



Premier Health
Business[™]

nib
health
insurance

This brochure will take you through the information you need to help you choose the right health insurance cover to suit your needs and budget. Then you can focus on the important things – like enjoying life.

Contents

Why you need health insurance	4
The true cost of health claims	5
A few things to keep in mind	6
Why nib?	7
Why Premier Health Business™	8
Base Cover options	9
Overview of Premier Health Business™	10
More about Premier Health Business™	14
Glossary of important terms	15



Why you need health insurance

Your health is a must

People often say there’s nothing more important than your health, and they’re right. That’s why health insurance is key. Without your health, you haven’t much else, so choosing health insurance is a smart idea, because it helps you deal with health problems better should they arise.

5 reasons to have health insurance

01

Greater choice

Choose when, where, how and by whom you get treated, in consultation with your doctor.

02

Financial support

Less stress about how to pay your healthcare bills.

03

Quicker treatment

Avoid long delays waiting for treatment in the public health system.

04

Greater certainty

Cover now, for many unknown health issues that may arise later.

05

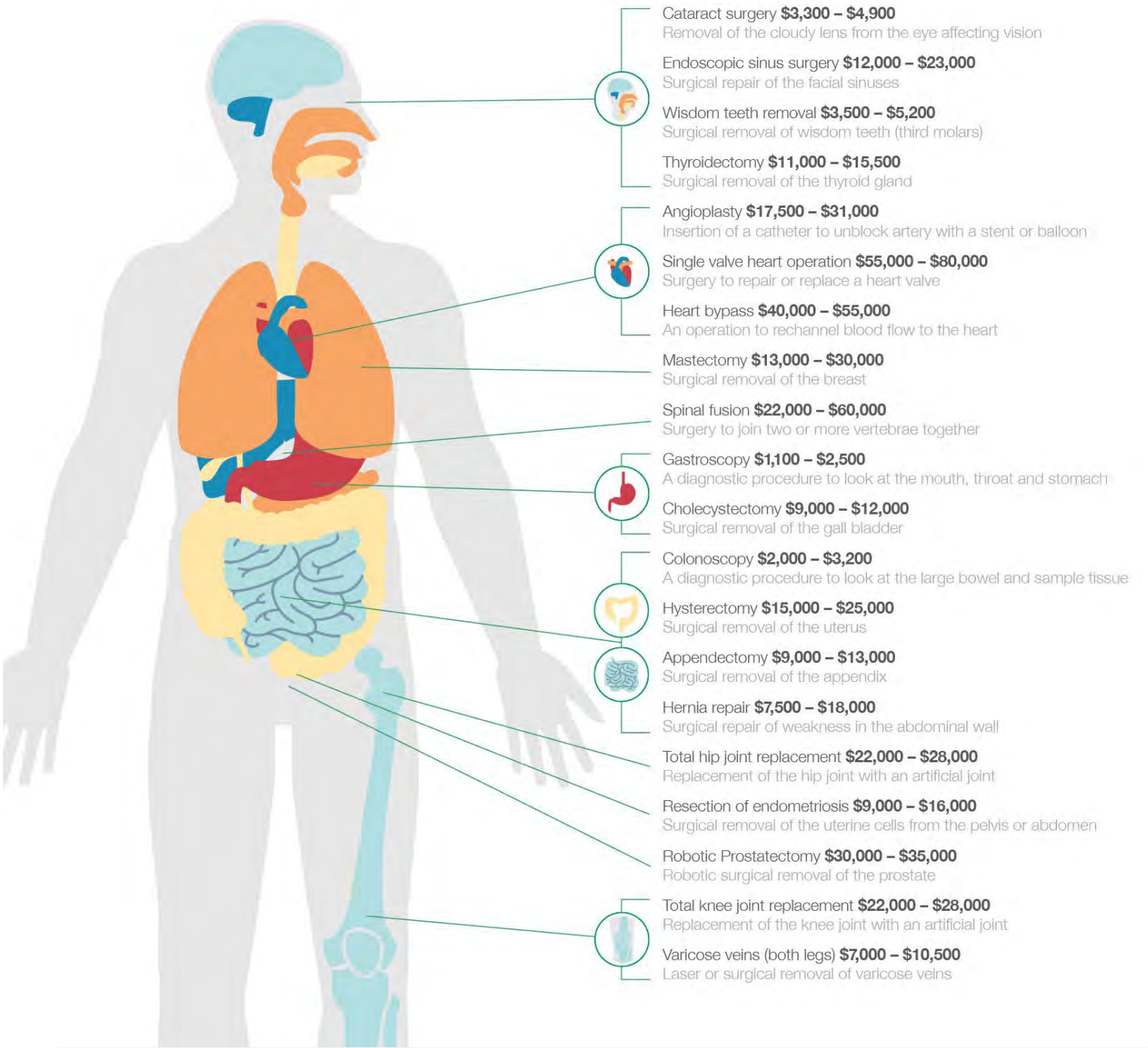
Latest medical procedures

Access to many of the latest recognised medical treatments and technologies.



The true cost of health claims

These are the costs you could expect to pay if you’re treated in a private hospital without health insurance



Here are some common treatments you or your family could experience

Cancer treatments	Diagnostics	Children 0-20 years
Removal of cancerous skin lesion \$1,000 – \$9,500	PET Scan \$2,000 – \$3,200	Grommets \$2,200 – \$3,500 (Insertion of tubes in the eardrums)
Chemotherapy \$15,000 – \$170,000 (Per treatment cycle)	MRI Scan \$1,500 – \$3,000	Adenotonsillectomy \$4,000 – \$5,500 (Surgical removal of adenoids and tonsils)
Radiotherapy \$20,000 – \$55,000 (Per treatment cycle)	CT Scan \$1,300 – \$1,700	
	Ultrasound \$500 – \$1,500	

© nib nz limited. Source: nib claim statistics February 2021.
This is an illustration of treatments and costs you could expect to pay if treated in private hospital. This is not representative of conditions covered on your policy or the amount that would be paid by nib nz limited in the event of a claim.

A few things to keep in mind


Nobody likes to think they'll experience health problems, but the reality is, many of us will.

The public health system only provides immediate care in an emergency. For other health problems, even serious ones like a heart condition, you could face waiting lists. It may take months, or even years, to be treated.

Waiting may mean:

- ✓ Your condition could deteriorate
- ✓ Prolonged periods in pain and discomfort
- ✓ Loss of income because you can't work
- ✓ Strain on your family through emotional and financial stress
- ✓ Your life could go on hold until you receive treatment.

An average of 906 people per month have been waiting longer than four months for their first specialist assessment through the public health system.*





ACC only goes so far

Many people mistakenly assume that ACC will take care of them if they become ill. But ACC only provides cover for injuries and rehabilitation as a result of accidents, not if you need treatment for illness or ageing.

Poor health can really affect your financial situation

If the unexpected happened, most people would want to cover their major costs such as the mortgage, credit card debt, education, childcare and day-to-day expenses like food and electricity. Health insurance can help take care of expensive medical treatment without having to sacrifice other important needs.

Self-insuring can be financially challenging

Rather than taking out health insurance, some people believe they could afford to pay for private treatment themselves. With many hospital procedures now costing over \$20,000, self-insuring can prove really tough.

Having to pay for hospital treatment yourself can often mean:

- ✓ Taking out or increasing a loan
- ✓ Using savings or retirement funds
- ✓ Selling assets
- ✓ Borrowing from family.

And if you have to pay for a series of expensive treatments, the cumulative costs can be daunting if you haven't had time to recover financially from the first.

Why nib?

It's health insurance your employees will actually use. When you take out insurance with nib, your team join the more than 2.9 million Kiwis and Aussies who the nib Group help to stay healthy, every day.

Here's why nib is a great choice for you

- 1. Our members come first**
As specialists in health insurance, we help our members navigate their health journey and promote proactive care as well as sickness prevention.
- 2. No.1 job perk for motivating employees**
Health insurance is the number one work perk for New Zealand employees, according to SEEK. It helps your employees feel valued and gives them access to special offers from our healthcare provider partners.
- 3. Get back to work faster and reduce stress**
Health insurance can reduce the number of days an employee needs off in the event of an illness. It can also help them avoid the stress and financial implications of having to wait for health treatment in the public system.
- 4. Easy to use and easy to claim**
Members can manage their policy wherever they are with **my nib** and the nib app, whether it's making a claim or contacting us to make a change to their cover.
- 5. Get eligible costs covered**
nib members get more choice about their care. Our **Find a Provider** directory helps them find healthcare providers who are nearby and who ensure they can have 100% of their approved costs covered¹.
- 6. Support and tools for better health management**
Eligible members can improve their health through our Health Management Programmes for conditions like joint pain, heart health, or cancer treatment². Our dedicated Wellness Coaches work one-on-one with participants and provide support for their health journey.

nib First Choice network

Recognised healthcare providers who charge within our First Choice price range can become part of the nib First Choice network. Members can see them for treatment and have 100% of their eligible costs covered (up to their benefit limit and in line with their policy).

If a member sees a healthcare provider who is not part of the First Choice network, the maximum we will pay is the Efficient Market Price (EMP) for the health services they provide, with the member covering the difference. First Choice healthcare providers can be found through **Find a Provider**.



Claiming is easy

Claiming back the cost of a consultation or treatment is simple and hassle-free. members can download our free app, **my nib**, to claim or go through their health provider to make a payment request for procedures that have already taken place, including pre-approvals.

When using a First Choice network provider for hospitalisation, the provider may be able to complete the pre-approval and claim for the member – meaning even less paperwork to handle.

Why Premier Health Business™?

Premier Health Business™ is a flexible policy you can tailor to suit you and your family's needs.

At the heart of Premier Health Business™ is the Base Cover which provides high levels of cover for many of the major healthcare expenses.

You can also add a range of options individually or in combination, to customise a policy that best suits you. These options are Serious Condition Lump Sum Option, Specialist Option, non-PHARMAC Plus, Dental and Optical Option and GP Option.



Procedures covered

- ✓ Extraction of wisdom teeth
- ✓ Sinus and nasal surgeries
- ✓ Ankle surgeries
- ✓ Skin lesion surgeries performed by a GP
- ✓ Tonsils, adenoids and grommets
- ✓ Appendix surgery
- ✓ Cancer surgeries and treatment (chemotherapy, radiotherapy and brachytherapy)
- ✓ Breast surgeries
- ✓ Gynaecological surgeries
- ✓ Urology (men's and woman's waterworks) surgeries
- ✓ Gall bladder, liver, spleen and kidney surgeries
- ✓ Shoulder surgeries
- ✓ Digestive tract surgeries
- ✓ Skin lesion surgeries performed by a specialist
- ✓ Varicose vein surgeries
- ✓ Heart surgeries
- ✓ Hip and knee surgeries
- ✓ Brain, eyes and neck surgeries
- ✓ Chest and back surgeries
- ✓ Hand, foot and toe surgeries
- ✓ Non-surgical hospitalisation e.g. asthma.

Base Cover

Provides cover for surgical and medical (non-surgical) hospitalisation.

Key features

- Up to \$300,000 per person each policy year for private hospital surgical costs
- Up to \$200,000 per person each policy year for private hospital medical (non-surgical) costs, including cover for cancer treatment
- Cover for specific major diagnostic tests even when it's not related to a private surgical or non-surgical treatment, and whether it leads to surgery or not
- Cover for follow-up check-ups after cancer treatment
- Cover in New Zealand and Australia, for costs incurred in either country (unless expressly excluded in the policy)
- Cover for GP minor surgeries such as mole removal
- A Wellness Benefit – \$100 for each adult towards the cost of a health check-up, after each three years of continuous cover
- ACC top-up – we will top up your ACC claims for any treatment or procedure
- Cover for obstetrics – we provide cover towards costs of treatment for medical conditions affecting pregnancy
- Whether or not it's recommended by your doctor, we'll pay for accommodation costs for a parent to accompany their child (up to age 20) who needs treatment in a private hospital.

Options

Specialist Option

The Specialist Option covers you for specialist consultations and diagnostic procedures that don't result in hospitalisation. You won't pay any excess for this option.

Key features

- ✓ Registered specialist consultations: unlimited number of visits
- ✓ General diagnostics: up to \$3,000 each policy year for costs such as x-rays, arteriogram, ultrasound, scintigraphy, mammography or visual field test
- ✓ Cardiac investigations: up to \$60,000 each policy year for costs such as cardiovascular ultrasound, echocardiography and treadmills.

non-PHARMAC Plus Option

The New Zealand health system funds certain drugs through PHARMAC, significantly reducing their cost – but not all drugs are funded. This option covers you for the cost of Medsafe-approved drugs that are not funded by PHARMAC, and helps ensure access to a wider range of drugs when you have an approved claim. Your cover applies while you are in hospital and for up to six months of home treatment, and includes any costs associated with administering the drugs.

Members can choose from the following levels of cover:

- ✓ \$20,000
- ✓ \$100,000
- ✓ \$300,000
- ✓ \$50,000
- ✓ \$200,000

GP Option

The GP Option is perfect for those wanting to cover some of the day-to-day healthcare costs. This option is particularly useful if you develop a health problem requiring regular GP consultation but you do not qualify for a government high-user card.* You won't pay any excess for this option.

Key features

- ✓ GP visits: up to \$55 each visit, up to 12 GP visits each policy year and up to \$200 for each minor surgical procedure
- ✓ Prescriptions: up to \$15 each prescription, up to \$300 each policy year
- ✓ Physiotherapy: up to \$40 each visit, up to \$400 each policy year
- ✓ An Active Wellness Benefit – \$150 for each adult towards the cost of fitness equipment or gym membership, after each two years of continuous cover.

* Covers 80% or 100% of the cost up to the above benefit maximums. A stand-down period of 90 days applies.

Dental & Optical Option

The Dental and Optical Option is ideal if you have regular trips to the dentist, chiropractor, podiatrist or osteopath, or you need glasses or contacts.* You won't pay any excess for this option.

Key features

- ✓ Dental treatment: up to \$500 each policy year
- ✓ Eye care: up to \$55 each visit, up to \$275 each policy year, and up to \$330 each policy year for glasses or contact lenses
- ✓ Ear care: up to \$250 each policy year for audiology treatments and up to \$250 each policy year for audiometric tests
- ✓ Spinal care: up to \$40 each visit, up to \$250 each policy year, and up to \$80 each policy year for x-rays
- ✓ Acupuncture: up to \$40 each visit and up to \$250 each policy year.

* Covers 80% or 100% of the cost up to the above benefit maximums. A stand-down period of six months applies.

Serious Condition Lump Sum Option

The Serious Condition Lump Sum Option pays out a one-off lump sum amount to help reduce the strain, both financially and emotionally, of dealing with specific trauma conditions.* You can use this lump sum for whatever you wish, such as expensive out-of-hospital drug treatments, rehabilitation expenses, paying off the mortgage or maybe a holiday to recuperate. You won't pay any excess for this option.

Key features

- ✓ Choice of cover – \$20,000 or \$50,000*
- ✓ Covers 17 trauma conditions including*:
 - Stroke
 - Life-threatening cancer
 - Benign tumour of the brain and spinal cord
 - Major heart attack
 - Chronic liver/lung/renal failure
 - Major organ transplant.

* Some of the trauma conditions covered have a stand-down period of 90 days.

Proactive Health Option

The Proactive Health Option encourages you to look after your health, whether you want to check any hereditary medical concerns or just want to stay fit and healthy*. You won't pay any excess for this option.

Key features

- ✓ Health Screening: Up to \$750 each policy year
- ✓ Allergy Testing and Vaccinations: Up to \$100 each policy year
- ✓ Dietician and Nutritionist Consultations: Up to \$300 each policy year
- ✓ Gym memberships, weight loss management programs and quit smoking programs: Up to \$100 each policy year.

* Covers 80% of the cost up to the benefit maximums. A stand-down period of six months applies.

Add your family

For an additional premium, you can add your spouse / partner and dependent children. Not only will they have access to faster treatment, but it may also mean less time off work for you if you have to look after them while they wait for treatment.



Refer to pages 10-11 for details of features, benefits and limits of Premier Health Business.

Overview of features, benefits and limits of Premier Health Business™

Base Cover Benefit	A Summary Of What This Covers	The LimitsThe limits apply to each insured person. Limitations may apply. Refer to the policy document for full details. If there is an excess on the policy, that excess will be deducted from the benefit limit where required. Covers 80% or 100% of the cost up to the below benefit maximums.
Hospital–Surgical Benefit	Covers surgical treatment requiring an anaesthetic performed in an approved private hospital ¹ . Covers some oral surgery. 12-month stand down period for extraction of wisdom teeth.	Up to \$300,000 each policy year. Includes any associated payments made under another related benefit.
Hospital–Medical Benefit (non-surgical)	Covers medical treatment costs, not involving surgery, in an approved private hospital ¹ .	Up to \$200,000 each policy year. Includes any associated payments under another related benefit.
Hospital related specialist consultations and diagnostic investigations ²	Registered specialist and diagnostic investigation costs that directly relate to the private surgical or non-surgical treatment or a cycle of chemotherapy ¹ or radiotherapy treatment administered privately. Specialists such as: an Oncologist, Cardiologist, Orthopaedic, Gynaecologist. Diagnostic investigations such as: x-rays, ultrasound, mammography, echocardiograms, visual field tests and breast biopsy.	Specialist consultation and diagnostic investigation cost for up to six months before admission to an approved private hospital and up to six months after discharge.
Major Diagnostics Benefit ²	Covers costs of the following diagnostic investigations in an approved private hospital even when the insured person has not been, or will not be, relate to the private surgical or non-surgical treatment or each cycle of chemotherapy ¹ or radiotherapy treatment administered privately. Arthroscopy, Capsule Endoscopy, Colonoscopy, Colposcopy, CT Scan, CT Angiogram, Cystoscopy, Gastrosocopy, MRI Scan, Myelogram and PET Scan.	No limit per diagnostic investigation. Where the diagnostic investigation is not related to a private surgery or non-surgical treatment, an excess will apply per diagnostic investigation.
Follow-up Investigation Cancer Benefit ²	Covers costs of one consultation with a registered specialist and one relevant diagnostic investigation relating to the cancer for which the initial treatment had been undertaken for each policy year.	Up to \$3,000 each policy year and up to five consecutive policy years.
Ambulance Transfer Benefit ²	Covers road ambulance transport to and from an approved private hospital to another approved private hospital, within New Zealand.	Included in the Hospital-Surgical Benefit or Hospital-Medical Benefit limits, whichever applies.
Travel and Accommodation Benefit ²	Covers travel and accommodation costs for the insured person being treated in an approved private hospital when treatment is not available at a local approved private hospital. Support person’s travel and accommodation costs are also covered when recommended by a GP or registered specialist.	For private surgery or non-surgical treatment or each cycle of chemotherapy¹ treatment Travel - Up to \$2,000 for each private surgery or non-surgical treatment or each cycle of chemotherapy ¹ treatment. Accommodation - up to \$200 each night and \$3,000 for each private surgery or non-surgical treatment or each cycle of chemotherapy ¹ treatment administered privately. For each cycle of radiotherapy treatment Travel and Accommodation - Up to \$200 for each night for accommodation and up to \$5,000 for travel and accommodation for each cycle of radiotherapy treatment administered privately.
Parent Accommodation Benefit ²	Covers accommodation costs for a parent or legal guardian accompanying an insured child under 20 years (inclusive) for treatment in an approved private hospital.	Up to \$200 each night and \$3,000 each private surgical or non-surgical treatment or each cycle of chemotherapy ¹ or radiotherapy treatment administered privately.
Rehabilitation costs ²	Covers costs for post-treatment home nursing by a registered nurse and physiotherapy, osteopathic, chiropractic treatment, speech and occupational therapy and dietician consultations when recommended by the treating registered specialist following discharge from an approved private hospital.	Physiotherapy Benefit: Up to \$750 each private surgical or non-surgical treatment or each cycle of chemotherapy ¹ or radiotherapy treatment administered privately. Therapeutic Care Benefit: Including osteopathic, chiropractic treatment, speech and occupational therapy and dietician consultations: Up to \$250 each private surgical or non-surgical treatment or each cycle of chemotherapy ¹ or radiotherapy treatment administered privately. Home Nursing Benefit: Up to \$150 each day. Up to \$6,000 each policy year.
Public Hospital Cash Grant	A cash payment is made when an insured person is admitted to a public hospital in New Zealand and is in hospital for three or more consecutive nights. This can be used for such things as hiring a TV or paying the petrol cost of a loved one to visit you in hospital.	\$300 each night for the third and each subsequent night. Up to \$3,000 each policy year.
Overseas Treatment Benefit	Covers treatment and travel costs when treatment cannot be provided at all within New Zealand and the Ministry of Health provides only partial funding, but that funding does not cover the full cost.	Up to \$20,000 each overseas visit.
Cover in Australia Benefit ²	Covers costs of each private surgical or non-surgical treatment or each cycle of chemotherapy ¹ or radiotherapy treatment administered privately in an approved private hospital in Australia.	Up to 75% of the Efficient Market Price (EMP) which would be payable in New Zealand for treatment performed in New Zealand.
Intravitreal Eye Injections Benefit ¹	We cover the cost for intravitreal injections administered by a registered specialist, on referral from a GP or registered specialist. The cost of drugs administered is covered if it is listed under Section A to H of the PHARMAC Pricing Schedule where they meet PHARMAC’s funding criteria.	Up to \$3,000 each policy year.
GP Minor Surgery Benefit	Covers costs of treatment for minor surgery, performed by a GP.	Up to \$750 each policy year.
Specialist Skin Lesion surgery Benefit	Covers costs of treatment for skin lesion surgery performed by a registered specialist, on referral from a GP.	Up to \$6,000 each policy year.
Obstetrics Benefit	Covers costs of treatment by an obstetrician when the diagnosis is made of a medical condition that is affecting or may affect the pregnancy.	Up to \$2,000 each pregnancy.
Podiatric Surgery Benefit	Covers costs of surgery performed by a podiatric surgeon under local anesthetic, including one pre and one post surgery consultation and x-rays.	Up to \$6,000 each policy year.
ACC Top-up Benefit ²	When ACC approves a claim for accidental injury but declines to pay all the treatment costs in an approved private hospital, we’ll pay the difference up to the benefit limit.	Difference between the actual cost of surgical treatment and the ACC’s payment up to the appropriate benefit limit. Conditions apply.
Waiver of Premium Benefit	If a policyowner dies, the premiums on the policy are paid for a period of time by us.	We pay premiums for two years, or until any surviving insured person is aged 65, whichever happens first.
Funeral Support Grant	A cash payment when an insured person dies between the age 16 and 64 (inclusive).	\$3,000 in respect of that insured person.
Loyalty Benefit-Sterilisation	After two years’ continuous cover, this benefit covers the cost of a male or female sterilisation as a means of contraception.	Up to \$1,000 each procedure.
Loyalty Benefit – Suspension of Cover	After 12 months’ continuous cover you can: Suspend the policy while you travel or live overseas Suspend the policy if a policyowner becomes unemployed.	Allows cover to be suspended for three months to 24 months whilst an insured person lives or travels overseas for three consecutive months or more. Allows the policy to be suspended for three to six months if a policyowner is registered as unemployed.
Loyalty Benefit – Wellness	Provides you with a reimbursement of up to \$100 for an adult (aged 21 and over) covered by the policy at each 36 months of continuous cover to help proactively take care of their health through a health check up which may result in a clean bill of health or identify a health condition early or to help manage an existing condition.	A reimbursement of up to \$100 for each 36 months of continuous cover.

¹Any drugs used (including chemotherapy) must be on the Pharmaceutical Management Agency’s (PHARMAC) New Zealand Pharmaceutical Schedule Sections A to H and the PHARMAC funding criteria must be met, except where the contrary is specified in the policy.
The PHARMAC schedule can be viewed at www.pharmac.govt.nz ²All costs paid under these benefits come within the benefit maximum for the Hospital-Surgical Benefit or Hospital-Medical Benefit limits (whichever applies).

Overview of features, benefits and limits of Premier Health Business™			
Benefit		A summary of what this covers	The Limits <div>The limits apply to each insured person. Refer to the policy document for full details.</div>
Specialist Option	Specialist Benefit	Covers the cost of registered specialist consultations, after referral by a GP or registered specialist, even when the registered specialist consultations do not relate to a private surgical or non-surgical treatment.	No limits on each consultation. No limits on each policy year.
	General Diagnostics Benefit	Covers costs of diagnostic investigations, after referral by a GP or registered specialist, even when the diagnostic investigations do not relate to a private surgical or non-surgical treatment.	Up to \$3,000 each policy year.
	Cardiac Investigations Benefit	Covers cardiac investigation costs after referral by a GP or registered specialist, even when cardiac investigations do not relate to a private surgical or non-surgical treatment.	Up to \$60,000 each policy year.
		✓ Treadmills ✓ Holter monitoring ✓ Ambulatory blood pressure monitoring ✓ Cardiovascular ultrasound	✓ Echocardiography ✓ Myocardial perfusion scans ✓ Cardioversion
non-PHARMAC Plus	non-PHARMAC Plus Benefit	Cover for the cost of non-PHARMAC funded drugs that are Medsafe approved, not just cancer, used both in a recognised private hospital or at home ³ and meet Medsafe guidelines for use.	Choice of benefit limit of \$20,000, \$50,000, \$100,000, \$200,000 or \$300,000
GP Option	GP Benefit	Covers the cost of GP visits including home visits and minor surgery under local anaesthetic.	Up to \$55 each GP clinic visit. Up to \$80 each home visit. Up to \$25 each visit for ACC Top-up. Up to 12 GP visits each policy year. Up to \$200 each minor surgical procedure.
	Prescription Benefit	Covers GP or registered specialist prescription charges for medicines and drugs ¹ .	Up to \$15 each item. Up to \$300 each policy year.
	Physiotherapy Benefit	Covers physiotherapy treatment costs, after referral by a GP or registered specialist.	Up to \$40 each visit. Up to \$15 each visit for ACC Top-up. Up to \$400 each policy year.
	Independent Nurse and Nurse Practitioner Benefit	Covers independent nurse and nurse practitioner costs.	Up to \$30 each visit. Up to six visits each policy year.
	Loyalty Benefit – Active Wellness	Provides a reimbursement of up to \$150 for an adult (aged 21 and over) covered by the policy at each 24 months of continuous cover. Reimbursement can go towards the cost of a gym or sports club membership(s) or for the purchase of fitness equipment to help with keeping you active.	A reimbursement up to \$150 ⁴ .
Dental and Optical Option	Dental Care Benefit	Covers dental treatment by a registered dental practitioner or oral surgeon, including examination, cleaning and scaling, fillings, associated x-rays and removal of teeth.	Up to \$500 each policy year.
	Eye Care Benefit	Covers optometrist and optician examination fees as well as the cost of prescription glasses and contact lenses required as a result of a vision change.	Up to \$55 each visit. Up to \$275 each policy year, plus up to \$330 each policy year for glasses or contact lenses.
	Ear Care Benefit	Covers audiometric tests and audiology treatment costs, after referral by a registered specialist.	Up to \$250 each policy year for audiology treatments. Up to \$250 each policy year for audiometric tests.
	Acupuncture Care Benefit	Covers acupuncture treatment by a GP, or registered physiotherapist, after referral by a GP or registered specialist.	Up to \$40 each visit. Up to \$15 each visit for ACC Top-up. Up to \$250 each policy year.
	Spinal Care Benefit	Covers chiropractic treatment costs, after referral by a GP or registered specialist.	Up to \$40 each visit. Up to \$15 each visit for ACC Top-up. Up to \$250 each policy year. Up to \$80 each policy year for x-rays.
	Joint Care Benefit	Covers osteopathy treatment costs, after referral by a GP or registered specialist.	Up to \$40 each visit. Up to \$15 each visit for ACC Top-up. Up to \$250 each policy year. Up to \$80 each policy year for x-rays.
	Foot Care Benefit	Covers podiatry treatment costs, after referral by a GP or registered specialist.	Up to \$40 each visit. Up to \$250 each policy year.
	Therapeutic Care Benefit – speech, occupational & eye	Covers speech, occupational and eye therapy costs, after referral by a GP or registered specialist.	Up to \$40 each visit. Up \$300 each policy year combined total for all these therapies.
	Loyalty Benefit – Orthodontic treatment	After 24 months of continuous Dental and Optical cover, the Dental Care Benefit will be extended to include orthodontic treatment where the treatment is recommended by a GP or a registered specialist.	Covered in the Dental Care Benefit limit.

Overview of features, benefits and limits of Premier Health Business™			
Benefit		A summary of what this covers	The Limits <div>The limits apply to each insured person. Refer to the policy document for full details.</div>
Proactive Health Option	Health Screening Benefit	Covers cost of the following tests: Bone, Bowel, Breast, Cervical, Heart and Postrate screening Eye test and/or visual field tests Hearing test Mole mapping	Up to \$750 each policy year.
	Allergy Testing and Vaccination Benefit	Covers the cost of the allergy testing and vaccination.	Up to \$100 each policy year.
	Dieticians and Nutritionist Consultations Benefit	Covers the cost of dieticians and/or nutritionist consultations.	Up to \$300 each policy year.
	Stay Active Benefit	Covers the cost of gym memberships, weight loss management programmes and quit smoking programs	Up to \$100 each policy year
	Loyalty Benefit – Health Check	Covers the cost of a medical examination by a GP after 24 months' continuous cover under this option	Up to \$150 every 24 months.
Serious Condition Lump Sum Option	Serious Condition Lump Sum Option	An immediate lump sum payment to spend in any way you like if an insured person with this option suffers for the first time (and after the policy starts) from any one of the specified trauma conditions (listed below). <div><div>Heart and circulation ✓ Aortic surgery⁵ ✓ Coronary artery bypass grafting surgery⁵ ✓ Major heart attack (Myocardial infarction)⁵ ✓ Heart valve surgery⁵</div><div>Functional loss / neurological ✓ Benign tumour of the brain and spinal cord⁵ ✓ Paralysis (Hemiplegia, Diplegia, Paraplegia, Quadriplegia, Tetraplegia) ✓ Stroke⁵</div><div>Organs ✓ Chronic liver failure ✓ Chronic lung failure ✓ Chronic renal failure ✓ Major organ transplant⁵ ✓ Pneumonectomy</div></div> The complete definitions, including what medical or diagnostic criteria determines when one of the above has been suffered, is detailed in the policy document. This option on an insured person ends once a payment has been made. Cover ends at age 70.	This option is available to adults aged 21 to 65. A different level of sum insured can be selected for each adult to be covered. You have a choice of sum insured – \$20,000 or \$50,000.

¹Any drugs used (including chemotherapy) must be on the Pharmaceutical Management Agency’s (PHARMAC) New Zealand Pharmaceutical Schedule Sections A to H and the PHARMAC funding criteria must be met, except where the contrary is specified in the policy. The PHARMAC schedule can be viewed at www.pharmac.govt.nz ²All costs paid under these benefits come within the benefit maximum for the Hospital-Surgical Benefit or Hospital-Medical Benefit limits (whichever applies). ³non-PHARMAC treatment at home will be covered for up to six months after you are admitted for treatment. This treatment must be approved by nib and the drugs must relate to it. ⁴This benefit is available when the claims within the preceding 24 months under the GP Option are less than \$150. ⁵If any of these trauma conditions occur within 90 days of the start date, or the date the cover is reinstated, no amount is payable. Note: All options incur an additional premium over and above the premium for the Base Cover. Each of the options includes all of the benefits listed under that option. For full details on the benefit maximums, exclusions, limitations or other conditions that may apply, please refer to the policy document. A copy of the policy document is available at nib.co.nz

More about Premier Health Business™

Public hospital allowance

If you need to attend a public hospital for three or more consecutive nights we'll give you a cash contribution that you can use for anything you wish, like petrol or parking costs.

Travel costs

If you need to travel more than 100kms from your home for surgery or cancer treatment, we'll pay for air, car, rail or bus travel costs for you plus a support person if your doctor recommends it.

Accommodation for your support person

We'll pay for your support person's accommodation if your doctor recommends they travel with you for surgery or cancer treatment more than 100kms from your home.

Premium waiver

If the policyowner dies before age 65 from any cause, we will pay the full premiums for all the remaining people on that policy for two years or until any of those people turn 65, whichever occurs first.

Suspension of cover for unemployment

You can put your cover on hold for up to 6 months if you should become unemployed, after 12 months' continuous cover.



Suspension of cover for travel

You can put your cover on hold for up to 24 months if you are travelling outside New Zealand for more than 90 consecutive days, after 12 months' continuous cover.

Case Manager for oncology claims

We have a dedicated person to help you through the often emotional process of cancer claims.



When does my cover start and finish?

To find out when your cover starts, please refer to your Acceptance Certificate or see your employer.

Cover will finish if:

- You leave paid employment with this employer (however we may be able to offer you alternative options so that you can continue your cover); or
- You do not have a valid work permit; or
- Your employer cancels this policy (however we may be able to offer you alternative options so that you can continue your cover).

Glossary of Terms

At nib we aim to explain information about our insurance products in a language our customers will understand. Below are explanations of some of the terms used in this brochure, but you are welcome to speak to us if you need any help with their meaning.

Anaesthetics

A drug given to cause deep sleep (general anaesthetic) or to numb a part of the body (local anaesthetic) used for short-term relief of pain.

Approved private hospital

A private hospital, day surgery unit, or private wing in a public hospital, within New Zealand that has been approved by nib.

Claim

The amount paid for the provision of a health service covered under the benefit in your policy.

Diagnostic investigation

An investigative medical procedure undertaken to determine the causes of a medical condition.

Excess

The amount of money you'll need to contribute towards the total cost of each diagnostic investigation or treatment.

Hospitalisation / hospitalised

Admission in New Zealand to an approved private hospital to undergo a surgical procedure under anaesthetic or for receiving medical treatment, chemotherapy or radiotherapy treatment for a medical condition.

Medical treatment (non-surgical)

When a person undergoes a form of medical treatment using drug treatment which does not involve surgery (e.g. asthma, diabetes or epilepsy).

PHARMAC

The Pharmaceutical Management Agency is a Crown entity. PHARMAC's objective, as outlined in the New Zealand Public Health and Disability 2000 Act, is to secure for eligible people in need of pharmaceuticals, the best health outcomes that are reasonably achievable from pharmaceutical treatment and from within the funding provided. www.pharmac.govt.nz

Pre-approval for a claim

Approval of a claim by nib prior to an insured person undergoing treatment, surgery or a diagnostic investigation.

Premium

The amount of money you pay to keep your insurance active. It can be paid weekly, fortnightly, monthly, quarterly, half-yearly or yearly.

Public health service or hospital

Healthcare or hospitalisation which is funded by the Government and used by the public.

Surgical

When a person undergoes a form of medical treatment using anaesthetics (e.g. general surgery, oral surgery or cardiac surgery).

Underwritten / underwriting

When your medical information provided to us in the application form is assessed by an underwriter. The underwriter determines the terms on which nib will offer insurance to you. On some occasions, an exclusion or an additional premium may be applied due to a pre-existing condition.



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Need help?

Call us on **0800 287 642**

Mon to Fri 8.00am – 5.30pm

Go to health.nib.co.nz/business

Email us at grouphealth@nib.co.nz