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



0800 287 642 nib.co.nz

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

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

Base Cover

The Base Cover provides cover for surgical and medical (non-surgical) hospitalisation.

Key features

- ✓ Up to \$300,000 per person each policy year for private hospital surgical costs.
- ✓ Up to \$200,000 per person each policy year for private hospital medical (nonsurgical) costs, including cover for cancer treatment.
- Cover for specific major diagnostic tests even when it's not related to a private surgical or non-surgical treatment, and whether it leads to surgery or not.
- Cover for follow-up check-ups after cancer treatment.
- Cover in New Zealand and Australia, for costs incurred in either country (unless expressly excluded in the policy).
- Cover for GP minor surgeries such as mole removal.
- A Wellness Benefit \$100 for each adult towards the cost of a health check-up, after each three years

of continuous cover.

- ACC top-up we will top up your ACC claims for any treatment or procedure.
- Cover for obstetrics we provide cover towards costs of treatment for medical conditions affecting pregnancy.
- Whether or not it's recommended by your doctor, we'll pay for accommodation costs for a parent to accompany their child (up to age 20) who needs treatment in a private hospital..

Options

Specialist Option

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

Serious Condition Lump Sum Option

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

GP Option

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

Dental and Optical Option

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

Proactive Health Option

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

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

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

[^] Covers 80% or 100% of the cost up to the benefit maximums. A stand-down period of 90 days applies. [#] Covers 80% of the cost up to the benefit maximums. A stand-down period of six months applies.

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

 Ical treatment requiring an anaesthetic performed in an approved private hospital'. Covers some oral surgery. 12-month stand down perior in of wisdom teeth. Ical treatment costs, not involving surgery, in an approved private hospital'. Icost of the chemotherapy agent(s), and radiotherapy. Specialist vocational GP and diagnostic investigation costs that directly relate to the private surgical or non-surgical treatment or a cycle argory or adiotherapy treatment administered privately. Specialists such as: x-rays, ultrasound, mammography, echocardiograms, visual field tests and breast biopsy. Is of the following diagnostic investigations in an approved private hospital even when the insured person has not been, or will not be, relate te surgical or non-surgical treatment or each cycle of chemotherapy' or radiotherapy treatment administered privately. Arthroscopy, Capsu Colonoscopy, Colposcopy, CT Scan, CT Angiogram, Cystoscopy, Gastroscopy, MRI Scan, Myelogram and PET Scan. Is of one consultation with a registered specialist and one relevant diagnostic investigation relating to the cancer for which the initial ad been undertaken for each policy year. I ambulance transport to and from an approved private hospital to another approved private hospital, within New Zealand. I and accommodation costs for the insured person being treated in an approved private hospital when treatment is not available at a local vitate hospital. som's travel and accommodation costs are also covered when recommended by a GP or registered specialist. portrodation costs for a parent or legal guardian accompanying an insured child under 20 years (inclusive) for treatment in an approved pital. s for post-treatment home nursing by a registered nurse and physiotherapy, osteopathic, chiropractic treatment, speech and occupational dideician consultations when recommended by the treating registered specialis	Up to \$300,000 each policy y Up to \$200,000 each policy y Included in the Hospital–Medi Specialist consultation and dia Pele No limit per diagnostic investigation Up to \$3,000 each policy year Up to \$3,000 each policy year Included in the Hospital-Surgion Included in the Hospital-Surgion <th>gnostic investigation cost for up to six months before admission to an approved private h ation. tion is not related to a private surgery or non-surgical treatment, an excess will apply per and up to five consecutive policy years. al Benefit or Hospital-Medical Benefit limits, whichever applies. urgical treatment or each cycle of chemotherapy' treatment private surgery or non-surgical treatment or each cycle of chemotherapy' treatment. Ac notherapy' treatment administered privately. py treatment lp to \$200 for each night for accommodation and up to \$5,000 for travel and accommod 000 each private surgical or non-surgical treatment or each cycle of chemotherapy' or ra</th>	gnostic investigation cost for up to six months before admission to an approved private h ation. tion is not related to a private surgery or non-surgical treatment, an excess will apply per and up to five consecutive policy years. al Benefit or Hospital-Medical Benefit limits, whichever applies. urgical treatment or each cycle of chemotherapy' treatment private surgery or non-surgical treatment or each cycle of chemotherapy' treatment. Ac notherapy' treatment administered privately. py treatment lp to \$200 for each night for accommodation and up to \$5,000 for travel and accommod 000 each private surgical or non-surgical treatment or each cycle of chemotherapy' or ra		
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	9000 each night for the third a	\$300 each night for the third and each subsequent night. Up to \$3,000 each policy year.		
tment and travel costs when treatment cannot be provided at all within New Zealand and the Ministry of Health provides only partial fundin ding does not cover the full cost.	^{IG,} Up to \$20,000 each overseas	visit.		
is of each private surgical or non-surgical treatment or each cycle of chemotherapy' or radiotherapy treatment administered privately ved private hospital in Australia.	Up to 75% of the EMP amount	Up to 75% of the EMP amount which would be payable in New Zealand for treatment performed in New Zealand.		
e cost for intravitreal injections administered by a registered specialist, on referral from a GP or registered specialist. The cost of drugs d is covered if it is listed under Section A to H of the PHARMAC Pricing Schedule where they meet PHARMAC's funding criteria.	Up to \$3,000 each policy year	Up to \$3,000 each policy year.		
is of treatment for minor surgery, performed by a GP.	Up to \$750 each policy year.			
is of treatment for skin lesion surgery performed by a registered specialist, on referral from a GP.	Up to \$6,000 each policy year	Up to \$6,000 each policy year.		
is of podiatric surgery, one pre and one post consultation and associated X-rays.	Up to \$6,000 each policy year			
is of treatment by an obstetrician when the diagnosis is made of a medical condition that is affecting or may affect the pregnancy.	Up to \$2,000 each pregnancy	Up to \$2,000 each pregnancy.		
	Difference between the actual	Difference between the actual cost of surgical treatment and the ACC's payment up to the appropriate benefit limit. Co		
If a policyowner dies, the premiums on the policy are paid for a period of time by us.		We pay premiums for two years, or until any surviving insured person is aged 65, whichever happens first.		
ment when an insured person dies between the age 16 and 64 (inclusive).	\$3,000 in respect of that insured person.			
After two years' continuous cover, this benefit covers the cost of a male or female sterilisation as a means of contraception.		Up to \$1,000 each procedure.		
e policy while you travel or live overseas.		Allows cover to be suspended for three months to 24 months whilst an insured person lives or travels overseas f Allows the policy to be suspended for three to six months if a policyowner is registered as unemployed.		
	A reimbursement of up to \$1	10 for each 36 months of continuous cover		
	fit limit. wher dies, the premiums on the policy are paid for a period of time by us. ment when an insured person dies between the age 16 and 64 (inclusive). ears' continuous cover, this benefit covers the cost of a male or female sterilisation as a means of contraception. ponths' continuous cover you can: e policy while you travel or live overseas. e policy if a policyowner becomes unemployed.	ts of podiatric surgery, one pre and one post consultation and associated X-rays. Up to \$6,000 each policy year. ts of treatment by an obstetrician when the diagnosis is made of a medical condition that is affecting or may affect the pregnancy. Up to \$2,000 each pregnancy. approves a claim for accidental injury but declines to pay all the treatment costs in an approved private hospital, we'll pay the difference up fit limit. We pay premiums on the policy are paid for a period of time by us. We pay premiums for two years ment when an insured person dies between the age 16 and 64 (inclusive). \$3,000 in respect of that insure ears' continuous cover, this benefit covers the cost of a male or female sterilisation as a means of contraception. Up to \$1,000 each procedure. Policy while you travel or live overseas. e policy while you travel or live overseas. e policy if a policyowner becomes unemployed. u with a reimbursement of up to \$100 for an adult (aged 21 and over) covered by the policy at each 36 months of continuous cover to help		

and the PHARMAC funding criteria must be met, except where the contrary is specified in the policy. The PHARMAC schedule can be viewed at www.pharmac.govt.nz 2 All costs paid under these benefits come within the benefit maximum for the Hospital-Surgical Benefit or Hospital-Medical Benefit limits (whichever applies).



y document for full details. If there is an excess on the policy, that excess will be deducted from maximums subject to the First Choice network.

hospital and up to six months after discharge.

er diagnostic investigation.

ccommodation – up to \$200 each night and \$3,000 for each private surgery or non-surgical

odation for each cycle of radiotherapy treatment administered privately.

radiotherapy treatment administered privately.

radiotherapy treatment administered privately.

n consultations: Up to \$250 each private surgical or non-surgical treatment or each cycle \$6,000 each policy year.

onditions apply.

s for three consecutive months or more.

ils information is correct as of 6 March 2020 and is intended as a summary only. It should be read in conjunction with the Policy document. A copy of the Policy document is available at nib.co.nz nib.co.nz 0800 287 642 Premier Health Business 3/4

Premier Health Business™



Dental Asymptotic Construction is an additional to the set in a construction of the set in a constructin a constrese construction of the set in a construction of the s	Options	Benefit	A summary of w	hat this covers	The Limits	The limits apply to each insured person. Refer to the Policy document for full details.	
Option General Bagmalies Based Contracting and particulate interligibility. Interligibility, and with it is the information interligibility. The interligibility of the option of any participation interligibility. The interligibility of the option of any participation interligibility. The interligibility of the option of any participation interligibility. The interligibility of the option of any participation interligibility of the option of any participation interligibility. The interligibility of the option of any participation interligibility of the option of any participation interligibility. The option is an interligibility of the option of any participation is an interligibility of the option of any participation is an interligibility of the option of any participation is an interligibility of the option of any participation is an interligibility of the option of any participation is an interligibility of the option of any participation is an interligibility of the option of any participation is an interligibility of the option of any participation is an interligibility of the option of any participation is an interligibility of the option of any participation is an interligibility of the option of any participation of the the interligibility of the option of any participation of the participation of the participation of any participation of the parting partin of the participation of the participation of the partic			when the registered specialist or vocational GP consultations do not relate to a				
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GP Option Physiotherapy Benefit Covers physiotherapy treatment costs, after referral by a GP or registered specialist. Up to \$40 each visit. Up to \$15 each visit for ACC Top-up. Up \$400 each policy year. Independent Nurse and Nurse Practitioner Benefit Covers independent nurse and nurse practitioner costs. Up to \$30 each visit. Up to sit up	GP Option				Up to \$55 each GP clinic visit. Up to \$80 each home visit. Up to \$25 each visit for ACC Top-up. Up to 12 GP visits each policy year. Up to \$200 each minor surgical procedure.		
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Nurse Practitioner Benefit Covers integlendent nurse and nurse practitioner costs. Op 10 \$30 each visit. Up to \$ix visits each poincy year. Loyalty Benefit – Active Wellness Reimbursement towards the cost of a gym or sports club membership(s) or for the purchase of fitness equipment to help with keeping you active after 24 A reimbursement up to \$150 every 24 months. Pental Care Benefit Covers dental treatment, including examination, cleaning and scaling, fillings, associated x-rays and removal of teeth. Up to \$50 each policy year. Eve Care Benefit Covers optometric tests and audiology treatment costs. Up to \$50 each policy year for glasses or contact lenses. Ear Care Benefit Covers audiometric tests and audiology treatment costs. Up to \$250 each policy year for audionetric tests. Spinal Care Benefit Covers chiropractic treatment costs. Up to \$40 each visit. Up to \$15 each visit for ACC Top-up. Up \$250 each policy year. Joint Care Benefit Covers chiropractic treatment costs. Up to \$40 each visit. Up to \$15 each visit for ACC Top-up. Up \$250 each policy year. Joint Care Benefit Covers ostepathy treatment costs. Up to \$40 each visit. Up to \$15 each visit for ACC Top-up. Up \$250 each policy year. Joint Care Benefit Covers sotepathy treatment costs. Up to \$40 each visit. Up to \$15 each visit of ACC Top-up. Up \$250 each policy year. Joint Care Benefit Covers s		Physiotherapy Benefit			Up to \$40 each visit. Up to \$15 each visit for ACC Top-up. Up to \$400 each policy year.		
Loyalty Belletit – Active Wellness the purchase of fitness equipment to help with keeping you active after 24 months of continonuous cover. A reimbursement up to \$150 every 24 months. A reimbursement up to \$150 every 24 months. Covers dental treatment, including examination, cleaning and scaling, fillings, associated x-rays and removal of teeth. Up to \$500 each policy year. Eye Care Benefit Covers optometrist and optician examination fees as well as the cost of prescription glasses and contact lenses required as a result of a vision change. Up to \$550 each policy year for audionetric tests. Ear Care Benefit Covers audiometric tests and audiology treatment costs. Up to \$40 each visit. Up to \$250 each policy year for audionetric tests. Acupuncture Care Benefit Covers acupuncture treatment by a GP, or registered physiotherapist. Up to \$40 each visit. Up to \$15 each visit for ACC Top-up. Up \$250 each policy year. Spinal Care Benefit Covers chiropractic treatment costs. Up to \$40 each visit. Up to \$15 each visit for ACC Top-up. Up \$250 each policy year. Joint Care Benefit Covers opticative treatment costs. Up to \$40 each visit. Up to \$15 each visit for ACC Top-up. Up \$250 each policy year. Joint Care Benefit Covers opticative treatment costs. Up to \$40 each visit. Up to \$15 each visit for ACC Top-up. Up \$250 each policy year. Foot Care Benefit Covers speech, occupational and eye therapy costs. Up to \$40 each vi			Covers independent nurse and nurse practitioner costs.		Up to \$30 each visit. Up to six visits each policy year.		
Dental Optical Care Benefit Covers optometrist and optical examination fees as well as the cost of prescription glasses and contact lenses required as a result of a vision change. Up to \$55 each visit. Up to \$275 each policy year, plus up to \$3 Dental Eye Care Benefit Covers optometrist and optical examination fees as well as the cost of prescription glasses and contact lenses required as a result of a vision change. Up to \$250 each policy year for audionetric tests. Ear Care Benefit Covers audiometric tests and audiology treatment costs. Up to \$250 each policy year for audiometric tests. Acupuncture Care Benefit Covers acupuncture treatment by a GP, or registered physiotherapist. Up to \$40 each visit. Up to \$15 each visit for ACC Top-up. Up \$250 each policy year. Spinal Care Benefit Covers optometric tests. Up to \$40 each visit. Up to \$15 each visit for ACC Top-up. Up \$250 each policy year. Joint Care Benefit Covers optometric tests. Up to \$40 each visit. Up to \$15 each visit for ACC Top-up. Up \$250 each policy year. Foot Care Benefit Covers opticary treatment costs. Up to \$40 each visit. Up to \$15 each visit for ACC Top-up. Up \$250 each policy year. Loyalty Benefit – Covers podiatry treatment costs. Up to \$40 each visit. Up to \$15 each visit for ACC Top-up. Up \$250 each policy year. Loyalty Benefit – Covers podiatry treatment costs. Up to \$40 each visit. Up to \$15 each v			the purchase of fitness equipment to hel		A reimbursement up to \$150 every 24 months.		
Evel Care Benefit prescription glasses and contact lenses required as a result of a vision change. each policy year for glasses or contact lenses. Dental & Optical Option Ear Care Benefit Covers audiometric tests and audiology treatment costs. Up to \$250 each policy year for audiology treatments. Up to \$250 each policy year for audiometric tests. Spinal Care Benefit Covers acupuncture treatment by a GP, or registered physiotherapist. Up to \$40 each visit. Up to \$15 each visit for ACC Top-up. Up \$250 each policy year. Joint Care Benefit Covers osteopathy treatment costs. Up to \$40 each visit. Up to \$15 each visit for ACC Top-up. Up \$250 each policy year. Joint Care Benefit Covers osteopathy treatment costs. Up to \$40 each visit. Up to \$15 each visit for ACC Top-up. Up \$250 each policy year. Foot Care Benefit Covers poliatry treatment costs. Up to \$40 each visit. Up to \$15 each visit for ACC Top-up. Up \$250 each policy year. Foot Care Benefit Covers poliatry treatment costs. Up to \$40 each visit. Up to \$250 each policy year. Therapeutic Care Benefit - speech, occupational & eye Covers speech, occupational and eye therapy costs. Up to \$40 each visit. Up to \$20 each policy year. Loyalty Benefit - Durbudortic treatment After 24 months of continuous Dental and Optical cover, the Dental Care Benefit will be extended to include orthodonic treatment. Included in the Dental Care Benefit limit of \$50	& Optical	Dental Care Benefit			Up to \$500 each policy year.		
Dental & Optical OptionAcupuncture Care BenefitCovers acupuncture treatment by a GP, or registered physiotherapist.S250 each policy year for audiometric tests.Acupuncture Care BenefitCovers acupuncture treatment by a GP, or registered physiotherapist.Up to \$40 each visit. Up to \$15 each visit for ACC Top-up. Up \$250 each policy year.OptionSpinal Care BenefitCovers chiropractic treatment costs.Up to \$40 each visit. Up to \$15 each visit for ACC Top-up. Up \$250 each policy year.Joint Care BenefitCovers osteopathy treatment costs.Up to \$40 each visit. Up to \$15 each visit for ACC Top-up. Up \$250 each policy year. Up to \$80 each policy year for x-rays.Foot Care BenefitCovers osteopathy treatment costs.Up to \$40 each visit. Up to \$15 each visit for ACC Top-up. Up \$250 each policy year. Up to \$80 each policy year for x-rays.Foot Care BenefitCovers podiatry treatment costs.Up to \$40 each visit. Up to \$15 each visit for ACC Top-up. Up \$250 each policy year.Interapeutic Care BenefitCovers speech, occupational and eye therapy costs.Up to \$40 each visit. Up to \$250 each policy year.Loyalty Benefit - Orthodontic treatmentCovers speech, occupational and eye therapy costs.Up to \$40 each visit. Up to \$30 each policy year.Loyalty Benefit - Orthodontic treatmentAfter 24 months of continuous Dental and Optical cover, the Dental Care BenefitIncluded in the Dental Care Benefit init of \$500 per year.Health Screening BenefitCovers the cost of the following tests: I Bone, Bowel, Breast, Cervical, Heart and Prostate screening I Eye test and/or visual fields tests I Hearing testUp to \$750 each policy year. <td>Eye Care Benefit</td> <td colspan="2"></td> <td colspan="2">Up to \$55 each visit. Up to \$275 each policy year, plus up to \$330 each policy year for glasses or contact lenses.</td>		Eye Care Benefit			Up to \$55 each visit. Up to \$275 each policy year, plus up to \$330 each policy year for glasses or contact lenses.		
Dental & Optical Option Addpuncture care Benefit Covers adoptincture reatment by a GP, or registered physiotherapist. \$250 each policy year. Spinal Care Benefit Spinal Care Benefit Covers chiropractic treatment costs. Up to \$40 each visit. Up to \$15 each visit for ACC Top-up. Up \$250 each policy year. Up to \$80 each policy year for x-rays. Joint Care Benefit Covers osteopathy treatment costs. Up to \$40 each visit. Up to \$15 each visit for ACC Top-up. Up \$250 each policy year. Up to \$80 each policy year for x-rays. Foot Care Benefit Covers podiatry treatment costs. Up to \$40 each visit. Up to \$15 each policy year. Therapeutic Care Benefit - speech, occupational & eye Covers speech, occupational and eye therapy costs. Up to \$40 each visit. Up \$300 each policy year. Loyalty Benefit - Orthodontic treatment After 24 months of continuous Dental and Optical cover, the Dental Care Benefit will be extended to include orthodontic treatment. Included in the Dental Care Benefit init of \$500 per year. Health Screening Benefit Covers the cost of the following tests: I Bone, Bowel, Breast, Cervical, Heart and Prostate screening I be ye test and/or visual fields tests I bearing test Up to \$750 each policy year.		Ear Care Benefit	Covers audiometric tests and audiology	treatment costs.			
& Optical OptionSpinal Care BenefitCovers chiropractic treatment costs.Up to \$40 each visit. Up to \$15 each visit for ACC Top-up. Up \$250 each policy year. Up to \$80 each policy year for x-rays.Joint Care BenefitCovers osteopathy treatment costs.Up to \$40 each visit. Up to \$15 each visit for ACC Top-up. Up \$250 each policy year. Up to \$80 each policy year for x-rays.Foot Care BenefitCovers osteopathy treatment costs.Up to \$40 each visit. Up to \$15 each visit for ACC Top-up. Up \$250 each policy year. Up to \$80 each policy year for x-rays.Foot Care BenefitCovers podiatry treatment costs.Up to \$40 each visit. Up to \$15 each visit or ACC Top-up. Up \$250 each policy year. Up to \$80 each policy year for x-rays.Interapeutic Care BenefitCovers podiatry treatment costs.Up to \$40 each visit. Up to \$15 each policy year.Loyalty BenefitCovers speech, occupational and eye therapy costs.Up to \$40 each visit. Up \$300 each policy year.Loyalty BenefitAfter 24 months of continuous Dental and Optical cover, the Dental Care BenefitIncluded in the Dental Care Benefit limit of \$500 per year.Health Screening BenefitCovers the cost of the following tests: I bene, Bowel, Breast, Cervical, Heart and Prostate screening I bey to \$40 each policy year.Up to \$750 each policy year.		Acupuncture Care Benefit	Covers acupuncture treatment by a GP, o	or registered physiotherapist.	Up to \$40 each visit. Up to \$15 each visit for ACC Top-up. Up to \$250 each policy year.		
Joint Care BenefitCovers osteopathy treatment costs.Up to \$40 each visit. Up to \$15 each visit for ACC Top-up. Up \$250 each policy year. Up to \$80 each policy year for x-rays.Foot Care BenefitCovers poliatry treatment costs.Up to \$40 each visit. Up to \$250 each policy year. Or year for x-rays.Therapeutic Care Benefit - speech, occupational & eyeCovers speech, occupational and eye therapy costs.Up to \$40 each visit. Up to \$250 each policy year. Or year combined to the policy year combined to the policy year.Loyalty Benefit - Orthodontic treatmentAfter 24 months of continuous Dental and Optical cover, the Dental Care BenefitIncluded in the Dental Care Benefit limit of \$500 per year.Health Screening BenefitCovers the cost of the following tests: I bone, Bowel, Breast, Cervical, Heart and Prostate screening I be extended to visual fields tests I hearing testUp to \$750 each policy year.		Spinal Care Benefit	Covers chiropractic treatment costs.		Up to \$40 each visit. Up to \$15 each visit for ACC Top-up. Up to \$250 each policy year. Up to \$80 each policy year for x-rays.		
Therapeutic Care Benefit – speech, occupational & eye Covers speech, occupational and eye therapy costs. Up to \$40 each visit. Up \$300 each policy year combined to the for all these therapies. Loyalty Benefit – Orthodontic treatment After 24 months of continuous Dental and Optical cover, the Dental Care Benefit mill be extended to include orthodontic treatment. Included in the Dental Care Benefit limit of \$500 per year. Health Screening Benefit Covers the cost of the following tests: Mole mapping Bone, Bowel, Breast, Cervical, Heart and Prostate screening Mole mapping Up to \$750 each policy year.		Joint Care Benefit	Covers osteopathy treatment costs.		Up to \$40 each visit. Up to \$15 each visit for ACC Top-up. Up to \$250 each policy year. Up to \$80 each policy year for x-rays.		
speech, occupational & eye Covers speech, occupational and eye therapy costs. for all these therapies. Loyalty Benefit – Orthodontic treatment After 24 months of continuous Dental and Optical cover, the Dental Care Benefit will be extended to include orthodontic treatment. Included in the Dental Care Benefit limit of \$500 per year. Health Screening Benefit Covers the cost of the following tests: Bone, Bowel, Breast, Cervical, Heart and Prostate screening Up to \$750 each policy year.		Foot Care Benefit	Covers podiatry treatment costs.		Up to \$40 each visit. Up to \$250 each policy year.		
Orthodontic treatment will be extended to include orthodontic treatment. Included in the Dental Care Benefit limit of \$500 per year. Health Screening Benefit Covers the cost of the following tests: ✓ Bone, Bowel, Breast, Cervical, Heart and Prostate screening ✓ Eye test and/or visual fields tests ✓ Hearing test Up to \$750 each policy year.			Covers speech, occupational and eye the	erapy costs.	Up to \$40 each visit. Up \$300 each policy year combined total for all these therapies.		
Health Screening Benefit and Prostate screening ✓ Eye test and/or visual fields tests ✓ Hearing test Up to \$750 each policy year. ✓ Mole mapping					Included in the Dental Care Benefit limit of \$500 per year.		
Alleray Testing and	Proactive Health Option	Health Screening Benefit	and Prostate screening 🗸 Eye test and/or visual fields tests 🖌 Hearing test		Up to \$750 each policy year.		
Vaccination Benefit Covers the cost of allergy testing and vaccination. Up to \$ 100 each policy year.		Allergy Testing and Vaccination Benefit	Covers the cost of allergy testing and vac	ccination.	Up to \$100 each policy year.		
Dieticians and Nutritionist			Covers the cost of dieticians and/or nutr	itionist consultations.	Up to \$300 each policy year.		
Stay Active BenefitCovers the cost of gym memberships, weight loss management programs and quit smoking programs.Up to \$100 each policy year.		Stay Active Benefit		eight loss management programs and	Up to \$100 each policy year.		
Loyalty Benefit – Health CheckCovers the cost of a medical examination by a GP after 24 months' continuous cover under this option.Up to \$150 every 24 months.					Up to \$150 every 24 months.		

1 Any drugs used (including chemotherapy) must be on the Pharmaceutical Management Agency's (PHARMAC) New Zealand Pharmaceutical Schedule Sections A to H and the PHARMAC funding criteria must be met, except where the contrary is specified in the policy. The PHARMAC schedule can be viewed at www.pharmac.govt.nz

2 If any of these trauma conditions occur within 90 days of the start date, or the date the cover is reinstated, no amount is payable.

Note: All five options incur an additional premium over and above the premium for the Base Cover. Each of the options includes all of the benefits listed under that option.

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This information is correct as of 6 March 2020 and is intended as a summary only. It should be read in conjunction with the Policy document. A copy of the Policy document is available at nib.co.nz