

Effective from your anniversary on or after 1 September 2025

Real Value Plan Hospital Cover

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 you make 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 unimed.co.nz/accuro.

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.

Type of change	Benefit	
New limit	Spinal surgery A lifetime limit of \$200,000 has been introduced for each Member for spinal surgeries. A list of all surgeries which fall under this benefit can be found under the Resources page on Accuro's website. This cap means that Members 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 Member, 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 co-operative, 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. This benefit covers the costs of consultations with a psychiatrist, psychologist, psychotherapist or counsellor up to \$1,000 per year. <i>This benefit covers the costs of reasonable charges up to \$1,000 per person per policy year for consultations with a psychiatrist, psychologist, psychotherapist or counsellor.</i>	\$1,000 per person per policy year No excess applies

	<i>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.</i>	
New benefit	Post operative therapy Recovery doesn't look the same for everyone, so we've created a new post-operative therapy benefit that includes a wide 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. <i>This benefit covers up to \$1,000 per event towards costs associated with post-operative therapy that is provided within 12 months following a related surgery, cycle of chemotherapy or radiation treatment that we've approved under this policy. This includes:</i> • Occupational therapy • Physiotherapy • Speech and language therapy • Osteopathy • Chiropractic treatment • Dietitian/Nutritionist consultations • Lymphedema physiotherapy <i>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.</i>	\$1,000 per surgical event, cycle of chemotherapy and/or radiation oncology No excess applies
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. • Virtual Clinic - Expert medical opinion (Removed from Health Plan document) 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

Prophylactic surgery benefit

To provide further clarity that this benefit is only applicable for each Member's lifetime, we have updated the benefit wording from *\$60,000 for each person over the lifetime of the policy* to *\$60,000 for each person over their lifetime*.

Bereavement grant

We have changed the name of the benefit from Funeral support grant to Bereavement grant.

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.

Suspension period

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

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*

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 - Member

We have updated the definition to include any Member who is on your policy, i.e. the Primary Member or their spouse, partner, child etc.

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.