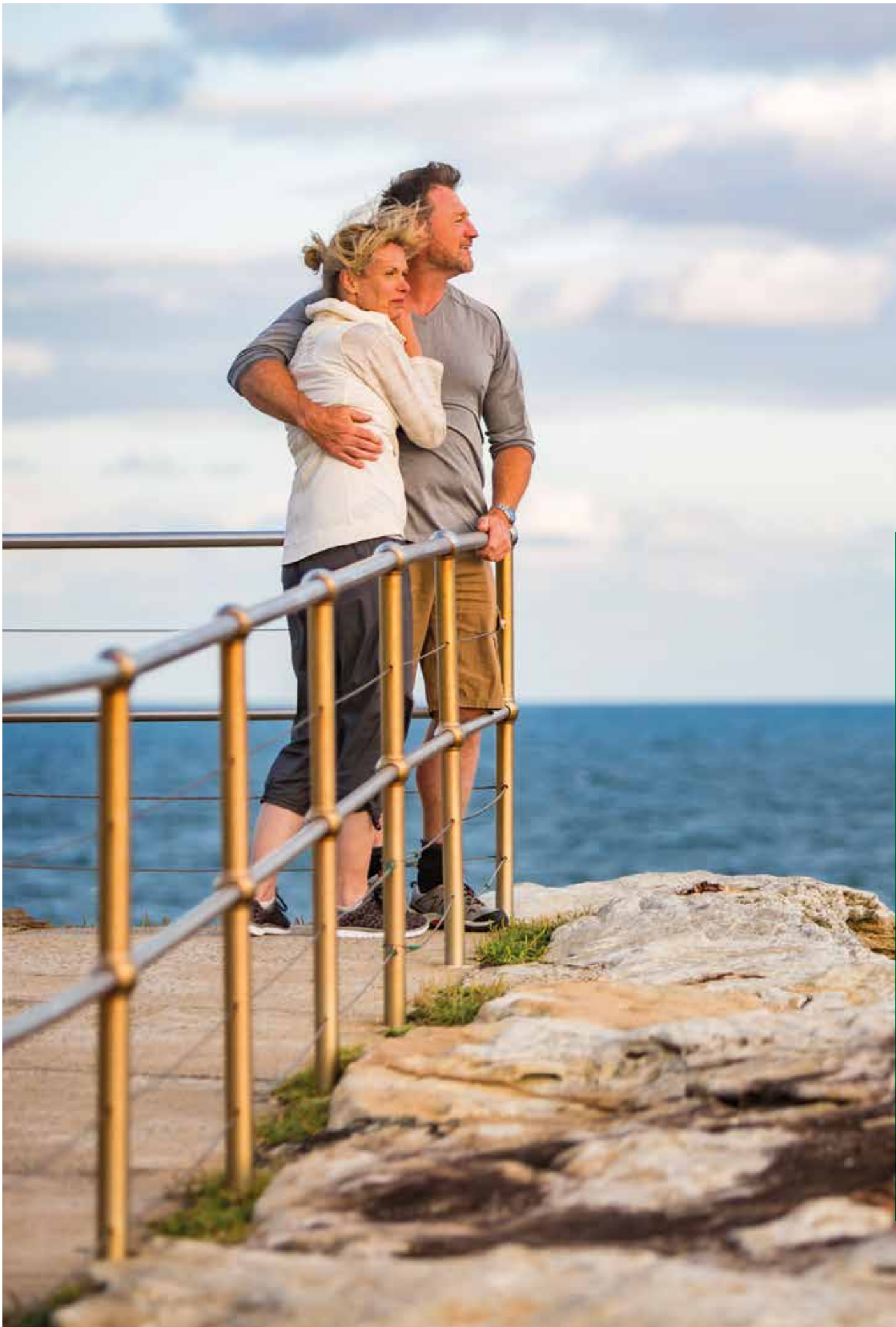


EASY HEALTH™



nib
health cover





nib Easy Health private health insurance provides cover for major treatments and procedures in private hospitals, including many of the costs directly or indirectly associated with these treatments.

A big advantage of Easy Health is that it covers some pre-existing conditions after a period of three years. This can be important if you have had health issues in the past and would like to have them covered in the future.

The Easy Health application is short and simple to complete and you do not need to provide details of your health history when you apply.

Easy Health is available exclusively through your Financial Adviser. They understand the features of Easy Health and can help to explain the cover and how it can protect you and your family.

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EASY HEALTH™

Easy Health covers treatment in a private hospital for significant health conditions. Easy Health also covers you for a range of less serious health conditions and treatments.

Protection for all your family

Your Easy Health policy can include your partner, children, parents, grandchildren and grandparents and you can add people after the policy commences, for example, on the birth of a child. You can also take out an Easy Health policy just for your children, or grandchildren.

Cover that meets everyone's needs

The foundation of your Easy Health insurance is the Base Cover. The Base Cover provides cover for many of the big expenses like surgery as well as medical and cancer treatment in a private hospital.

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

Pre-existing conditions

Pre-existing conditions are, generally speaking, the health issues you've had in the past, whether treated or not. Many people with pre-existing conditions know these represent an area of increased risk and want them covered if possible. A big advantage of Easy Health is that some pre-existing conditions are covered after a three year period. However, it is important to note there are some pre-existing conditions that are permanently excluded. Pre-existing conditions are explained on page 5.

Application and claims

The application form is short and easy to complete and does not ask you questions about your previous health history.

When seeking pre-approval or making a claim, nib may want to establish whether it relates to a pre-existing condition. nib may ask for information about the onset of the condition and the associated symptoms, any previous occurrences of the condition and any related conditions and symptoms you may have had. nib might decline your pre-approval or claim if it relates to a pre-existing condition.

Commencing your cover

Cover starts when nib issues your policy (subject to applicable waiting periods). Alternatively, you can choose to start your policy on any 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 you decide the policy isn't right for you, you can cancel it 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.





Pre-existing conditions

nib Easy Health covers some pre-existing conditions after the first three years. However, there are also some pre-existing conditions that are permanently excluded.

What is a pre-existing condition?

A medical condition or any sign, symptom, treatment or surgery of a medical condition that occurs on or before the date:

- This policy starts, or
- Cover for an insured person starts, or
- The insured person is added to the policy (whichever is applicable), and
 - which any policyowner or insured person was aware of, or
 - of which any policyowner or insured person had the first indication that something was wrong, or
 - for which any policyowner or the insured person sought investigation or medical advice, or
 - where the medical condition, or the sign or symptom of the medical condition, existed that would cause a reasonable person in the circumstances to seek diagnosis, care or treatment.

What is not paid in the first three years?

Any claims connected in any way with a pre-existing condition won't be paid within the first three years of the policy start date or join date of an insured person added to the policy.

Which pre-existing conditions are permanently excluded?

Permanent exclusions apply to all of the following pre-existing conditions:

- Cardiovascular conditions
- Cancer
- Hip or knee conditions
- Back conditions
- Transplant surgery
- Reconstructive or reparative procedures or surgery
- Any condition under the Serious Condition Lump Sum Option.

Ask your financial adviser for more information.

BASE COVER

Base Cover provides cover for major private hospital surgical and medical (non-surgical) treatments. Importantly, it also covers the costs associated with these treatments. As well as some common minor surgical and non-surgical treatments.

Some of the treatments covered under the Base Cover of your policy include:

- cancer surgery and treatment
(e.g. chemotherapy, radiotherapy and brachytherapy)
- heart surgery
- gynaecological surgery
- back and neck surgery
- eye surgery (e.g. cataracts)
- digestive tract surgery
- varicose vein surgery
- skin lesion surgery
- hip and knee surgery
- sinus and nasal surgery
- extraction of wisdom teeth
(12 month waiting period)
- non-surgical hospitalisation
(e.g. intravenous antibiotics)

Many surgical and medical treatments that involve hospitalisation require consultations with specialists, scans and tests, time in a private hospital and rehabilitation. Easy Health provides cover for these related health services or treatments provided they are a necessary part of the treatment and they occur within six months before or after hospitalisation.

The Base Cover also includes other benefits that, while individually may be less costly, collectively can be expensive if you have to pay for one or more of them yourself. These include:

- cover for specific major diagnostics that don't then require hospitalisation
(e.g. CT, MRI and PET scans)
- mole removal by a GP and removal of skin lesions by a specialist
- travel and accommodation for a person requiring treatment and a support person
- parent accommodation if a child on the policy is hospitalised
- ambulance transfer benefit.





Choosing an excess

To help manage premiums without sacrificing essential benefits, each person on the policy chooses an excess with an associated discount. The excess and discount applies to the Base Cover, not to any additional Options selected.

How it works

As an example, with a \$500 excess your premiums would be discounted by 25%. If nib approves a claim of \$2,500 and you use an nib First Choice provider (refer below), nib would pay \$2,000 of the total cost.

With Easy Health, the excess applies to each diagnostic investigation or treatment. However, if hospitalised you'll only need to pay one excess for all claims relating to that medical condition, up to six months before hospitalisation and for up to six months after you're discharged from hospital.

Excess levels can be changed on your annual policy anniversary (special conditions may apply).

Base Cover excess alternatives and related premium discounts[^]

Excess	Discount
NIL	0%
\$250	5%
\$500	25%
\$1,000	35%
\$2,000	45%
\$4,000	55%
\$6,000	60%

[^] 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.

nib First Choice network

With the Easy Health Base Cover you'll be covered for 100% of actual costs for treatment (subject to the benefit limits and the terms of the policy, less any applicable excess) 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 up to the Efficient Market Price (EMP) for the health services they provide, less your applicable excess 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 10

ADDITIONAL OPTIONS TO ENHANCE YOUR COVER

Each person can add different options to tailor the policy to their needs.

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 wish; 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 17 trauma conditions* including stroke, life-threatening cancer and major heart attack.

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

* Some of the trauma conditions covered have a waiting period of 90 days. If any of these conditions (including signs and symptoms) occur within the first 90 days on this option, or subsequently reoccur, that condition won't be covered under this option.

Proactive Health Option

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

You'll be covered for health screening, such as breast screening, prostate screening, heart screening and mole mapping; allergy testing and vaccinations; gym memberships, weight loss management programmes, and 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



Overview of benefits, features and limits of Easy Health™

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
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 Benefit*	Cover for surgical and medical cancer treatments
Non-PHARMAC Cancer Treatment*	Up to \$20,000 for non-PHARMAC chemotherapy drugs
Breast Symmetry Post Mastectomy Benefit*	Cover for unilateral breast reconstruction and / or reduction surgery following a mastectomy
Follow-up Investigation for Cancer Benefit*	Up to \$3,000 for follow-up investigations for up to 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 Related Diagnostics Benefit*	Cover for diagnostic investigations up to six months before and after hospitalisation
Specialist Consultations Benefit*	Cover for registered specialist or vocational GP consultations up to six months before and after hospitalisation
Travel and Accommodation Benefit*	Up to \$8,000 for an insured person and a supporting person's 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 private hospital to another 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
Overseas Treatment Benefit	Up to \$20,000 per visit for treatment not available in New Zealand when the Ministry of Health has declined funding
Cover in Australia Benefit*	Up to 100% of the Efficient Market Price for treatment in Australia
Podiatric Surgery Benefit	Up to \$6,000 for surgery including one pre and one post consultation and associated x-rays
Obstetrics Benefit	Up to \$2,000 for treatment by an obstetrician for each pregnancy
Public Hospital Cash Grant	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	Up to \$6,000 for specialist skin lesion surgery
GP Minor Surgery Benefit	Up to \$1,500 for GP minor surgery
Medical Misadventure Benefit	\$30,000 lump sum payment in case of death due to medical misadventure
ACC Top-Up Benefit*	Covers the difference in costs between what ACC has paid and the actual costs incurred
Funeral Support Grant	\$5,000 lump sum payment if an insured person dies between ages 16 and 64 – no excess applies
Waiver of Premium Benefit	Up to two years of premium waiver if the policyowner dies before age 70
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 two years of continuous cover – no excess applies
Loyalty Benefit – Wellness	Up to \$100 for a medical examination by GP every three years for each adult, after three years of continuous cover

*Any related costs paid under this benefit are included within the benefit maximum for the Hospital Surgical Benefit or Hospital Medical Benefit (whichever applies). Note: this overview is not a policy document.

Additional Options		The Base Cover excess does not apply to these options.		
Proactive Health Option	Health Screening Benefit	Up to \$750 for the following health screening tests: bone, bowel, breast, cervical, heart, prostate, eye / visual field, hearing and mole mapping		
	Allergy Testing and Vaccination Benefit	Up to \$100 for allergy testing and vaccinations		
	Dietician and Nutritionist Consultation Benefit	Up to \$300 for dieticians and nutritionist consultations		
	Stay Active Benefit	Up to \$100 for the costs of gym memberships, weight-loss management programmes and quit smoking programmes		
	Loyalty Benefit - Health Check	Up to \$150 for full health test by a GP, at the end of every 24 months of cover under this option		
Serious Condition Lump Sum Option	Cover options	Choice of cover: \$20,000 or \$50,000		
	Serious conditions covered	One-off lump sum payment for the following 17 serious conditions – please refer to the policy document for complete definitions:		
		Heart and circulation <ul style="list-style-type: none"> Aortic surgery¹ Coronary artery bypass grafting surgery¹ Heart valve surgery¹ Major heart attack¹ (myocardial infarction) 	Organs <ul style="list-style-type: none"> Chronic liver failure Chronic lung failure Chronic renal failure Major organ transplant¹ Pneumonectomy 	Functional loss/neurological <ul style="list-style-type: none"> Benign tumour of the brain and spinal cord¹ Paralysis: hemiplegia, diplegia, paraplegia, quadriplegia, tetraplegia Stroke¹ Cancer <ul style="list-style-type: none"> Cancer – life threatening¹

¹If 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. This overview is not a policy document. It is an outline of the benefits of nib Easy Health 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

WHY nib?

nib provides value for money and affordable health cover to over one million Kiwis and Aussies. Established over 60 years ago, nib is a truly trans-Tasman business that offers innovative covers and services and greater value for our customers.

With 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 \$2.2 million in claims*. We're assisting New Zealanders who need treatment and who might otherwise be struggling with both illness and strained financial circumstances.

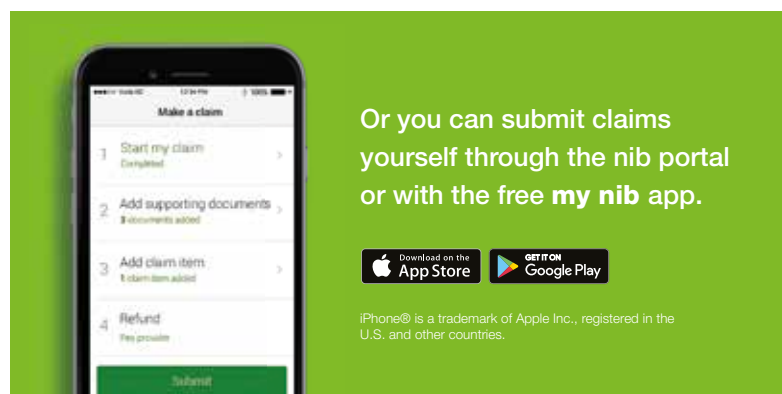
We aim to make the claims process as hassle-free as possible. Claims and pre-approvals can be submitted by your treatment provider on your behalf with the nib First Choice Portal.

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 - nibfirstchoice.co.nz/directory



Or you can submit claims yourself through the nib portal or with the free my nib app.

Download on the App Store | GET IT ON Google Play

iPhone® is a trademark of Apple Inc., registered in the U.S. and other countries.

*Between January – December 2016.

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

1. 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.

2. Less waiting

While you're waiting for treatment your health could be deteriorating and secondary effects could be developing. If you're in pain, waiting can be difficult and emotionally draining.

3. 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.

4. 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.

5. 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.

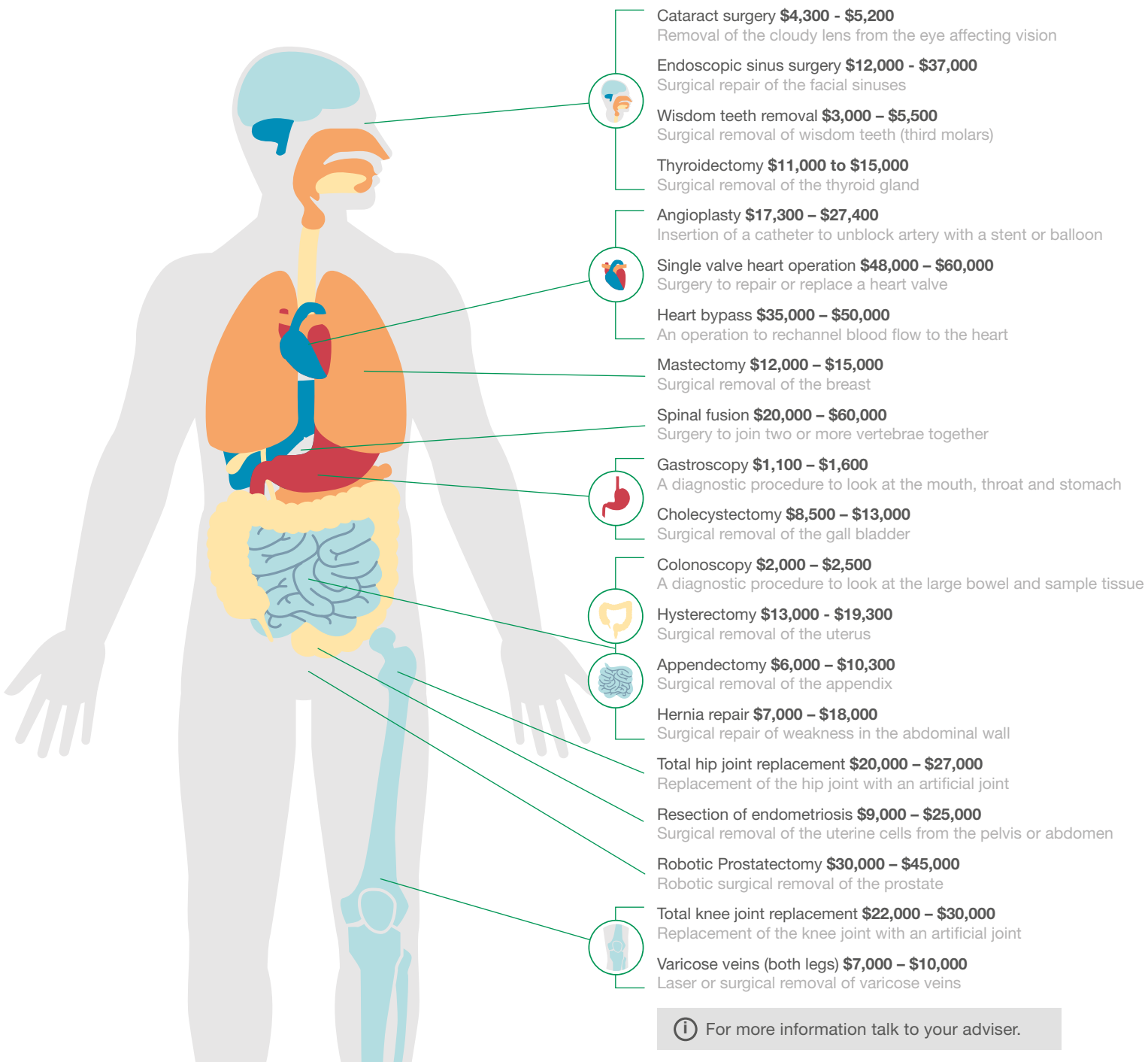
6. Preventative care

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

7. 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.

TRUE COST OF HEALTH CLAIMS



Here are some common treatments you or your family could experience

Cancer treatments

Removal of cancerous skin lesion **\$1,000 - \$6,500**
Chemotherapy **\$15,000 - \$170,000**
Radiotherapy **\$20,000 - \$37,000**

Diagnostics

PET Scan **\$2,000 - \$2,800**
MRI Scan **\$1,300 - \$1,700**
CT Scan **\$1,300 - \$1,700**
Ultrasound **\$400 - \$500**

Children 0-20 years

Grommets **\$2,500 - \$3,500**
Insertion of tubes in the eardrums
Adenotonsillectomy **\$4,000 - \$5,500**
Surgical removal of adenoids and tonsils

© nib nz limited. Source: nib claim statistics June 2016.

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 and 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 may be able to help you with other financial services such as life insurance, obtaining a mortgage or investment advice and KiwiSaver.

Clarifying 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 insurance is usually part of a financial adviser's recommendation, because an ongoing health condition can mean ongoing loss of income and, if you get treatment through the private health system, 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

You'll need to fill in some forms. With Easy Health it is surprisingly easy, and your financial adviser will help with this process.



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. Claims can be made through your provider, online or in a snap with the **my nib** 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.



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.

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 Easy 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.

Approved private hospital

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

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.

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'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).

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).

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 (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. This includes any policy fee that may apply to your policy.

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 (e.g. general surgery, oral surgery or cardiac surgery).

Underwriter

When your medical information is provided to us it is assessed by a claims specialist and/or an underwriter. The specialist determines the terms on which nib will decide your claim.

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.

NEED HELP ?

Speak to your financial adviser or call nib on **0800 123 642**

Mon to Fri 8.00am – 5.30pm

Go to **nib.co.nz**

Email us at **needadvice@nib.co.nz**

nib
health cover