

This overview provides a high-level summary of the key benefits under the Ultimate Health suite, Easy Health and Premier Health Business. Premier Health Business can only be purchased as a group scheme product and the other products are available to individuals and families through an adviser.

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

Key differences between: Ultimate Health Max™, Ultimate Health™, Easy Health™ and Premier Health Business™		Ultimate Health Max™	Ultimate Health™	Easy Health™	Premier Health Business™
Individual's medical history is asked		At application	At application	At claim	Refer to group terms
Guaranteed benefits and future upgrades		☑	Not guaranteed	Not guaranteed	Not guaranteed
Built in cover for pre-existing conditions		N/A	N/A	Some cover after 3 years <sup>2</sup>	Refer to group terms
Application of excess		Per person per policy year	Per person per policy year	Per person per policy year	Per person per policy year
Flexibility to choose a different Base Cover for each person on one policy		☑	☑	Not applicable	Not applicable
Flexibility to choose a different excess level for each person on one policy		☑	☑	☑	☑
Flexibility to choose different Options for each person on one policy		☑	☑	☑	☑
Basis of Cover	100% of eligible costs covered for services and treatment provided by an <b>nib First Choice Network</b> provider	☑	☑*	☑*	☑
	100% of eligible costs covered for services and treatment by a provider that is not part of the <b>nib First Choice Network</b>	☑ <sup>7</sup>	No, EMP Applies <sup>5*</sup>	No, EMP Applies <sup>5*</sup>	No, EMP Applies <sup>5</sup>
	Co-payment applies to some specialist consultations and diagnostic investigations*	N/A	☑	☑	N/A

## Base Cover

Benefit	What is covered	Ultimate Health Max™	Ultimate Health™	Easy Health™	Premier Health Business™
Surgical Benefit	Cover for private hospital surgical costs	Up to \$600,000	Up to \$600,000	Up to \$300,000	Up to \$300,000
Non-Surgical Benefit	Cover for private hospital non-surgical costs	Up to \$300,000	Up to \$300,000	Up to \$200,000	Up to \$200,000
Cancer Treatment Benefit <sup>4</sup>	Cover for surgical and non-surgical cancer treatments	☑	☑	☑	☑
Non-PHARMAC Drugs in Hospital <sup>4</sup>	Cover for non-PHARMAC funded drugs for surgical and medical treatment in hospital	☑	Up to \$20,000 for chemotherapy & immunotherapy drugs only	Up to \$20,000 for chemotherapy & immunotherapy drugs only	No cover
Non-PHARMAC Drugs at Home <sup>4</sup>	Cover for non-PHARMAC funded drugs for use at home up to 6 months after hospitalisation	☑	No cover	No cover	No cover
Breast Symmetry Post Mastectomy Benefit <sup>4</sup>	Cover for unilateral breast reconstruction and/or reduction surgery following a mastectomy	☑ <sup>2</sup>	☑	☑	No cover
Cancer Treatment Accessories Support Benefit <sup>4</sup>	Cover towards the cost of a wig, hat, scarf or mastectomy bras during or within 6 months after cancer surgery or treatment	☑	No cover	No cover	No cover
Cancer Treatment Counselling and Support Services Benefit <sup>4</sup>	Cover for counselling and support services within 6 months after cancer surgery or treatment	☑	No cover	No cover	No cover
Cardiac Counselling and Support Services Benefit <sup>4</sup>	Cover for counselling and support service within 6 months after heart surgery	☑	No cover	No cover	No cover
Follow-up Investigations for Cancer Benefit <sup>4</sup>	Up to \$3,000 for follow-up investigations for up to 5 years after cancer treatment	☑	☑	☑	☑
Diagnostic Investigations Benefit <sup>4</sup>	Cover for major diagnostic investigations whether hospitalised or not e.g: CT scans, MRI scans, PET scans, Colonoscopies and Gastroscopies	☑	☑*	☑*	11 specified diagnostics
Hospital Diagnostic Tests Benefit <sup>4</sup>	Cover for diagnostic investigations up to 6 months before and after being admitted to private hospital	☑	☑*	☑*	☑

\* A 20% co-payment will apply to some benefits that cover specialist consultations and diagnostic tests. The co-payment doesn't apply to tests listed in the Diagnostics Schedule. **2** The excess doesn't apply to this benefit. **3** Any pre-existing condition that is related to cardiovascular, cancer, hip, knee or back conditions, transplant surgery, and reconstructive or reparative procedures or surgery is not covered at any time. **4** Any related costs paid under this benefit are deducted from the balance available in the benefit maximum for the Surgical Benefit or Non-Surgical Benefit (whichever applies) in each policy year. **5** The EMP (Efficient Market Price) is the maximum amount we'll pay for a health service provided by a recognised provider who isn't part of our First Choice Network.

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

Base Cover					
Benefit	What is covered	Ultimate Health Max™	Ultimate Health™	Easy Health™	Premier Health Business™
Hospital Specialist Consultations Benefit <sup>4</sup>	Cover for specialist or vocational GP consultations up to 6 months before and after being admitted to private hospital	☑	☑*	☑*	☑
Specialist Second Opinion Benefit <sup>4</sup>	Cover for specialist consultations for a second opinion up to 6 months before and after being admitted to private hospital	☑	☑*	No cover	No cover
Travel and Accommodation Benefit <sup>4, 6</sup>	Travel costs for you and a support person, and accommodation costs for a support person when you need to travel further than 100km from where you live for treatment	☑	☑	☑	☑
Parent Accommodation Benefit <sup>4</sup>	Up to \$3,000 for a parent's accommodation if an insured child is hospitalised – a GP or specialist recommendation is not required	☑	☑	☑	☑
Ambulance Transfer Benefit <sup>4</sup>	Covers for cost of road ambulance transfer from a public hospital or private hospital to the closest private hospital	☑	☑	☑	☑
Home Care Benefit <sup>4</sup>	Up to covers home care for up to 6 months after being discharged from private hospital Up to \$150 a day to a maximum of \$6,000	☑	☑	☑	☑
Physiotherapy Benefit <sup>4</sup>	Cover for physiotherapy up to 6 months after being discharged from private hospital	☑	☑	☑	☑
Therapeutic Care Benefit <sup>4</sup>	Osteopathic, chiropractic and sports physician treatment, speech and occupational therapy, and dietitian consultations for up to 6 months after being discharged from private hospital	Up to \$1,000	Up to \$1,000	Up to \$250 per hospitalisation	Up to \$250 per hospitalisation
Delayed Treatment Benefit <sup>4</sup>	Cover available overseas if an insured person has to wait for treatment in New Zealand for 6 months or longer due to insufficient medical resources	☑	☑	No cover	No cover
Cover in Australia Benefit <sup>4</sup>	Up to either the EMP <sup>4</sup> or UCR charges <sup>6</sup> for surgery or treatment in Australia	UCR charges <sup>7</sup>	No cover	No cover	EMP <sup>5</sup>
Overseas Treatment Benefit	Covers treatment and travel costs when treatment cannot be provided at all within New Zealand and the Ministry of Health has declined your application for funding	Up to \$30,000 per overseas surgery or treatment	Up to \$30,000 per overseas surgery or treatment	Up to \$20,000 per overseas surgery or treatment	Up to \$20,000 per overseas surgery or treatment
Medical Tourism Benefit <sup>4</sup>	Up to 75% of UCR charges <sup>6</sup> , if an insured person elects to have treatment overseas, provided the treatment is available in New Zealand within 6 months	☑	No cover	No cover	No cover
High-Risk Pregnancy Benefit	Cover for treatment by an obstetrician to assess and monitor recognised risk factors with your pregnancy	Up to \$4,000	Up to \$2,000	Up to \$2,000	Up to \$2,000
Foot Surgery Benefit <sup>4</sup>	Up to \$6,000 for podiatric surgery including one pre and one post consultation and associated X-rays	☑	☑	☑	☑
Pre-existing Cover for Newborns	Cover for pre-existing conditions (other than congenital) for dependent children when added within 4 months of birth	☑	☑	☑	☑
Public Hospital Payment <sup>2</sup>	Up to \$3,000 payment when admitted to a public hospital for 3 or more consecutive nights	☑	No cover	No cover	☑
Hospice Benefit	Up to \$3,000 when admitted to a hospice for 3 or more consecutive nights	☑	No cover	No Cover	No cover
Eye Injections Benefit	Up to \$3,000 for intravitreal eye injections	☑	☑	☑	☑
Skin Lesion Surgery Benefit	Cover for specialist skin lesion surgery	☑ <sup>4</sup>	Up to \$6,000	Up to \$6,000	Up to \$6,000
GP Surgery Benefit	Cover for GP minor surgery	Up to \$5,000	Up to \$1,500	Up to \$1,500	Up to \$750

\* A 20% co-payment will apply to some benefits that cover specialist consultations and diagnostic tests. The co-payment doesn't apply to tests listed in the Diagnostics Schedule. **2** The excess doesn't apply to this benefit. **4** Any related costs paid under this benefit are deducted from the balance available in the benefit maximum for the Surgical Benefit or Non-Surgical Benefit (whichever applies) in each policy year. **5** The EMP (Efficient Market Price) is the maximum amount we'll pay for a health service provided by a recognised provider who isn't part of our First Choice Network. **6** Individual sub-limits apply for both travel and accommodation and vary depending on the treatment received. **7** This is subject to our Usual, Customary, and Reasonable charges (UCR), which are the costs that are charged for a health service which we determine are usual, reasonable and customary according to our data.

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

Base Cover					
Benefit	What is covered	Ultimate Health Max™	Ultimate Health™	Easy Health™	Premier Health Business™
ACC Top-up Benefit <sup>4</sup>	Covers the difference in costs between what is payable by ACC for an injury and the actual costs of your surgery or treatment	✓	✓	✓	✓
ACC Treatment Injury Benefit <sup>4</sup>	Cover for reparative treatment for any injury that occurs during treatment we've paid for that isn't covered by ACC	✓	✓	✓	No cover
Medical Misadventure Benefit <sup>2</sup>	\$30,000 lump sum payment in case of death due to medical misadventure	✓	✓	✓	No cover
Funeral Support Benefit <sup>2</sup>	A lump sum payment if an insured person dies between the age of 16 and 64	\$10,000	\$5,000	\$5,000	\$3,000
Waiver of Premium Benefit <sup>2</sup>	Up to 2 years of premium waiver if the policyowner dies before age 70	✓	✓	✓	✓
Terminal Illness Waiver of Premium Benefit <sup>2</sup>	Up to 6 months premium waiver if the policyowner is diagnosed with a terminal illness before age 70	✓	No cover	No cover	No cover
Loyalty - Suspending your Cover Benefit	Cover can be suspended after 12 months of continuous cover for: travel or overseas residence, parental leave, unemployment or redundancy	✓	✓	✓	✓
Loyalty - Sterilisation Benefit <sup>2</sup>	Covers a sterilisation procedure for contraception after 2 years of continuous cover	✓ <sup>7</sup>	Up to \$1,000 per lifetime	Up to \$1,000 per procedure	Up to \$1,000 per procedure
Loyalty – Weight Loss Surgery Benefit <sup>4</sup>	Up to a lifetime limit of \$10,000 for the cost of sleeve gastrectomy, gastric banding or bypass surgery, after 3 years of continuous cover	✓	No cover	No cover	No cover
Loyalty – Breast Reduction Surgery Benefit <sup>4</sup>	Up to a lifetime limit of \$10,000 for the cost of bilateral breast reduction surgery, after 3 years of continuous cover	✓	No cover	No cover	No cover
Loyalty – Check Up Benefit <sup>2,4</sup>	Up to \$100 for a check up by a GP every 3 years for each adult, after 3 years of continuous cover	✓	No cover	No cover	✓

\* A 20% co-payment will apply to some benefits that cover specialist consultations and diagnostic tests. The co-payment doesn't apply to tests listed in the Diagnostics Schedule. **2** The excess doesn't apply to this benefit. **4** Any related costs paid under this benefit are deducted from the balance available in the benefit maximum for the Surgical Benefit or Non-Surgical Benefit (whichever applies) in each policy year. **7** This is subject to our Usual, Customary, and Reasonable charges (UCR), which are the costs that are charged for a health service which we determine are usual, reasonable and customary according to our data.

Benefit limits apply to each insured person every policy year unless otherwise specified. Each person on one policy can choose the Options they would like from those available on the chosen product. Some benefits also have a co-payment of 20%. This means you pay for the first 20% of the eligible costs and we will pay the remaining 80%\*.

Options					
Option	What is covered	Ultimate Health Max™	Ultimate Health™	Easy Health™	Premier Health Business™
Specialist Option	Unlimited registered specialist or vocational GP consultations	☑	☑*	Not available	☑
	Unlimited registered specialist or vocational GP consultations for a second opinion		☑*		No cover
	Up to \$500 for registered sports physician treatment		☑		No cover
	Up to \$3,000 for any diagnostic investigations e.g. X-rays, ultrasounds and mammograms		☑*		☑
	Up to \$60,000 for cardiac investigations e.g. treadmills, holter monitoring, cardiovascular ultrasounds and myocardial perfusion scans		☑*		☑
	Cover for pre-existing conditions (other than congenital) for dependent children when added within 4 months of birth		☑		☑
Proactive Health Option <sup>8</sup>	Up to \$750 for the following health screening tests: bone, bowel, breast, cervical, heart, prostate, eye / visual field, hearing and mole mapping	☑	☑	☑	☑
	Up to \$100 for allergy testing and vaccinations				
	Up to \$300 for dietitian or nutritionist consultations				
	Up to \$100 towards gym memberships, weight-loss management programmes and quit smoking programmes				
	Up to \$150 for medical check by a GP or nurse practitioner, at the end of every 2 years continuous cover under this Option				
Serious Condition Financial Support Option (Ultimate Health™ & Ultimate Health Max™)	One-off lump sum payment if you are diagnosed with one of a number of serious conditions (as defined in the policy document)	39 conditions	39 conditions	17 conditions	17 conditions
	Choice of cover: \$20,000 or \$50,000	☑	☑	☑	☑
Serious Condition Lump Sum Option (Easy Health™ and Premier Health Business™)	An additional lump sum payment for paralysis (as defined), equal to the amount of the sum insured	☑	☑	Not available	Not available
	Up to 50% of the sum insured is paid if an insured person's child (between the age of 2 to 20, whether or not they are on the policy) suffers one of the defined serious conditions	☑	☑	Not available	Not available
This Option is always underwritten					
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 visits each policy year	☑	☑	Not available	☑
	Up to \$200 for each GP surgery		☑		
	Up to \$15 each item. Up to \$300 each policy year		☑		
	Up to \$40 each visit. Up to \$15 each visit for ACC Top-up. Up to \$400 each policy year		☑		
	Up to \$30 per visit for 6 nurse practitioner visits		☑		
	Up to \$150 towards the cost of sports clubs, gym memberships, or fitness equipment purchased after 2 years of continuous cover under this Option (if claims have been less than \$150)		No cover		
	Cover for pre-existing conditions (other than congenital) for dependent children when added within 4 months of birth		☑		

\* A 20% co-payment will apply to some benefits that cover specialist consultations and diagnostic tests. The co-payment doesn't apply to tests listed in the Diagnostics Schedule. <sup>8</sup> This Option covers any pre-existing conditions after the applicable waiting period has been served.

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

Options					
Option	What is covered	Ultimate Health Max™	Ultimate Health™	Easy Health™	Premier Health Business
Non-PHARMAC Plus Option	Additional cover for the cost of non-PHARMAC funded drugs that are Medsafe approved, not just cancer, used both in private hospital or at home <sup>9</sup> and meet Medsafe guidelines for use	☑	Not available	☑	☑
	Choice of cover: <ul style="list-style-type: none"> <li>• \$20,000 • \$50,000 • \$100,000</li> <li>• \$200,000 • \$300,000</li> </ul>				
Dental, Optical and Therapeutic Option	Up to \$500 for dental treatment e.g. examination, cleaning, scaling, fillings, X-rays, removal of teeth, and crowns. Orthodontic treatment is also covered after 2 years of continuous cover under this Option	☑	☑	Not available	☑
	Up to \$275 for optometrist, orthoptist and optician consultations / examinations				
	Up to \$330 for eyewear if there is a change of vision				
	Up to \$250 for audiometric tests and \$250 for audiology treatment				
	Up to \$250 for acupuncture treatment				
	Up to \$250 for chiropractic treatment and \$80 for related X-rays				
	Up to \$250 for osteopathy treatment and \$80 for related X-rays				
	Up to \$250 for podiatry treatment				
	Up to \$300 for speech therapy, occupational therapy and eye therapy				
	Cover for pre-existing conditions (other than congenital) for dependent children when added within 4 months of birth				

<sup>9</sup> 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.