

Premier Health Business™



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

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

You can also add a range of Options individually or in combination, to customise a policy that best suits you.

These Options are:

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



Base Cover

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

Key features

- ✓ Up to **\$300,000** per person each policy year for the costs of surgery.
- ✓ Up to **\$200,000** per person each policy year for non-surgical costs, including cover for cancer treatment.
- ✓ Cover for specific major diagnostic tests, even if hospitalisation for treatment isn't required.
- ✓ Cover for follow-up checks for cancer for up to 5 years after cancer treatment.
- ✓ Cover in both 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 Check Up Benefit: **\$100** for each adult towards the cost of a health check-up, after every three years of continuous cover.
- ✓ ACC top-up: we will top up your ACC claims for any treatment or procedure not fully covered by ACC.
- ✓ Cover for high-risk pregnancy: we pay towards the cost of obstetrician treatment for pregnancies with recognised risk factors.
- ✓ We'll pay for accommodation costs for a parent to accompany their child (up to age 20) who needs treatment in a private hospital, whether or not it's recommended by your doctor.

Cover subject to exclusions, waiting periods, benefit limits, excess payable, and full policy terms and conditions.

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.



Non-PHARMAC Plus Option

The Non-PHARMAC Plus Option covers you for the cost of Medsafe-approved drugs that are not funded by PHARMAC at the time of your treatment. You can choose from the following levels of cover: **\$20,000, \$50,000, \$100,000, \$200,000 or \$300,000.**



GP Option

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



Dental, Optical, and Therapeutic Option

The Dental, Optical, and Therapeutic Option is ideal if you have regular trips to the dentist, chiropractor, podiatrist or osteopath, or you need glasses or contacts. There are also benefits covering acupuncture, as well as speech, occupational and eye therapy[^]. 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.



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.

[^] Covers 80% or 100% of the cost up to the benefit maximums.

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

[#] Covers 80% of the cost up to the benefit maximums.

A copy of the policy document is available at [nib.co.nz](https://www.nib.co.nz)

Premier Health Business™ Overview



We cover 100% of the costs, less any excess you've chosen, when you use a provider in the First Choice Network. This is a summary only and it's important to read the policy document to understand the details of each benefit, including any sub-limits that apply.

Base Cover Benefit	A summary of what this covers	The limits (per person)
Surgical Benefit	Covers surgical treatment performed in a private hospital ¹ . Includes Mohs, varicose vein treatment and some oral surgery.	Up to \$300,000 each policy year. Includes any associated payments made under another related benefit.
Non-Surgical Benefit	Covers non-surgical treatment costs, not involving surgery, in private hospital ¹ .	Up to \$200,000 each policy year. Includes any associated payments under another related benefit.
Cancer Treatment Benefit²	Covers the cost of chemotherapy, immunotherapy and radiotherapy.	Included in the Non-Surgical Benefit limit.
Hospital related specialist consultations and diagnostic investigations²	Covers registered specialist and diagnostic investigation costs that directly relate to your hospitalisation under the Surgical, Non-Surgical or Cancer Treatment Benefits. Specialists such as: an Oncologist, Cardiologist, Orthopaedic, Gynaecologist. Diagnostic investigations such as: x-rays, ultrasound, mammography, echocardiograms, visual field tests and breast biopsy.	Unlimited ² , up to your overall Surgical or Non-Surgical Benefit limit, for consultations and investigations up to six months before and after you're admitted to private hospital.
Diagnostic Investigations Benefit²	Covers costs of the following diagnostic investigations even if the insured person hasn't been, or won't be hospitalised: Arthroscopy, Capsule Endoscopy, Colonoscopy, Colposcopy, CT Scan, CT Angiogram, Cystoscopy, Gastroscopy, MRI Scan, Myelogram and PET Scan.	Unlimited diagnostic investigations, up to your overall Surgical or Non-Surgical Benefit limit. Where the diagnostic investigation is not related to a private surgery or non-surgical treatment, an excess will apply per diagnostic investigation.
Follow-up Investigations for Cancer Benefit²	Covers costs of one consultation with a registered specialist and relevant diagnostic investigations relating to cancer treatment which we've covered under this policy.	Up to \$3,000 each policy year and up to five consecutive policy years.
Ambulance Transfer Benefit²	Covers road ambulance transfers from a public or private hospital to the closest private hospital in New Zealand.	Included in the Surgical Benefit or Non-Surgical Benefit limits, whichever applies.
Travel and Accommodation Benefit²	Covers travel and accommodation costs for the insured person being treated in an approved private hospital when treatment is not available at private hospital within 100km of where they usually live. Your support person's travel and accommodation are also covered.	<p>For surgery or non-surgical treatment Travel - up to \$3,000 every policy year. Accommodation - up to \$300 each night.</p> <hr/> <p>For cancer treatment Travel - up to the benefit limit remaining on your Surgical or Non-Surgical Benefit. Accommodation - up to \$300 each night.</p>
Parent Accommodation Benefit²	Covers accommodation costs for a parent or legal guardian accompanying an insured child under 20 years (inclusive) for treatment in a private hospital.	Up to \$200 each night and \$3,000 per hospitalisation.
Rehabilitation costs²	Covers costs for post-treatment home care by a registered nurse, nurse practitioner or healthcare assistant and physiotherapy, osteopathic, chiropractic treatment, speech and occupational therapy and dietitian consultations when recommended by a specialist following discharge from a private hospital.	<p>Physiotherapy Benefit: Up to \$750 per hospitalisation</p> <p>Therapeutic Care Benefit: Including osteopathic, chiropractic treatment, sports physician treatment, speech and occupational therapy and dietitian consultations: up to \$250 per hospitalisation.</p> <p>Home Care Benefit: up to \$150 each day - up to \$6,000 each policy year.</p>

¹ Any medications used (including chemotherapy) must be registered and approved by Medsafe; prescribed and administered within Medsafe guidelines; and funded by PHARMAC for the treatment you need at the time of the treatment. ² All costs paid under these benefits come within the benefit maximum for the Surgical Benefit or Non-Surgical Benefit limits (whichever applies). Any drugs used must be funded by PHARMAC for the treatment you need at the time of your treatment. The PHARMAC schedule can be viewed at www.pharmac.govt.nz

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Base Cover Benefit	A summary of what this covers	The limits (per person)
Public Hospital Payment	If an insured person is admitted to public hospital, we pay a benefit from their third consecutive night onwards.	\$300 each night for the third and each subsequent night. Up to \$3,000 each policy year.
Overseas Treatment Benefit	Covers treatment and travel costs when treatment cannot be provided at all within New Zealand and the Ministry of Health has declined your application for funding.	Up to \$20,000 each overseas surgery or treatment.
Cover in Australia Benefit²	Covers the cost of surgery or treatment in Australia for most of the benefits under your policy.	Up to 75% of the Efficient Market Price (EMP) amount which would be payable in New Zealand for the same surgery or treatment.
Eye Injections Benefit¹	Cover the cost of PHARMAC funded intravitreal eye injections administered by a specialist, on referral from a GP or specialist.	Up to \$3,000 each policy year.
GP Surgery Benefit	Covers the cost of minor surgery performed by a GP.	Up to \$750 each policy year.
Skin Lesion Surgery Benefit	Covers the cost of skin lesion surgery performed by a specialist.	Up to \$6,000 each policy year.
Foot Surgery Benefit	Covers costs of surgery performed by a podiatric surgeon under local anaesthetic, including one pre and one post surgery consultation and related X-rays.	Up to \$6,000 each policy year.
High-Risk Pregnancy Benefit	Covers costs of treatment by an obstetrician to assess and monitor recognised risk factors with your pregnancy.	Up to \$2,000 each pregnancy.
ACC Top-up Benefit²	If ACC approves a claim for an injury but their payments don't fully cover the cost of the surgery or medical treatment you're having, we'll pay the difference.	Difference between the actual cost of treatment and the ACC's payment up to your Surgical or Non-Surgical Benefit limit. Conditions apply.
Waiver of Premium Benefit	If a policyowner dies, the premiums on the policy are paid for a period of time by us.	We waive premiums for two years, or until any surviving insured person is aged 70, whichever happens first.
Funeral Support Benefit	A payment when an insured person dies between the age 16 and 64 (inclusive).	\$3,000 in respect of that insured person.
Loyalty - Sterilisation Benefit	After two years' continuous cover, this benefit covers the cost of a male or female sterilisation as a means of contraception.	Up to \$1,000 each procedure.
Loyalty - Suspending your Cover Benefit	After 12 months' continuous cover you can suspend the policy or cover for an insured person due to:	
	Unemployment/redundancy	Up to 6 months.
	Overseas travel/residence	3 months to 24 months.
	Parental leave	3 months to 12 months.
Loyalty - Check Up Benefit	Provides you with a reimbursement of up to \$100 for an adult (aged 21 and over) covered by the policy at each 36 months of continuous cover to help proactively take care of their health through a health check up which may result in a clean bill of health, or identify a health condition early or to help manage an existing condition.	A reimbursement of up to \$100 for each 36 months of continuous cover.

1 Any medications used (including chemotherapy) must be registered and approved by Medsafe; prescribed and administered within Medsafe guidelines; and funded by PHARMAC for the treatment you need at the time of the treatment. **2** All costs paid under these benefits come within the benefit maximum for the Surgical Benefit or Benefit limits (whichever applies). Any drugs used must be funded by PHARMAC for the treatment you need at the time of your treatment. The PHARMAC schedule can be viewed at www.pharmac.govt.nz

Additional Options



The limits apply to each insured person. Covers 80% or 100% of the cost up to the below benefit maximums. Refer to the policy document for full details

Options	Benefit	A summary of what this covers	The limits (per person)
Specialist Option	Specialist Consultations Benefit	Covers the cost of specialist or vocational GP consultations, after referral by a GP or specialist, even when consultations don't relate to hospitalisation.	No limits on each consultation. No limits on each policy year.
	Diagnostic Tests Benefit	Covers costs of diagnostic investigations, after referral by a GP or specialist, even when the diagnostic investigations don't relate to hospitalisation.	Up to \$3,000 each policy year.
	Cardiac Investigations Benefit	Covers cardiac investigation costs, after referral by a GP or specialist, even when cardiac investigations don't relate to hospitalisation.	Up to \$60,000 each policy year.
Non-PHARMAC Plus Option	Non-PHARMAC Plus Benefit	Cover for the cost of non-PHARMAC funded drugs that are Medsafe approved, not just cancer, used both in a recognised private hospital or at home ³ and meet Medsafe guidelines for use.	Choice of benefit limit of \$20,000, \$50,000, \$100,000, \$200,000 or \$300,000.
GP Option	GP Benefit	Covers the cost of GP visits including home visits and minor surgery under local anaesthetic.	Up to \$55 each GP clinic visit. Up to \$80 each home visit. Up to \$25 each visit for ACC Top-up. Up to 12 GP visits each policy year. Up to \$200 each minor surgical procedure.
	Prescriptions Benefit	Covers GP, specialist or nurse practitioner prescription charges for medicines.	Up to \$15 each item. Up to \$300 each policy year.
	Physiotherapy Benefit	Covers physiotherapy treatment costs, after referral by a GP or specialist.	Up to \$40 each visit. Up to \$15 each visit for ACC top-up. Up to \$400 each policy year.
	Nurse Practitioner Benefit	Covers nurse practitioner visits.	Up to \$30 each visit. Up to six visits each policy year.
	Loyalty - Active Wellness Benefit	Provides a reimbursement of up to \$150 for an insured adult (aged 21 and over) covered by the policy after every 24 months of continuous cover. Reimbursement can go towards the cost of a gym or sports club membership(s) or for the purchase of fitness equipment to help with keeping you active.	A reimbursement up to \$150 ⁶ .

³ 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. ⁶ This benefit is available when the claims within the preceding 23 months under the GP Option are less than \$150. **Note:** All Options incur an additional premium over and above the premium for the Base Cover. Each of the Options includes all of the benefits listed under that Option.

Additional Options



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Options	Benefit	A summary of what this covers	The limits (per person)
Dental, Optical, and Therapeutic Option	Dental Benefit	Covers dental treatment by a dental practitioner, including examination, cleaning and scaling, fillings, associated X-rays and removal of teeth.	Up to \$500 each policy year.
	Eye Care Benefit	Covers optometrist, orthoptist, and optician examination fees as well as the cost of prescription eyewear needed due to a change in vision.	Up to \$55 each visit. Up to \$275 each policy year, plus up to \$330 each policy year for eyewear.
	Ear Care Benefit	Covers audiometric tests and audiology treatment after referral by a specialist.	Up to \$250 each policy year for audiology treatments. Up to \$250 each policy year for audiometric tests.
	Acupuncture Care Benefit	Covers acupuncture treatment after referral by a GP or specialist.	Up to \$40 each visit. Up to \$15 each visit for ACC top-up. Up to \$250 each policy year.
	Chiropractor Benefit	Covers chiropractic treatment costs and related X-rays, after referral by a GP or specialist.	Up to \$40 each visit. Up to \$15 each visit for ACC top-up. Up to \$250 each policy year. Up to \$80 each policy year for X-rays.
	Osteopath Benefit	Covers osteopathy treatment costs and related X-rays, after referral by a GP or specialist.	Up to \$40 each visit. Up to \$15 each visit for ACC top-up. Up to \$250 each policy year. Up to \$80 each policy year for X-rays.
	Foot Care Benefit	Covers podiatry treatment costs after referral by a GP or specialist.	Up to \$40 each visit. Up to \$250 each policy year.
	Speech, Occupation, and Eye Therapy Benefit	Covers speech, occupational and eye therapy after referral by a GP or specialist.	Up to \$40 each visit. Up to a total combined limit of \$300 each policy year for all these treatments.
	Loyalty - Orthodontic Benefit	After 24 months of continuous cover under the Dental, Optical, and Therapeutic Option, the Dental Care Benefit will be extended to include orthodontic treatment where the treatment is recommended by a GP or a specialist.	Up to the limit remaining this policy year on the Dental Benefit.

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

Additional Options



The limits apply to each insured person. Refer to the policy document for full details.

Options	Benefit	A summary of what this covers	The limits (per person)
Serious Condition Lump Sum Option⁵	Serious Condition Benefit	<p>An immediate lump sum payment to spend in any way you like if an insured person with this Option suffers for the first time (and after the join date on this Option) from any one of the specified trauma conditions (listed below).</p> <hr/> <p>Heart and circulation</p> <ul style="list-style-type: none"> – Aortic surgery⁴ – Coronary artery bypass grafting surgery⁴ – Major heart attack (Myocardial infarction)⁴ – Heart valve surgery⁴ <hr/> <p>Organs</p> <ul style="list-style-type: none"> – Chronic liver failure – Chronic lung failure – Chronic renal failure – Major organ transplant⁴ – Pneumonectomy <hr/> <p>Functional loss/neurological</p> <ul style="list-style-type: none"> – Benign tumour of the brain and spinal cord⁴ – Paralysis <ul style="list-style-type: none"> > Hemiplegia > Diplegia > Quadriplegia > Tetraplegia > Paraplegia – Stroke⁴ <hr/> <p>Cancer</p> <p>Cancer - life threatening⁴</p> <hr/> <p>The complete definitions, including what medical or diagnostic criteria determines when one of the above has been suffered, is detailed in the policy document. This Option on an insured person ends once a payment has been made or if the insured person dies. Cover ends at age 70.</p>	<p>This Option is available to members aged 16 to 70. A different level of sum insured can be selected for each person to be covered. You have a choice of sum insured - \$20,000 or \$50,000.</p>

⁴ 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. ⁵ The Serious Condition Lump Sum Option is always underwritten. **Note:** All Options incur an additional premium over and above the premium for the Base Cover. Each of the Options includes all of the benefits listed under that Option.

Additional Options



The limits apply to each insured person. Covers 80% of the cost up to the below benefit maximums. Refer to the policy document for full details.

Options	Benefit	A summary of what this covers	The limits (per person)
Proactive Health Option	Screening Benefit	Covers the cost of the following screening tests: bone, bowel, breast, cervical, heart, prostate, eye tests, visual field tests, hearing tests and mole mapping.	Up to \$750 each policy year.
	Allergy Testing and Vaccination Benefit	Covers the cost of allergy testing and vaccination.	Up to \$100 each policy year.
	Dietitian or Nutritionist Consultations Benefit	Covers the cost of dietitians or nutritionist consultations.	Up to \$300 each policy year.
	Stay Active Benefit	Covers the cost of gym memberships, weight loss programmes and quit smoking programmes.	Up to \$100 each policy year.
	Loyalty - Health Check Benefit	Covers the cost of a medical check by a GP or nurse practitioner after 24 months' continuous cover under this Option.	Up to \$150 every 24 months.

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

nib nz limited

PO Box 91630,
Victoria Street West
Auckland 1142

The information is correct as of December 2023 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 www.nib.co.nz

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