz/memberbenefits.

Specialist module - Diagnostic tests and treatment

We have updated the name of the Diagnostic tests benefit to now be the Diagnostic tests and treatment benefit.

General exclusion - Robotic surgery

For clarity, we have updated the existing General exclusion for 'robotically assisted prostate surgery' to include all robotically assisted surgery:

robotically assisted surgery

Robotic procedures are excluded under the new medical treatment, procedures, and technologies exclusion. We have previously also called out robotically assisted prostate surgery. However, to give clarity and transparency of what is not covered, which is all robotically assisted surgery/treatment, this has now been updated to reflect this.

General exclusion – Gender affirmation

We have updated the terminology for the below exclusion with regards to Gender affirmation, which was previously referred to as Gender reassignment to be reflective of the correct terminology.

• gender affirmation surgery/treatment or gender dysphoria

Excess section

We have added an additional section called 'How an excess under your cover affects claims' to give clarity on how an excess works under the KidSmart Health Plan.

Suspension period

We have increased the maximum suspension period for unemployment, redundancy and financial hardship from 6 months to 12 months.

Privacy Statement

We have updated the wording in the document to reflect where the privacy statement can be found on UniMed's website.

Complaints process

We have updated the wording in the document to reflect the current complaints process.

Glossary term - Policy year

We have updated the wording to more accurately reflect the policy year, which is the 12-month period from midnight on the policy annual renewal date and continues for the 12 months following, until your next annual renewal date.

Glossary term – Registered medical specialist

We have updated the definition to clarify that they also must hold a vocational scope of practice, and added accident and medical practice as a registration scope that doesn't fall under this definition.