

Ultimate Health™ & Ultimate Health Max™



nib
health cover

it's worth it



This brochure is an introduction to our two most comprehensive and flexible private health insurance policies. These policies offer the very best cover, so you can have peace of mind when it comes to your health. They're available exclusively through your financial adviser who can help you understand all of the choices available and help you select the best Base Cover and additional options to suit each person on your policy.

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Need help?

Speak to your financial adviser or
call us on **0800 777 642**
Mon to Fri **8.00am – 5.30pm**
Go to **nib.co.nz**
Email us at **needadvice@nib.co.nz**

The Ultimate suite

Ultimate Health™ and Ultimate Health Max™

Our most comprehensive health insurance policies.

Ultimate Health and Ultimate Health Max offer complete choice and flexibility, so you can tailor your policy to suit your needs perfectly. It means you can get cover for what you want to be covered for.

Add your family

When it comes to your family's healthcare needs, Ultimate Health and Ultimate Health Max provide total peace-of-mind. You can add your family members to your policy – including children, parents, grandchildren and grandparents – so all can enjoy the full flexibility and comprehensive cover these policies offer. Plus we give you a 2.5% discount off the overall premium if you have more than one person on your policy.



Get peace of mind

Both policies are underwritten at the time you apply, which means you disclose your medical history upfront, giving you more certainty about what you can claim for.

Choose your cover

At the heart of both Ultimate Health and Ultimate Health Max is a Base Cover, which provides high-level cover for many of the big expenses, such as surgical, medical (non-surgical) and cancer treatment in a private hospital. Each person on your policy can tailor their own cover by selecting either the Ultimate Health or Ultimate Health Max Base Cover, depending on the level of cover they'd like.

And the flexibility doesn't end there! Each person can also choose their own Base Cover excess amount and pick from a range of additional options to suit them. So no matter how many people you have on your policy, everyone gets the cover they need.

Building the Ultimate policy for you and your family is easy - see how over the page.

Procedures covered

- ✓ Extraction of wisdom teeth (12 month waiting period)
- ✓ Sinus and nasal surgeries
- ✓ Ankle surgeries
- ✓ Skin lesion surgeries
- ✓ Tonsils, adenoids and grommets
- ✓ Cancer surgeries and treatment (chemotherapy, radiotherapy and brachytherapy)
- ✓ Breast surgeries
- ✓ Gynaecological surgeries
- ✓ Urology surgeries
- ✓ Gall bladder, liver, spleen and kidney surgeries
- ✓ Shoulder surgeries
- ✓ Digestive tract surgeries
- ✓ Varicose vein surgeries
- ✓ Heart surgeries
- ✓ Hip and knee surgeries
- ✓ Eye surgeries e.g. cataracts
- ✓ Brain surgeries
- ✓ Back and neck surgeries
- ✓ Hand, foot and toe surgeries
- ✓ Non-surgical hospitalisation e.g. intravenous antibiotics.

Build your Ultimate policy



First

choose your **Base Cover and excess**

Each person on the policy can choose either the **Ultimate Health™** or **Ultimate Health Max™** Base Cover.
To help manage premiums, each person can also choose their own excess amount from a range of options between nil and \$6,000 for a premium discount of up to 60%.



Excess options and related premium discounts:	
Nil	0%
\$250	5%
\$500	25%
\$1,000	35%
\$2,000	45%
\$4,000	55%
\$6,000	60%










Then

choose your **additional options**

For an additional premium, each person on the policy can add different additional options to tailor the policy to their needs.

-  Specialist Option
-  GP Option
-  Dental & Optical Option
-  Serious Condition Financial Support Option
-  Proactive Health Option

Base Cover



Ultimate Health™ Base Cover

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 specialist consultations and diagnostic tests within six months of admission to a private hospital
- ✓ 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 for your baby's pre-existing conditions (other than congenital conditions) if you add them to your existing policy within four months of birth
- ✓ Cover for parent accommodation if your child (under 21) is hospitalised, whether or not your doctor recommends the support
- ✓ 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
- ✓ Cover towards the cost of obstetrics care when recommended by your doctor
- ✓ Case Manager for oncology (cancer) claims – we will allocate a dedicated claims assessor to help you and your family, allowing you to concentrate on your recovery
- ✓ Cover for surgery or treatment overseas if it's not available in New Zealand or can't be provided within six months of the recommended time, including travel for you plus a support person if your doctor recommends it
- ✓ Cover for malignant skin lesion surgery performed by a registered specialist as well as one pre or one post surgery consultation
- ✓ We will waive the premiums for all the people covered on your policy if the policyowner dies between the ages of 16 and 65 years.



Ultimate Health Max™ Base Cover

Key features

Everything covered in Ultimate Health™ Base Cover plus the addition of the following:

- ✓ We will also waive the premiums for all people covered on your policy for three months if the policyowner is diagnosed with a terminal illness between the ages of 16 and 65 years.
- ✓ Cover for non-PHARMAC funded drugs which are Medsafe approved but not subsidised by the government.
 - Chemotherapy drugs approved for eye conditions, including treatment by intravitreal eye injections
 - Chemotherapy drugs used for autoimmune conditions such as bowel disease and Rheumatoid arthritis
 - Chemotherapy drugs used in conjunction with PHARMAC approved drugs

Most cancers are treated with a combination of chemotherapy drugs. Each drug has a specific function and reacts in a specific way. Different chemotherapy drugs may be prescribed depending on the type of tumour being treated, which may or may not include any non-PHARMAC funded drugs.



Additional options

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 1year for costs such as cardiovascular ultrasound, echocardiography and treadmills.

* Covers 100% of the cost up to the above benefit limits.

GP Option

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.

You won't pay any excess for this option.

Key features

- ✓ GP visits: up to \$55 each visit or up to \$80 each home 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 (provided your total claims under the GP option are less than \$150).

* Covers 100% of the cost up to the above benefit limits. A waiting period of 90 days applies.

Dental & Optical Option

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% of the cost up to the above benefit maximums. A waiting period of six months applies.

Serious Condition Financial Support Option

Pays out a one-off lump sum amount to help reduce the strain 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 39 trauma conditions* including stroke, life-threatening cancer and major heart attack
- ✓ Free cover for your children under this option
- ✓ Additional payment for paralysis equal to your sum insured amount.

* Some of the trauma conditions covered have a waiting period of 90 days.



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. 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.

After six months of cover you can claim back 80% of your costs and your pre-existing conditions will be covered.

You won't pay an excess for this option.

Key features

- ✓ Health screening: up to \$750 each policy year for costs such as breast screening, prostate screening and mole mapping
- ✓ Allergy testing and vaccinations: up to \$100 each policy year
- ✓ Dietician/nutritionist consultations: up to \$300 each policy year
- ✓ Gym membership, weight loss management programmes and quit smoking programmes: up to \$100 each policy year
- ✓ Routine health check benefit: \$150 for each person after two years of continuous cover on this option, for the cost of a medical examination by a GP.

Covers 80% of the cost up to the above benefit maximums. A waiting period of six months applies.



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

Base Cover		Benefit limits apply to each insured person every policy year unless otherwise specified. If an excess has been included this will be deducted where applicable.	
Benefit	What is covered	Ultimate Health™	Ultimate Health Max™
Hospital surgical benefit	Up to \$300,000 for private hospital surgical costs – includes any related costs under other applicable benefits (see * below)	✓	✓
Hospital medical benefit	Up to \$200,000 for private hospital medical costs – includes any related costs under other applicable benefits (see * below)	✓	✓
Cancer treatment in hospital benefit*	Cover for surgical and medical cancer treatments	✓	✓
Non-PHARMAC drugs benefit*	Cover for non-PHARMAC drugs for surgical and medical treatment	No cover	✓
Follow-up investigations for cancer benefit*	Up to \$3,000 for follow-up investigations for five years after cancer treatment	✓	✓
Major diagnostics benefit*	Cover for major diagnostic investigations whether hospitalised or not e.g. CT, MRI and PET Scan, Colonoscopy, Gastroscopy	✓	✓
Hospital diagnostics benefit*	Cover for diagnostic investigations up to six months before and after hospitalisation	✓	✓
Hospital specialist consultations benefit*	Cover for registered specialist consultations up to six months before and after hospitalisation	✓	✓
Travel and accommodation benefit*	Up to \$5,000 for an insured person and an accompanying supporting person travel and accommodation for each hospitalisation	✓	✓
Parent accommodation benefit*	Up to \$3,000 for a parent's accommodation if a child is hospitalised. GP or specialist recommendation is not required	✓	✓
Ambulance transfer benefit*	Cover for the cost of road ambulance from a public hospital or private hospital to the closest private hospital	✓	✓
Home nursing care benefit*	Up to \$6,000 for home nursing after hospitalisation	✓	✓
Physiotherapy benefit*	Up to \$750 for physiotherapy after hospitalisation	✓	✓
Therapeutic care benefit*	Up to \$250 for osteopathic and chiropractic treatment, speech and occupational therapy and dietician consultations after hospitalisation	✓	✓
Delayed care benefit*	Cover available overseas if an insured person has to wait for treatment in New Zealand for 6 months or longer	✓	✓
Overseas treatment benefit	Up to \$30,000 per visit for treatment not available in New Zealand when the Ministry of Health provides partial funding	✓	✓
Cover in Australia benefit*	Up to 75% of UCR charges for treatment in Australia	✓	✓
Obstetrics benefit*	Up to \$2,000 for treatment by an obstetrician for each pregnancy	✓	✓
Pre-existing cover for newborns benefit*	Cover for pre-existing conditions (other than congenital) for dependent children when added within four months of birth	✓	✓
Public hospital cash benefit	Up to \$3,000 cash payment when admitted to a public hospital for three or more consecutive nights	✓	✓
Intravitreal eye injections benefit	Up to \$3,000 for intravitreal eye injections	✓	✓
Specialist skin lesion surgery benefit	Cover for specialist skin lesion surgery up to the specified benefit limit	Up to \$6,000	*Up to \$300,000
GP minor surgery benefit	Up to \$750 for GP minor surgery	✓	✓
ACC top-up benefit*	Covers the difference in costs between what ACC has paid and the actual costs incurred	✓	✓
ACC treatment injury benefit*	Covers surgical treatment for any injury which occurred during treatment	✓	✓
Medical misadventure benefit	\$30,000 lump sum payment in case of death due to medical treatment	✓	✓
Funeral support benefit	\$3,000 lump sum payment if an insured person dies between ages 16 and 64 – no excess applies to this benefit	✓	✓
Premium waiver benefit	Up to 2 years of premium waiver if the policyowner dies before age 65	✓	✓
Premium waiver extensions benefit	Up to 3 months premium waiver if the policyowner is diagnosed with a terminal illness of 3 months or less life expectancy before age 65	No cover	✓
Loyalty benefit – suspension of cover	Cover can be suspended for up to six months for unemployment or for up to 24 months for travel outside of New Zealand	✓	✓
Loyalty benefit – sterilisation	Up to \$1,000 for each sterilisation procedure, after 2 years of continuous cover – no excess applies to this benefit	✓	✓
Loyalty benefit – wellness	Up to \$100 for a medical examination by a GP every 3 years for each adult, after 3 years of continuous cover	✓	✓

This overview is not a policy document. It is an outline of the benefits of nib Ultimate Health Cover and Ultimate Health Max Cover. A full explanation of the benefits, exclusions and general terms are contained in the policy document. A copy of the policy document is available at nib.co.nz

Additional options		Benefit limits apply to each insured person every policy year unless otherwise specified. The Base Cover excess does not apply to these options.	
Benefit	What is covered	Ultimate Health™	Ultimate Health Max™
Specialist Option	Specialist consultations benefit	✓	✓
	General diagnostics benefit		
	Cardiac investigations benefit		
	Pre-existing cover for newborns benefit		
GP Option	General Practitioner benefit	✓	✓
	Prescriptions benefit		
	Physiotherapy benefit		
	Nurse and nurse practitioner benefit		
	Pre-existing cover for newborns benefit		
	Active wellness benefit		
Dental and Optical Option	Dental care benefit	✓	✓
	Eye care benefit		
	Ear care benefit		
	Acupuncture benefit		
	Spinal care benefit		
	Joint care benefit		
	Foot care benefit		
	Speech, occupation and eye therapy benefit		
	Pre-existing cover for newborns benefit		
	Orthodontic treatment benefit		
Serious Condition Financial Support Option	Cover options	✓	✓
	Serious conditions covered		
	Paralysis assistance benefit		
	Children's benefit		
Proactive Health Option	Health screening benefit	✓	✓
	Allergy testing and vaccinations benefit		
	Dietician or nutritionist consultation benefit		
	Stay active benefit		
	Health check benefit		

¹ If any of these conditions occur within 90 days of the commencement date, effective date or join date of this option (whichever is applicable), or the date cover is reinstated, no amount is payable.
² Provided your total claims under the GP Option are less than \$150.

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Why nib?

nib provides value for money and affordable health cover to more than one million people across the Tasman. Established over 60 years ago, nib is a truly trans-Tasman business that offers innovative products and services, and greater value for our customers.

With thousands of New Zealand customers, we know a thing or two about the cover Kiwis and their families need, so we've designed a range of health insurance policies to suit you and your wallet. At nib we believe that health insurance should be easy to understand, easy to claim on and most of all, good value.

We offer health insurance you can actually use. When you take out insurance with nib, you'll join thousands of Kiwis who we help stay healthy every day.

Claiming is easy

Our core business is paying claims and being there for you when you need us most. At the stressful time of making a claim or seeking pre-approval for a claim, we make sure the process is as hassle-free as possible.

We process claims within five working days of receiving all the required information and we can provide pre-approval over the phone for some treatments or text you with confirmation.



Immediate cover

Your cover starts immediately when we receive your application (subject to applicable waiting periods), or you can choose to start on any date up to six weeks later.

14-day free-look period

To give you time to consider your policy and make sure it meets your needs, we provide a 14-day free-look period. During this time if you decide the policy isn't right for you, you can cancel it and we'll refund any premiums paid, providing no claims have been made.

We're here to help

We have a network of independent financial advisers who can help you find the right balance between how much cover you want and how much you can afford. And as your circumstances and needs change, they can help you tailor your policy to suit your needs.

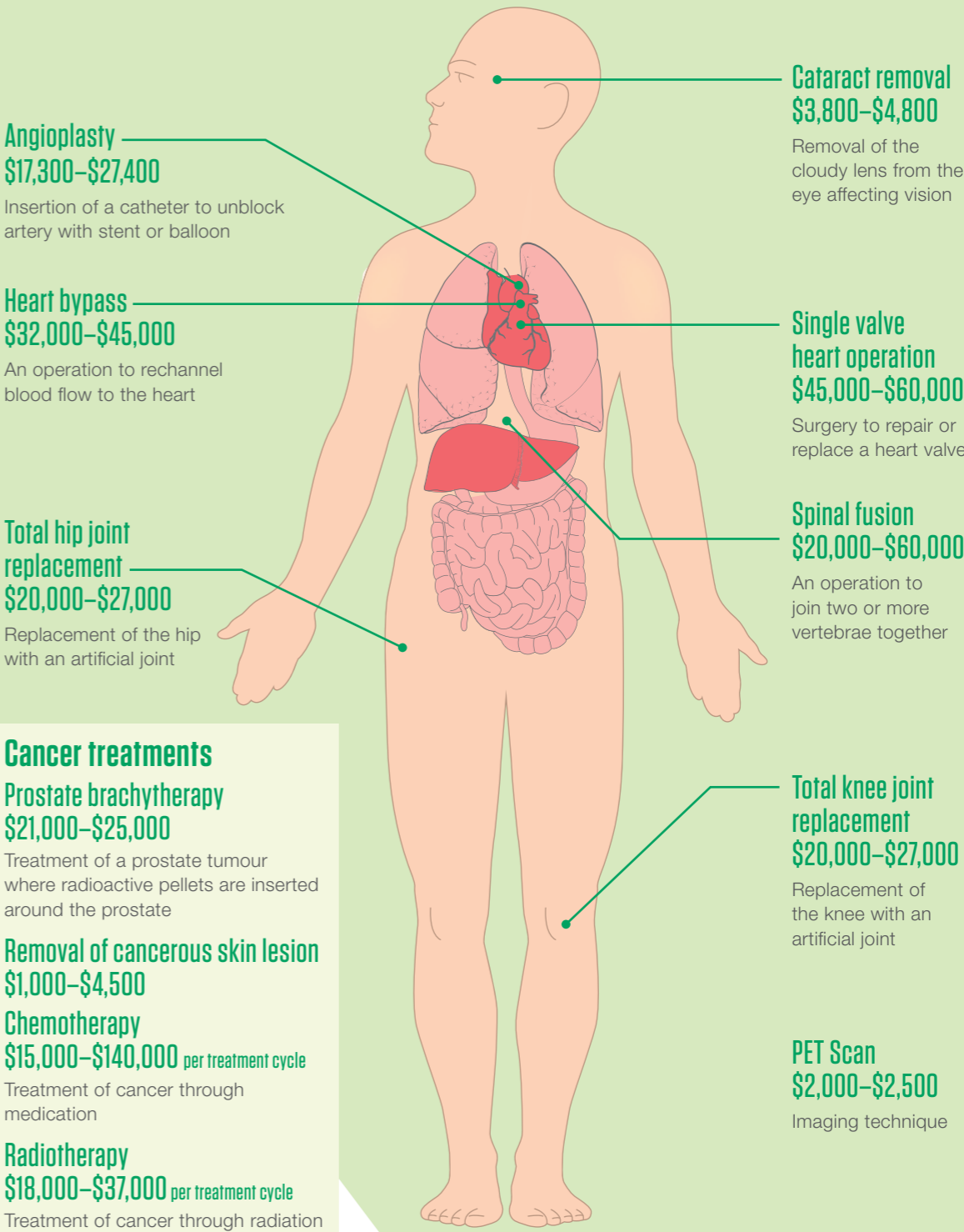
Excess and payment options

To help you keep premiums in check without sacrificing essential benefits, each person on the policy can choose between a range of annual excess options that discount the total premium by up to 60%. For example, if you have a \$500 excess you'll get a 25% discount on your premium, and if we accept a claim for \$2,500, we'll pay \$2,000 of the total cost. Your excess level can be changed on your annual policy anniversary (medical underwriting may apply).

With Ultimate Health™ or Ultimate Health Max™, if you choose an excess, this amount applies per year. Once the excess amount has been reached, we will pay any further eligible claims within that policy year.

For your convenience, we also offer a range of payment options including direct debit, as well as various payment frequencies including weekly, fortnightly and monthly.

The true cost of health claims



This is an illustration of some of the treatments and costs that you may experience. Please refer to the policy document for the procedures and amounts covered by Ultimate Health and Ultimate Health Max. nib claim statistics – May 2013

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

- 1 Greater choice**
Choose when, where, how and by whom you get treated, in consultation with your doctor.
- 2 Financial support**
Less stress about how to pay your healthcare bills.
- 3 Quicker treatment**
Avoid long delays waiting for treatment in the public health system.
- 4 Greater certainty**
Cover now, for many unknown health issues that may arise later.
- 5 Latest medical procedures**
Access to many of the latest recognised medical treatments and technologies.

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 several months 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 464 people per month have been waiting longer than six months for their first specialist assessment through the public health system.*

* Ministry of Health Elective Services – National comparison of ESPI 2 results for the 12 months to June 2013, www.health.govt.nz

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.

One of the benefits of our Ultimate Health and Ultimate Health Max policies is a top up for your ACC claims; for any treatment or procedure.

Poor health can 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.

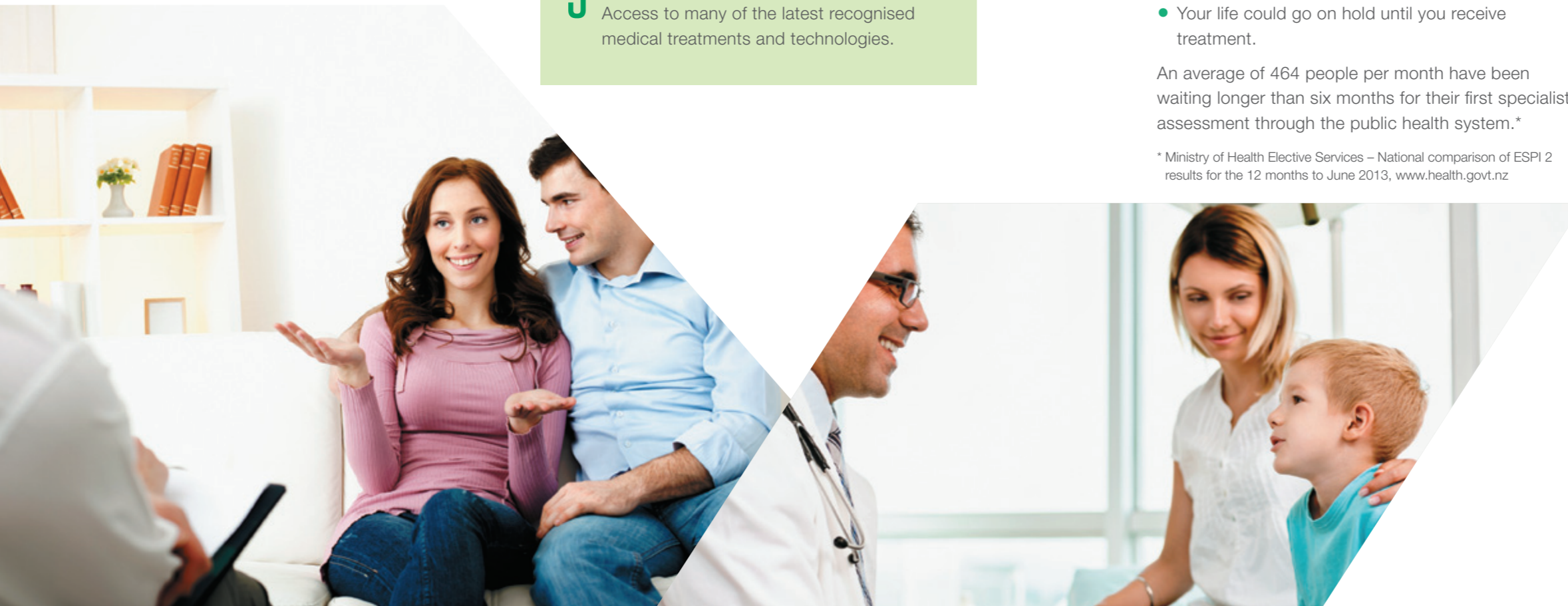
Self-insuring can be financially challenging

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.



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 payment of benefits covered under your policy.

Diagnostic investigation

An investigative medical procedure undertaken to determine the presence or causes of a sign, symptom or 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 a recognised private hospital to undergo a surgical procedure or for receiving medical treatment, chemotherapy or radiotherapy treatment.

Medical (non-surgical) treatment

When a person undergoes a form of medical treatment using drug 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 (or its successor under any subsequent legislation).

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

Advanced confirmation of the eligibility of a claim 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.

Recognised private hospital

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

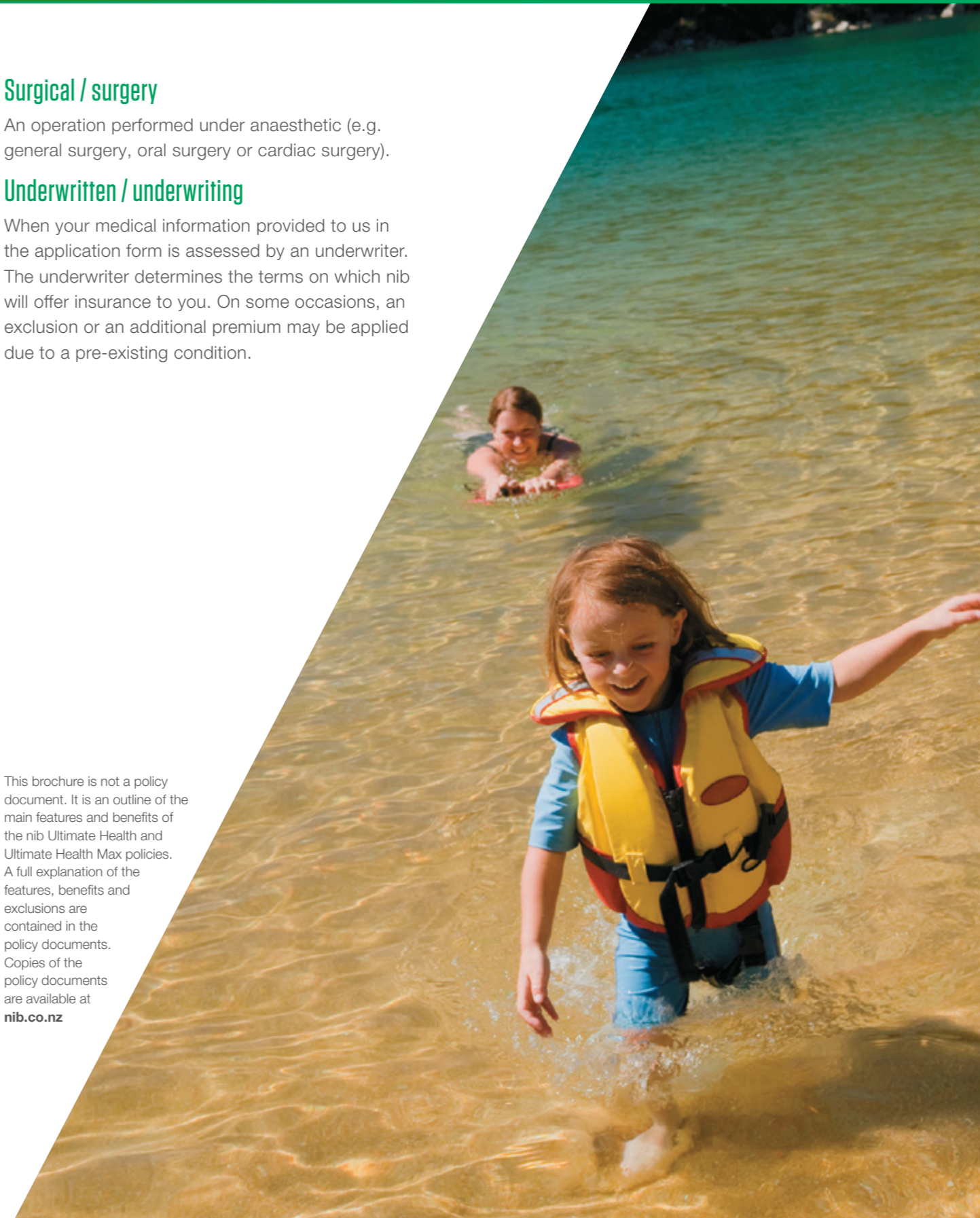
Surgical / surgery

An operation performed under anaesthetic (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.

This brochure is not a policy document. It is an outline of the main features and benefits of the nib Ultimate Health and Ultimate Health Max policies. 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



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