

Ultimate Health Max™ & Ultimate Health™

nib



Summary

Introducing two of nib's most comprehensive and flexible private health insurance policies – Ultimate Health Max and Ultimate Health. These policies offer nib's very best cover and protection for a wide range of essential health treatments and the costs that go with them.

With Ultimate Health Max and Ultimate Health you can choose a health specialist or provider you trust and if you need treatment, more flexibility with when and where you receive it. This can reduce unnecessary disruption to your life, stress, anxiety and possible wait times.

These policies are available exclusively through your financial adviser. This brochure includes information about how a financial adviser can help you understand the choices available and how to select the cover that best meets your needs and those of your family.

Contents

The Ultimate suite....04

Personalise your health insurance....06

Base Cover summary....08

Options to enhance your cover....10

Personalise your cover....12

Overview of benefits, features & limits of Ultimate Health....14

Options....18

Why nib?....20

nib First Choice network....21

Reasons for having comprehensive health insurance....23

True cost of health claims....24

The benefits of getting help from a financial adviser....26

A few things to keep in mind....28

Glossary of important terms....30



The Ultimate suite

Both Ultimate Health Max and Ultimate Health offer choice, certainty of cover terms and flexibility. They cover treatment for a range of serious medical conditions as well as treatment for many of the more common, everyday health problems you might experience. Without private health insurance, the costs of these treatments and the associated consultations and scans can be substantial.

Protection for all the family

Need protection only for yourself? Or does your partner, children and extended family also need protection? Ultimate Health Max and Ultimate Health policies can include the whole family: husband or wife, partner, children, parents, grandchildren and grandparents. You can also add family members after the policy commences (e.g. on the birth of a child - there's even a benefit for newborns), or you can take out a policy just for your children, or grandchildren.

Cover that meets everyone's needs

The foundation of your health insurance cover is the Ultimate Health Max or the Ultimate Health Base Cover. The Base Cover provides protection for many of the big expenses like surgery, medical and cancer treatment in a private hospital.

Options enhance the Base Cover. They cover different types of health services and provide extra levels of flexibility and protection.

Everyone on your policy can have a different Base Cover, excess and Options. No matter how many people are on your policy, everyone can get the cover they require.



Ultimate Health Max™ and Ultimate Health™ offer confidence and certainty

Certainty and clarity

Ultimate Health Max and Ultimate Health policies are underwritten at the time of application, which means you disclose your medical history upfront and get certainty about what you are covered for.

Getting help with making the right decision

Your financial adviser can help you identify and prioritise your health protection needs. Financial advisers are experienced specialists, understand health insurance and offer expert knowledge.

Personalise your health insurance

1. First choose your Base Cover and excess

Each person can choose either the Ultimate Health Max or Ultimate Health Base Cover. To help reduce premiums without sacrificing essential benefits, each person also chooses an excess* and the related premium discounts.

Ultimate Health Max™

OR

Ultimate Health™

AND

Excess alternatives and related premium discounts^

EXCESS	DISCOUNT
NIL	0%
$250	10%
$500	25%
$1,000	35%
$2,000	45%
$4,000	55%
$6,000	60%

*The excess applies to the claims each person makes under their Base Cover in the policy year, unless otherwise specified. Once their excess amount has been reached, nib will pay any further eligible claims within that policy year.

^ The level of discount may be changed from time to time. Discounts shown apply to single-life policies, the discount may vary for policies with multiple lives insured. Discounts shown apply to the entire premium of the single-life policy.



Mix and match to suit individual requirements

2. Then choose your Options

These Options enhance your protection in the areas that are important to you. Details of each Option are included on the following pages. Your financial adviser will explain each of the Options and the additional costs associated with them.

- Specialist Option
- GP Option
- Non-PHARMAC Plus Option
- Dental, Optical and Therapeutic Option
- Serious Condition Financial Support Option
- Proactive Health Option

Note: The excess each person chooses with their Base Cover does not apply to claims made under any of the Options that they choose.

Base Cover summary

Your Base Cover ensures you have cover for surgical and medical (non-surgical) treatments in a private hospital. Importantly, the Base Cover assists with paying the costs directly and indirectly associated with these treatments.

Ultimate Health Max™ – Base Cover

The Ultimate Health Max Base Cover includes all the benefits of Ultimate Health Base Cover - as well as some important additional benefits designed to increase your protection and to provide you with greater peace of mind.

The Ultimate Health Max Base Cover includes any future policy upgrades and policy benefits are guaranteed. Together, this means your cover will automatically be improved if favourable new benefits or enhancements are made to the Base Cover. Importantly, nib can only change your cover if requested by you or under other limited circumstances. This will also apply to any Options you select as part of your cover. Refer to pages 10 and 11 for information about the Options.

For many people, choosing a treatment provider they can trust is important. With Ultimate Health Max, you can choose any recognised health provider and be covered for 100% of actual costs, regardless of the provider's nib First Choice network* status (subject to the benefit limits and the terms of the policy and less any applicable policy excess).



New, more effective medicines are being developed every day but some are expensive and some are not subsidised by the government, especially when they are first available. This can put them out of the reach of many people needing treatment. Ultimate Health Max includes cover for Non-PHARMAC funded drugs for cancer as well as other health conditions (in hospital or at home), up to the Surgical or Non-Surgical Benefit maximums. Ultimate Health Max helps ensure access to a wide range of treatment regardless of First Choice network status. It's another reason why Ultimate Health Max is such a popular choice.

*For more information about the nib First Choice network, please refer to page 21.

Ultimate Health™ – Base Cover

The Ultimate Health Base Cover includes cover for surgical and medical (non-surgical) treatments in a private hospital.

Cancer treatment and treatment for other potentially life-threatening health conditions such as strokes and heart attacks are covered. Surgery carried out by a GP is also included, for example, mole removal.



Surgical and medical treatments often include the need for scans, consultations with specialists, medication, dressings, rehabilitation and of course a stay in a private hospital with nursing care and meals. These costs are included under the Base Cover* provided they are a necessary part of the surgery and occur within six months of the hospital admission itself.

Many other ancillary costs are also covered, some of these are specific to the treatment required. Others such as travel and accommodation (including an allowance for a support person) are included where the treatment isn't available within 100km of where you usually live.

Base Cover also includes cover for conditions like cataracts, grommets or varicose veins, that may not be considered life threatening but which can be expensive to treat, and if left untreated, can significantly impact your comfort and quality of life.

Sometimes you may think you have the early signs of a health problem and as part of the diagnosis, you are sent for tests or scans. When the news is good and no surgery or treatment is required, you'll also be reassured to know that there is a benefit that provides cover for major diagnostic investigations, whether hospitalisation is required or not.

There is also a benefit covering follow up investigations for up to five years after cancer treatment.

Under Ultimate Health, a co-payment of 20% applies to some benefits that cover specialist consultations and diagnostic tests. This means you will pay 20% towards the cost of these.

The co-payment doesn't apply to tests listed in the Diagnostics Schedule.
You can find a copy of the Diagnostics Schedule on the "What you're covered for" page at **nib.co.nz.**

With Ultimate Health Base Cover you'll be covered for 100% of eligible costs for treatment (subject to the benefit limits and the terms of the policy, less any applicable policy excess and/or co-payment) when you use an nib First Choice provider^. You can still choose to be treated by a recognised provider who is not part of the First Choice network and nib will pay the Efficient Market Price (EMP) for the health services they provide, less your applicable excess and/or co-payment and up to the benefit limit. However, you will be responsible for paying the difference between the amount the provider charges and what nib pays.

^For more information about the nib First Choice network, please refer to page 21.

*Any claim payments are subject to the specified benefit limits, excess, co-payment and applicable policy terms which can is outlined in the policy document.

Options to enhance your cover

These Options can be added to your Ultimate Health Max or your Ultimate Health Base Cover. Each person can add different Options to tailor the policy to their needs.

If you have chosen the Ultimate Health Max Base Cover, any Options you choose will also include the Ultimate Health Max future policy upgrades and guaranteed wording.

Specialist Option

Covers you for an unlimited number of specialist consultations and up to **$3,000** in each policy year for diagnostic procedures that don't result in hospitalisation. These diagnostics include X-rays, ultrasounds and mammograms.

This Option covers cardiac investigations, including cardiovascular ultrasounds, echocardiography and treadmill tests for up to **$60,000** each policy year.

Covers up to 100% of the cost up to the benefit limits. You won't pay any excess for claims under this option.

Ultimate Health - Covers either **80%** or **100%** of the cost up to the benefit limits, depending on the benefit. The co-payment doesn't apply to tests listed in the Diagnostics Schedule.

Ultimate Health Max - Covers up to **100%** of the cost up to the benefit limits.

You won't pay any excess for claims under this option.

Non-PHARMAC Plus Option

The New Zealand health system funds certain drugs through PHARMAC, significantly reducing their cost. But not all drugs are funded, and some are very costly, particularly when multiple cycles of treatment are required. This Option provides additional cover to the Non-PHARMAC cover available under the Ultimate Health Max Base Cover. Your cover applies while you are in hospital and for up to six months of subsequent home treatment, and includes any costs associated with administering the drugs.

You can choose from the following levels of cover:
$20,000, $50,000, $100,000, $200,000, $300,000.

This Option is available with Ultimate Health Max and not with Ultimate Health.

Serious Condition Financial Support Option

A one-off lump sum payment is made to help reduce the financial strain of dealing with specific trauma conditions. You can use this lump sum on whatever you would like; such as expensive out-of-hospital drug treatments, rehabilitation expenses, paying off the mortgage or maybe a holiday to recuperate.

You can be insured for either **$20,000** or **$50,000**. The Option covers 39 trauma conditions* including strokes, life-threatening cancers and major heart attacks. If you have this Option, there is free Serious Condition Financial Support cover for your children.

You won't pay an excess for a claim under this option.

*Some of the trauma conditions covered have a waiting period of three months. If any of these conditions (including signs and symptoms) occur within the first 3 months on this Option, or subsequently reoccur, that condition won't be covered under this Option.

GP Option

Perfect for those wanting to cover day-to-day healthcare costs. Particularly useful if a health problem develops and requires regular GP consultation. This Option covers up to twelve GP consultations plus cover for nurse visits, prescriptions and physiotherapy. There's also an Active Wellness Benefit (Ultimate Health Max only).

Covers 100% of the cost up to the benefit limits. A waiting period of 90 days applies.
You won't pay any excess for claims under this Option. *Sub limits apply.

Dental, Optical & Therapeutic Option

Ideal for trips to the dentist, chiropractor, podiatrist or osteopath, or when you need glasses or contacts. There are also benefits covering acupuncture, as well as speech, occupational and eye therapy.

Covers 80% of the cost up to the benefit limits. A waiting period of six months applies.
You won't pay any excess for claims under this Option.

Proactive Health Option

Encourages you to take proactive steps to look after your health, whether you want to check any medical concerns or you just want to stay fit and healthy.

You'll be covered for health screening, such as breast screening, prostrate screening, heart screening and mole mapping, allergy testing, vaccinations, gym memberships, weight loss management programmes, quit smoking programmes and routine health checks.

The premium for this Option is one set price regardless of your age, gender or smoking status. Plus you'll get up to a maximum of **$1,400*** worth of cover a year.

Covers 80% of the cost up to the benefit limits. A waiting period of six months applies.
You won't pay any excess for claims under this Option. *Sub limits apply



Personalise your cover

The Barker Family Health Cover*

The example shows how different family members on the same policy can have different Base Covers, excesses and Options.

It means your family health insurance is right for each family member.

Importantly it also means you only pay for what the family needs and overall costs are reduced, sometimes significantly.

*This is a fictional family and used as an example only. Seek individual advice for personalised cover Options that suit your needs and budget.

Mr Barker
Ultimate Health Max
- $500 excess
- Specialist Option
- Dental, Optical and Therapeutic Option

Mrs Barker
Ultimate Health Max
- $500 excess
- Non-PHARMAC Plus Option

Jessica Barker
Ultimate Health
- nil excess
- Specialist Option

Richard Jnr. Barker
Ultimate Health
- $250 excess
- Specialist Option

Overview of benefits, features and limits of Ultimate Health Max™ & Ultimate Health™

Benefit limits apply to each insured person every policy year unless otherwise specified. If an excess is chosen, this applies to the Base Cover only. Some benefits on Ultimate Health also have a co-payment of 20%. This means you pay for the first 20% of the eligible costs and we will pay the remaining 80%.

		Ultimate Health Max™	Ultimate Health™
Individual's medical history is asked		At application	At application
Cover for pre-existing conditions		Underwritten	Underwritten
Guaranteed benefits and future upgrades		✓	Not guaranteed
Application of excess		Per person per policy year	Per person per policy year
Flexibility to choose a different Base Cover for each person on one policy		✓	✓
Flexibility to choose a different excess level for each person on one policy		✓	✓
Flexibility to choose different Options for each person on one policy		✓	✓
Basis of cover	100% of eligible costs covered for services and treatment provided by an nib First Choice network provider	✓	✓
	100% of eligible costs covered for services and treatment by a provider that is not part of the nib First Choice network	✓[4]	No, EMP applies[1]
	20% co-payment will apply to some benefits that cover specialist consultations and diagnostic tests	Not applicable	✓

1. The EMP (Efficient Market Price) is the maximum amount we'll pay for a health service provided by a recognised provider who isn't part of our First Choice Network. **4.** This is subject to our UCR, which are the costs that are charged for a health service which we determine are usual, reasonable and customary according to our data. **Note**: This overview is not a policy document. It is an outline of the benefits of nib's Ultimate Health Max and Ultimate Health products. A full explanation of the benefits, exclusions and general terms are contained in the policy documents. A copy of each policy document is available at **nib.co.nz**

Base Cover

Benefit limits apply to each insured person every policy year unless otherwise specified. If an excess is chosen, this applies to the Base Cover only.

Benefit	What is covered	Ultimate Health Max™	Ultimate Health™
Surgical Benefit	Cover for private hospital surgical costs	Up to $600,000	Up to $600,000
Non-Surgical Benefit	Cover for private hospital non-surgical costs	Up to $300,000	Up to $300,000
Cancer Treatment Benefit[2]	Cover for surgical and non-surgical cancer treatments	✓	✓
Non-PHARMAC drugs in hospital[2]	Cover for Non-PHARMAC funded drugs for surgical and medical treatment in hospital	✓	Up to $20,000 for chemotherapy or immunotherapy only
Non-PHARMAC drugs at home[2]	Cover for Non-PHARMAC funded drugs for use at home up to 6 months after hospitalisation	✓	No cover
Breast Symmetry Post Mastectomy Benefit[2]	Cover for unilateral breast reconstruction and/or reduction surgery following a mastectomy	✓	✓
Cancer Treatment Accessories Support Benefit[2]	Cover towards the cost of a wig, hat, scarf or mastectomy bras during or within 6 months after cancer surgery or treatment	✓	No cover
Cancer Treatment Counselling and Support Services Benefit[2]	Cover for counselling and support services within 6 months after cancer surgery or treatment	✓	No cover
Cardiac Counselling and Support Services Benefit[2]	Cover for counselling and support services within 6 months after heart surgery	✓	No cover
Follow-up Investigations for Cancer Benefit[2]	Up to $3,000 for follow-up investigations for up to 5 years after cancer treatment	✓	✓
Diagnostic Investigations Benefit[2]	Cover for major diagnostic investigations whether hospitalised or not e.g. CT scans, MRI scans, PET scans, Colonoscopies and Gastroscopies	✓	✓*
Hospital Diagnostic Tests Benefit[2]	Cover for diagnostic investigations up to 6 months before and after being admitted to private hospital	✓	✓*
Hospital Specialist Consultations Benefit[2]	Cover for specialist or vocational GP consultations up to 6 months before and after being admitted to private hospital	✓	✓*
Specialist Second Opinion Benefit[2]	Cover for specialist consultations for a second opinion up to 6 months before and after being admitted to private hospital	✓	✓*
Travel and Accommodation Benefit[2, 3]	Travel costs for you and a support person, and accommodation costs for a support person when you need to travel further than 100km from where you live for treatment	✓	✓
Parent Accommodation Benefit[2]	Up to $3,000 for a parent's accommodation if an insured child is hospitalised – a GP or specialist recommendation is not required	✓	✓

***** A 20% co-payment will apply to some benefits that cover specialist consultations and diagnostic tests. The co-payment doesn't apply to tests listed in the Diagnostics Schedule. **2.** Any related costs paid under this benefit are deducted from the balance available in the benefit maximum for the Surgical Benefit or Non-Surgical Benefit (whichever applies) in each policy year. **3.** Individual sub-limits apply for both travel and accommodation and vary depending on the treatment received. **Note**: This overview is not a policy document. It is an outline of the benefits of nib's Ultimate Health Max and Ultimate Health products. A full explanation of the benefits, exclusions and general terms are contained in the policy documents. A copy of each policy document is available at **nib.co.nz**

Base Cover

Benefit limits apply to each insured person every policy year unless otherwise specified. If an excess is chosen, this applies to the Base Cover only.

Benefit	What is covered	Ultimate Health Max™	Ultimate Health™
Ambulance Transfer Benefit[2]	Covers for cost of road ambulance transfer from a public hospital or private hospital to the closest private hospital	✓	✓
Home Care Benefit[2]	Covers home care for up to 6 months after being discharged from private hospital. Up to $150 a day to a maximum of $6,000	✓	✓
Physiotherapy Benefit[2]	Cover for physiotherapy up to 6 months after being discharged from private hospital	✓	✓
Therapeutic Care Benefit[2]	Up to $1,000 for osteopathic, chiropractic and sports physician treatment, speech and occupational therapy, and dietitian consultations for up to 6 months after being discharged from private hospital	✓	✓
Delayed Treatment Benefit[2]	Cover available overseas if an insured person has to wait for treatment in New Zealand for 6 months or longer due to insufficient medical resources	✓	✓
Cover in Australia Benefit[2]	Up to either the EMP[1] or UCR charges[4] for surgery or treatment in Australia	UCR charges[4]	No cover
Overseas Treatment Benefit	Covers treatment and travel costs when treatment cannot be provided at all within New Zealand and the Ministry of Health has declined your application for funding	Up to $30,000 per visit	Up to $30,000 per visit
Medical Tourism Benefit[2]	Up to 75% of UCR charges[4], if an insured person elects to have treatment overseas, provided the treatment is available in New Zealand within 6 months	✓	No cover
High-Risk Pregnancy Benefit	Cover for treatment by an obstetrician to assess and monitor recognised risk factors with your pregnancy	Up to $4,000 per pregnancy	Up to $2,000 per pregnancy
Foot Surgery Benefit	Up to $6,000 for podiatric surgery including one pre and one post consultation and associated X-rays	✓	✓
Pre-existing Cover for Newborns	Cover for pre-existing conditions (other than congenital) for dependent children when added within 4 months of birth	✓	✓
Public Hospital Payment	Up to $3,000 payment when admitted to a public hospital for 3 or more consecutive nights	✓	No cover
Hospice Benefit	Up to $3,000 when admitted to a hospice for 3 or more consecutive nights	✓	No cover
Eye Injections Benefit	Up to $3,000 for intravitreal eye injections	✓	✓

1. The EMP (Efficient Market Price) is the maximum amount we'll pay for a health service provided by a recognised provider who isn't part of our First Choice Network. **2.** Any related costs paid under this benefit are deducted from the balance available in the benefit maximum for the Surgical Benefit or Non-Surgical Benefit (whichever applies) in each policy year. **4.** This is subject to our UCR, which are the costs that are charged for a health services which we determine are usual, reasonable and customary according to our data. **Note**: This overview is not a policy document. It is an outline of the benefits of nib's Ultimate Health Max and Ultimate Health products. A full explanation of the benefits, exclusions and general terms are contained in the policy documents. A copy of each policy document is available at **nib.co.nz**

Base Cover - continued

Benefit limits apply to each insured person every policy year unless otherwise specified. If an excess is chosen, this applies to the Base Cover only.

Benefit	What is covered	Ultimate Health Max™	Ultimate Health™
Skin Lesion Surgery Benefit	Cover for specialist skin lesion surgery	✓[2]	Up to $6,000
GP Surgery Benefit	Cover for GP minor surgery	Up to $5,000	Up to $1,500
ACC Top-up Benefit[2]	Covers the difference in costs between what is payable by ACC for an injury and the actual cost of your surgery or treatment	✓	✓
ACC Treatment Injury Benefit[2]	Cover for reparative treatment for any injury that occurs during treatment we've paid for that isn't covered by ACC	✓	✓
Medical Misadventure Benefit	$30,000 lump sum payment in case of death due to medical misadventure	✓	✓
Funeral Support Benefit	A lump sum payment if an insured person dies between the age of 16 and 64	$10,000	$5,000
Waiver of Premium Benefit	Up to 2 years of premium waiver if the policy owner dies before age 70	✓	✓
Terminal Illness Waiver of Premium Benefit	Up to 6 months premium waiver if the policyowner is diagnosed with a terminal illness before age 70	✓	No cover
Loyalty - Suspending your Cover Benefit	Cover can be suspended for the specified circumstances after 12 months of continuous cover	Travels overseas, takes parental leave, becomes unemployed or redundant	Travels overseas, takes parental leave, becomes unemployed or redundant
Loyalty - Sterilisation Benefit	Covers a sterilisation procedure for contraception after 2 years of continuous cover, up to the specified benefit limit	✓[2]	Up to $1,000 per lifetime
Loyalty – Weight Loss Surgery Benefit[2]	Up to a lifetime limit of $10,000 for the cost of sleeve gastrectomy, gastric banding or bypass surgery, after 3 years of continuous cover	✓	No cover
Loyalty – Breast Reduction Surgery Benefit[2]	Up to a lifetime limit of $10,000 for the cost of bilateral breast reduction surgery, after 3 years of continuous cover	✓	No cover
Loyalty – Check Up Benefit[2]	Up to $100 for a check up by a GP every 3 years for each insured adult, after 3 years of continuous cover	✓	No cover

2. Any related costs paid under this benefit are deducted from the balance available in the benefit maximum for the Surgical Benefit or Non-Surgical Benefit (whichever applies) in each policy year. **Note**: This overview is not a policy document. It is an outline of the benefits of nib's Ultimate Health Max and Ultimate Health products. A full explanation of the benefits, exclusions and general terms are contained in the policy documents. A copy of each policy document is available at **nib.co.nz**



Additional Options

Benefit limits apply to each insured person every policy year unless otherwise specified. Each person on one policy can choose the Options they would like from those available on the chosen product.

Options	What is covered	Ultimate Health Max™	Ultimate Health™
Specialist Option	Unlimited specialist or vocational GP consultations	✓	✓*
	Unlimited specialist or vocational GP consultations for a second opinion	✓	✓*
	Up to $500 for sports physician treatment	✓	✓
	Up to $3,000 for any diagnostic investigations e.g. X-rays, ultrasounds and mammograms	✓	✓*
	Up to $60,000 for cardiac investigations e.g. treadmills, holter monitoring, cardiovascular ultrasounds and myocardial perfusion scans	✓	✓*
	Cover for pre-existing conditions (other than congenital) for dependent children when added within 4 months of birth	✓	✓
Proactive Health Option[5]	Up to $750 for the following health screening tests: bone, bowel, breast, cervical, heart, prostate, eye / visual field, hearing and mole mapping	✓	✓
	Up to $100 for allergy testing and vaccinations		
	Up to $300 for dietitian or nutritionist consultations		
	Up to $100 towards gym memberships, weight-loss management programmes and quit smoking programmes		
	Up to $150 for medical check test by a GP or nurse practitioner, at the end of every 24 months of cover under this Option		
Serious Condition Financial Support Option	One-off lump sum payment if you are diagnosed with one of a number of serious conditions (as defined)	39 conditions	39 conditions
	Choice of cover: $20,000 or $50,000	✓	✓
	An additional lump sum payment for paralysis (as defined), equal to the amount of the sum insured	✓	✓
	Up to 50% of the sum insured is paid if an insured person's child (between the age of 2 to 20, whether or not they are on the policy) suffers one of the defined serious conditions	✓	✓

*A 20% co-payment will apply to some benefits that cover specialist consultations and diagnostic tests. The co-payment doesn't apply to tests listed in the Diagnostics Schedule. **5.** This option covers any pre-existing conditions after the applicable waiting period has been served. Non-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. **Note**: This overview is not a policy document. It is an outline of the benefits of nib's Ultimate Health Max and Ultimate Health products. A full explanation of the benefits, exclusions and general terms are contained in the policy documents. A copy of each policy document is available at **nib.co.nz**

Additional Options

Benefit limits apply to each insured person every policy year unless otherwise specified. Each person on one policy can choose the Options they would like from those available on the chosen product.

Options	What is covered	Ultimate Health Max™	Ultimate Health™
GP Option	Up to 12 consultations of up to $55 for visits in a GP's practice. $85 for home visits or $25 for ACC visits	✓	✓
	Up to $200 for each GP surgery	✓	✓
	Up to $300 for pharmaceutical prescriptions	✓	✓
	Up to $400 for physiotherapy	✓	✓
	Up to $30 per visit for 6 nurse practitioner visits	✓	✓
	Up to $150 towards the cost of sports clubs, gym memberships, or fitness equipment purchased after 2 years of continuous cover under this Option (if claims have been less than $150)	✓	No cover
	Cover for pre-existing conditions (other than congenital) for dependent children when added within 4 months of birth	✓	✓
Non-PHARMAC Plus Option	Additional cover for the cost of Non-PHARMAC funded drugs that are Medsafe approved, not just cancer, used both in private hospital or at home* and meet Medsafe guidelines for use	✓	Not available
	Choice of cover: $20,000 • $50,000 • $100,000 • $200,000 • $300,000	✓	Not available
Dental, Optical and Therapeutic Option	Up to $500 for dental treatment e.g. examination, cleaning, scaling, fillings, x-rays, removal of teeth, and crowns. Orthodontic treatment is also covered after 2 years of continuous cover under this Option.	✓	✓
	Up to $275 for optometrist, orthoptist and optician consultations / examinations		
	Up to $330 for prescription eyewear if there is a change of vision		
	Up to $250 for audiometric tests and $250 for audiology treatment		
	Up to $250 for acupuncture treatment		
	Up to $250 for chiropractic treatment and $80 for related X-rays		
	Up to $250 for osteopathy treatment and $80 for related X-rays		
	Up to $250 for podiatry treatment		
	Up to $300 for speech therapy, occupational therapy and eye therapy		
	Cover for pre-existing conditions (other than congenital) for dependent children when added within 4 months of birth		

*Non-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. **Note**: This overview is not a policy document. It is an outline of the benefits of nib's Ultimate Health Max and Ultimate Health products. A full explanation of the benefits, exclusions and general terms are contained in the policy documents. A copy of each policy document is available at **nib.co.nz**

Why nib?

nib's purpose is your better health and wellbeing. We're here to help Kiwis and their families live healthier, happier and financially secure lives. We do this by offering insurance that's easy to use and affordable while also helping connect our members to the right tools and services to improve their health and wellbeing.

As part of the nib Group we protect the health and financial wellbeing of over 1.5 million Kiwis and Aussies every day, so you'll be in good hands. With hundreds of thousands of New Zealand customers, we know about the cover Kiwis and their families need, so we've designed a range of health insurance policies to suit. At nib we believe that health insurance should be easy to understand, easy to claim on and great value.

Claiming is easy

Our core business is paying claims and being there when you need us most.

On average every week nib pays over $4.1 million in claims*.

We aim to make the claims process as simple and hassle-free as possible. It's easy to submit them yourself through the **mynib app** or **nib website**. Alternatively your treatment provider can submit them on your behalf with the nib First Choice Portal.

*June 2023 - nib nz claims.

Starting your cover

You can choose whether to have your cover start shortly after we process your application, or at a set date up to six weeks later.

14-day free-look period

To give you time to consider your policy, nib provide a 14-day free-look period. During this time if the policy isn't right, it can be cancelled and nib will refund any premiums paid, providing no claims have been made.

Premium payment alternatives

nib offers a range of different payment options including direct debit or credit card, and various payment frequencies including weekly, fortnightly, monthly, quarterly, half-yearly or yearly.



nib's First Choice network

The nib First Choice network is a network of health service providers that treat nib clients within nib's First Choice price range. nib established the network to help manage claims costs and premium increases over time. Health service providers are able to lodge pre-approvals and claims on behalf of policy holders, reducing effort for clients and speeding up payments.

To learn more about the network and search for providers in your area visit the nib First Choice Directory **nib.co.nz/find-a-provider**



The importance of private health insurance

Your health is one of your greatest assets – it helps you earn an income, support your family and enjoy life. Private health insurance is an investment in your quality of life.

7 reasons for having comprehensive health insurance

01. **Greater choice.**
You choose who you receive treatment from, and with your GP or Specialist, you decide when and where. Being able to choose reduces uncertainty and enables you to make plans and minimise disruption.

02. **Less waiting.**
While you're waiting for treatment in the New Zealand public health system your health could be deteriorating and secondary effects could be developing. If you're in pain, waiting can be difficult and emotionally draining.

03. **Less worry.**
People often worry when they are waiting for treatment and so do the people who love and support them. Reducing waiting time can reduce worry time.

04. **Less lost income - financial support.**
Bad health could result in time off work and lost income for you or a supportive family member. And if you're paying for treatment yourself, that's an additional financial burden.

05. **Access to leading edge treatments.**
Health practices and treatments are advancing rapidly. Private health insurance can give you access to treatments that you may not otherwise be able to afford and to drugs that are Medsafe approved but not funded by PHARMAC.

06. **Preventative care.**
With the Proactive Health Option, it's easier to stay healthy, and to enjoy life and all the things you've worked hard for.

07. **Increased certainty and confidence about the future.**
Private health insurance provides you with greater certainty about access to support and treatment when you need it. With Ultimate Health Max, nib cannot remove benefits or reduce benefit limits except under very limited circumstances.

Private health insurance is an investment in your quality of life.

True cost of health claims

Here are some common treatments you or your family could experience

Cancer treatments

Removal of cancerous skin lesion
$2,300 - $4,100

Chemotherapy
$18,000 - $180,000
(Per treatment cycle)

Radiotherapy
$20,000 – $60,000
(Per treatment cycle)

Diagnostics

PET Scan
$2,500 – $3,500

MRI Scan
$1,500 – $2,800

CT Scan
$1,000 – $2,100

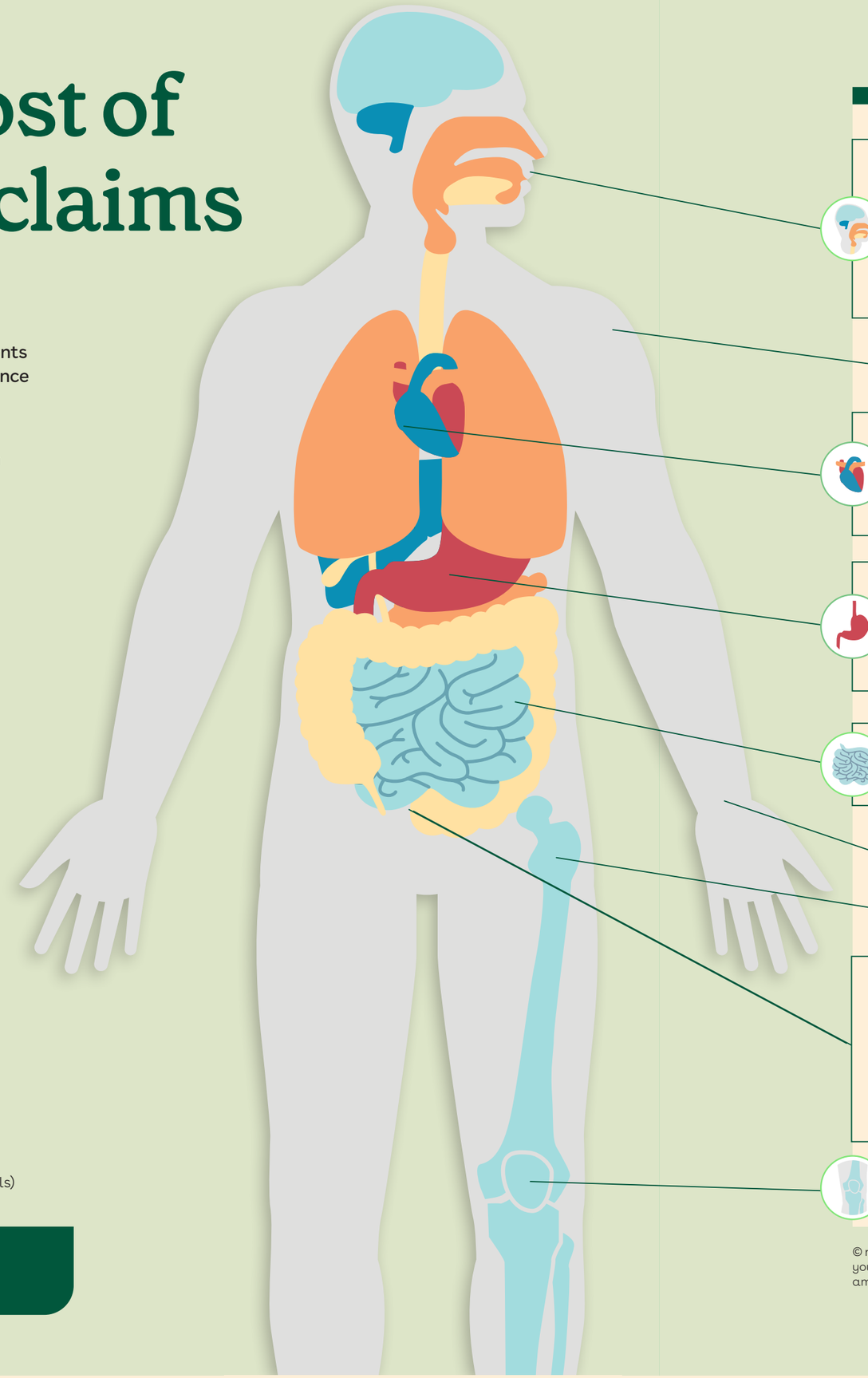
Ultrasound
$300 – $600

Children 0-20 years

Grommets
$2,200 – $3,500
(Insertion of tubes in the eardrums)

Adenotonsillectomy
$4,000 – $5,500
(Surgical removal of adenoids and tonsils)

For more information
talk to your adviser.



Cataract surgery (unilateral) $3,600 - $5,000
Removal of the cloudy lens from the eye affecting vision

Wisdom teeth removal x4 $4,200 - $5,800
Surgical removal of wisdom teeth (third molars)

Septoplasty & trimming of turbinates $3,000 - $3,900
Straightening of the nasal septum

Tonsillectomy $5,200 - $6,200
A surgical procedure to remove the tonsils

Skin biopsy $500 - $800
A procedure to remove skin cells for laboratory testing

Coronary artery bypass $50,000 - $75,000*
A surgical procedure where a healthy artery or vein is grafted to bypass the blocked artery/vein

Coronary artery bypass and valve replacement $83,000 - $110,000*
A surgical procedure where a Coronary Artery Bypass is performed as well as a valve replacement to repair or replace diseased heart valves

Gastroscopy $1,300 - $2,100
A diagnostic procedure to look inside the throat and stomach

Cholecystectomy laparoscopic $9,900 - $13,000
Surgical removal of the gall bladder

Kidney stone lithotripsy $10,000 - $13,300
A procedure used to break up kidney stones

Colonoscopy $2,000 - $3,300
A diagnostic procedure to look at the large bowel and sample tissue

Abdominal hernia repair $5,500 - $11,000
Surgical repair of weakness in the abdominal wall

Carpal tunnel decompression (unilateral) $2,000 - $4,600
Incision to divide the band of tissue which is constricting the nerve

Total hip joint replacement (unilateral) $22,000 - $28,000
Replacement of the hip joint with an artificial joint

Hysterectomy $14,000 - $20,000
Surgical removal of the uterus

Resection of endometriosis (grade 1, 2, 3, or 4) $10,900 - $19,500
Surgical removal of the uterine cells from the pelvis or abdomen

Transurethral resection of prostate $8,500 - $11,000
A surgical procedure to cut away a section of prostate

Prostate biopsy $5,500 - $8,000
A procedure to look for cancer cells in the prostate

Total knee joint replacement (unilateral) $25,000 - $28,000*
Replacement of the knee joint with an artificial joint

© nib nz limited. Source: nib claim statistics December 2022 and *August 2023.. 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.

The benefits of getting help from a financial adviser

Many people find financial issues and decisions overwhelmingly complex, particularly when they are balancing short and long-term needs and what they can afford. A financial adviser will help simplify the process, the decisions and will do most of the work necessary to keep the process moving, while you get on with your life.

Financial advisers work independently of nib and have various ways of advising their clients.



⊕ Understanding your circumstances

When you talk to a financial adviser, they'll probably start by describing how they usually work with clients. They'll also want to understand your situation and the services you need. You might want to focus just on health insurance or you might be interested in how they can help you with other financial services such as life insurance, obtaining a mortgage or investment advice and KiwiSaver.

⊕ Clarifing needs and prioritising

Your adviser will work with you to help prioritise your immediate and your longer term financial needs and goals, taking into consideration the needs of your partner and children, if applicable. Your financial adviser can simplify what could otherwise be a quite complex process.

⊕ Decision time

You'll have some choices to make. Health and life and living insurance are usually part of a financial adviser's recommendation. An ongoing health condition can mean ongoing loss of income and ongoing costs. Your financial adviser will recommend cover Options that meet the needs of you and your family. This is an area where their specialist expertise is invaluable.

⊕ Application

Your financial adviser will help you apply for cover using the nibAPPLY online application tool. It's fun, fast and easy. The information you provide is important and must be complete and accurate. nib will assess your application and advise if there are any exclusions that will apply (usually related to health issues in the past). Your financial adviser will explain these and help you decide the best way forward.

⊕ Suppose you need to make a claim

It's good to know you're covered with nib when you need to make a claim. Your adviser can help you with pre-approval and making a claim if you wish, so you can focus on recovering. nib health insurance claims can be made through your treatment provider, online or through the **mynib** app.

⊕ Your annual 'health insurance check-up'

A lot can change in a year, so it's important to review your cover to check it still suits your needs. This annual check-up is part of the service many advisers provide and is a good time to see if there are any opportunities to save you money.

This is how your financial adviser might work with you

01. You and your adviser engage and agree on the services you require.

02. You and your adviser clarify your financial needs and priorities.

03. Your adviser researches possibilities and alternatives.

04. Your adviser offers alternatives and recommendations. You decide.

05. Your adviser implements your decisions.

06. Your adviser makes sure your protection is still meeting your needs.

A few things to keep in mind

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

The public health system isn't always able to provide immediate care

For non-critical health problems, even serious ones like a heart condition, you could face waiting lists. It may take several months to be treated.

Some drugs and treatments aren't available or funded through the public health system

Private health insurance can assist with paying for your treatment with drugs that are not funded by PHARMAC. You and your health specialist can have more treatment options for getting you back on your feet.

ACC only goes so far

Many people mistakenly assume that ACC will take care of them if they become ill. But ACC doesn't provide for treatment associated with illness or ageing or for conditions that are considered to be due to gradual deterioration or wear.

One of the benefits of Ultimate Health Max and Ultimate Health is a top up for your surgical or non-surgical ACC claims.

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.

If you have to pay for a series of expensive treatments, the cumulative costs can be daunting.



Glossary of important 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 we use, but you are welcome to speak to us, or your financial adviser, if you need help with any of the words used in this brochure.

Benefit limit

The maximum amount nib will pay for each benefit, for each insured person every policy year.

Claim

A request for the payment of benefits covered under your policy.

Co-payment

The portion of a claim that you pay.

Diagnostic investigation

An investigative medical procedure undertaken to determine the presence or causes of a sign, symptom or medical condition.

Efficient Market Price / EMP

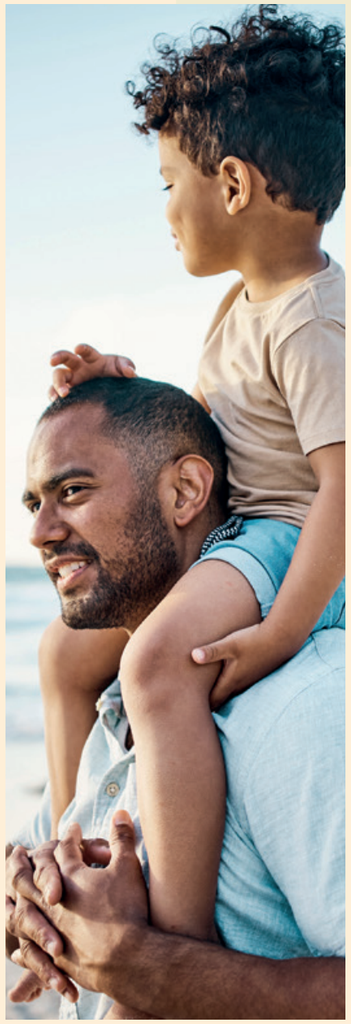
The maximum amount (as may change from time to time) nib will pay for a health service provided by a recognised provider that is not part of the First Choice network.

Excess

The amount of money you will need to contribute each policy year towards the cost of investigations or treatment claimed by each insured person under your policy.

Hospitalisation / hospitalised

Admission in New Zealand to a private hospital to undergo a surgical procedure or for receiving non-surgical treatment or cancer treatment.



Medical (non-surgical) treatment

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

Medsafe

New Zealand Medicines and Medical Devices Safety Authority, a Business unit of the Ministry of Health with responsibility for administering the Medicines Act 1981 and the Medicines Regulations 1984.

nib First Choice network

The nib First Choice network features nib recognised health service providers that provide our customers with services and treatment within nib's First Choice price range, meaning you will have 100% of your approved costs covered (up to your benefit limit and in line with your policy, less any applicable excess and/or co-payment).

PHARMAC

The Pharmaceutical Management Agency is a Crown entity. PHARMAC's objective, as outlined in the New Zealand Public Health and Disability Act 2000, 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 (pharmac.govt.nz).

Pre-approval for a claim

Our advanced confirmation that an insured person is eligible to claim.

Premium

The amount of money you pay to keep your insurance active. It can be paid weekly, fortnightly, monthly, quarterly, half-yearly or yearly. This includes any policy fee that may apply to your policy.

Private hospital

A private hospital, day surgery unit, cancer clinic, or private wing in a public hospital, within New Zealand that is recognised by nib.

Public health service or hospital

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

Surgical / surgery

An operation performed under anaesthetic by a recognised provider, which requires a surgical incision to remove or repair damaged or diseased tissue.

Underwritten / underwriting

When your medical information provided to us in the application form is assessed by an underwriter. They determine 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.

Note: This brochure is not a policy document. It is an outline of the main features and benefits of the nib Ultimate Health Max and Ultimate Health policies and was last updated in October 2023. A full explanation of the features, benefits and exclusions are contained in the policy documents. Copies of the policy documents are available at **nib.co.nz**

Need help?

Speak to your financial adviser
Go to **nib.co.nz**
Email us at **contactus@nib.co.nz**

© 2025 nib nz limited.
NIB00371_1025