

Private Hospital Silver Cover



Private Hospital Silver Cover offers the flexibility to tailor a range of Options to suit the needs of you and your family.



Base Cover

At the core of Private Hospital Silver Cover is the Base Cover which pays 70% or 80% (depending on the benefit) of your eligible hospital related costs up to the benefit limits. The Base Cover provides cover for surgical and non-surgical hospitalisation.

The nib First Choice Network applies to this cover, more information is available at nibfirstchoice.co.nz

Key benefits

- ✓ Cover for diagnostic tests such as MRI and CT scans when referred by a GP or Specialist
- ✓ A 30% co-payment applies unless the test is listed in the Diagnostics Schedule
- ✓ Up to **\$7,500** for skin lesion surgery for each insured person per policy year
- ✓ Up to **\$100,000** for each insured person per surgery
- ✓ Up to **\$60,000** for each insured person every policy year for private hospital non-surgical costs
- ✓ Up to **\$60,000** for each insured person every policy year for cancer treatment (non-surgical) including **\$10,000** for non-PHARMAC drugs
- ✓ Up to **\$10,000** cover for treatment overseas, when it is not available in New Zealand
- ✓ Up to **\$450** for GP minor surgeries such as mole removal for each insured person per surgery
- ✓ ACC top-up: we will top up your ACC claims for eligible treatment or procedure
- ✓ Loyalty Benefits including Obstetrics cover



Options



The Private Hospital Silver Cover comes with its own Options, so cover can be tailored to specific needs.



Extension Option

The Extension Option provides a wide range of everyday and specialist services, including specialist consultations and diagnostic procedures that don't result in hospitalisation. We pay either **70% or 80%** of eligible costs, depending on the benefit, up to your available benefit limit. The Extension Option can only be added by your employer.



Specialist Option

The Specialist Option covers specialist consultations and diagnostic procedures that don't result in hospitalisation. We pay either 70% or 100% of eligible costs, depending on the benefit, up to your available benefit limit.



Consultation, Prescription and Vaccination Option

The Consultation, Prescription and Vaccination Option covers you for prescriptions, GP and nurse visits and annual flu vaccinations. Your choice of cover for **80% or 100%** of the eligible costs up to the benefit limits. A waiting period of 90 days applies.



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



Non-PHARMAC Plus Option

The Non-PHARMAC Plus Option covers you for the cost of Medsafe-approved drugs that are not funded by PHARMAC, and helps ensure access to a wider range of drugs when you have an approved claim under your Base Cover. You can choose from the following levels of cover:
\$20,000, \$50,000, \$100,000, \$200,000 or \$300,000

Note: If the Extension Option is chosen by your employer, you cannot then choose to add the Specialist Option or the Consultation, Prescription and Vaccination Option to your cover.

Overview of benefits and limits for Private Hospital Silver Cover



Private Hospital Silver Cover pays your eligible costs up to the below benefit limits. Benefit limits apply to each insured person. The Policy document contains the terms, conditions and exclusions that apply to these benefits. Refer to the Policy document for full details.

Base Cover Benefit	The Limits
Surgical Benefit	Up to \$100,000 for each surgery.
Non-Surgical Benefit	Up to \$60,000 every policy year.
Cancer Treatment Benefit	Up to \$60,000 every policy year including up to \$10,000 non-PHARMAC chemotherapy or immunotherapy medicines.
Follow-up Investigations for Cancer Benefit¹	Up to \$3,000 each policy year, up to five consecutive years.
Diagnostic Investigations Benefit	Up to \$60,000 every policy year for a range of diagnostic investigations.
Hospital Diagnostic Tests Benefit*	Cover for up to six months before and after you're admitted to private hospital. For general diagnostics: Up to \$3,000 per insured person every policy year.* For cardiac related diagnostics: Up to \$5,000 per insured person every policy year. A 30% co-payment applies.
Hospital Specialist Consultations Benefit	Up to \$5,000 every policy year up to six months before and after admission.
Psychiatric Hospitalisation Benefit	Up to \$330 per day/night, up to \$1,650 for each admission including up to \$200 for drugs and/or ancillary hospital charges.*
Dietitian Consultations Benefit	Up to \$100 per consultation, up to \$500 every policy year up to six months after discharge.
Therapeutic Care Benefit	Up to \$70 per consultation, up to \$350 every policy year up to six months after discharge.
Breast Symmetry Post Mastectomy Benefit	A one-off payment of up to \$2,500 per lifetime.
Hospice Benefit	Adult: \$50 per night, up to \$500 per admission up to \$2,400 every policy year. Child: \$25 per night, up to \$250 per admission up to \$1,200 every policy year.
Travel and Accommodation Benefit¹	For surgery or treatment: Travel: Up to \$3,000 per insured person every policy year. Accommodation: Up to \$300 each night. For cancer treatment: Travel: Up to the benefit limit remaining this policy year on your Surgical or Non-Surgical Benefit. Accommodation: Up to \$300 each night.
Parent Accommodation Benefit	Up to \$100 per night, up to \$500 for each admission.
Home Care Benefit	Up to \$175 per day, up to \$2,800 every policy year up to six months after discharge.
Physiotherapy Benefit	Up to \$60 per visit, up to \$300 every policy year up to six months after discharge.
Overseas Treatment Benefit	Up to \$10,000 every policy year including travel and accommodation costs.
Eye Injections Benefit	For medications funded by PHARMAC at the time of your treatment: Up to \$100,000 for each injection. For medications not funded by PHARMAC at the time of your treatment: Up to \$100 for each injection.
Skin Lesion Surgery Benefit	Up to \$7,500 every policy year.
Foot Surgery Benefit	Up to \$6,000 every policy year.
GP Surgery Benefit	Up to \$450 for each surgery.
ACC Top-up Benefit¹	Covers the difference between costs payable by ACC and the actual costs up to the Surgical Benefit limit or Non-Surgical Benefit limit (whichever applies).
ACC Treatment Injury Benefit¹	Covers the costs of treatment for any injury occurred during health service for an eligible claim up to the Surgical Benefit limit or Non-Surgical Benefit limit (whichever applies).
Waiver of Premium Benefit	Covers the premiums on the policy up to two years if a policyowner dies before the age of 70.
Loyalty – Suspending your Cover Benefit	The policy can be suspended for overseas travel or residence, unemployment, redundancy or parental leave after 12 months' continuous cover.
Loyalty – Sterilisation Benefit¹	One sterilisation procedure over the life of this policy, up to the amount remaining on your Surgical Benefit, after two years' continuous cover.
Loyalty – Obstetrics Benefit	Up to \$1,500 every policy year after three years' continuous cover.
Loyalty – Breast Reduction Surgery Benefit	A one-off payment of up to \$5,000 per lifetime after three years' continuous cover.
Loyalty – Weight Loss Surgery Benefit	A one-off payment of up to \$7,500 per lifetime after three years' continuous cover.

* A 30% 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. ¹ 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. **Note:** This information is correct as of September 2025 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

Private Hospital Silver Cover



The limits apply to each insured person unless otherwise specified. The Policy document contains the terms, conditions and exclusions that apply to these benefits. Refer to the Policy document for full details.

Options	Benefit	The Limits
Extension Option² (80% cover up to the benefit limits)	Specialist Consultations Benefit	Up to \$5,000 every policy year.*
	Diagnostic Tests Benefit	Up to \$2,000 every policy year.*
	Cardiac Investigations Benefit	Up to \$3,000 every policy year.*
	Dietitian or Nutritionist Consultations Benefit	Up to \$80 for each consultation, up to \$400 every policy year.
	Psychiatric Consultations Benefit	Up to \$600 every policy year.
	Funeral Support Benefit	\$600 for each deceased insured person.
	GP Benefit	Up to \$36 for each consultation. Up to \$45 for each home consultation or after hour's consultation. Up to \$200 for each GP surgery.
	Prescriptions Benefit	Up to \$400 every policy year.
	Nurse Practitioner Benefit	Up to \$20 for each visit.
	Laboratory Tests Benefit	Up to \$56 every policy year.
	Physiotherapy Benefit	Up to \$30 for each visit, up to \$180 every policy year.
	Ear Care Benefit	Up to \$130 for audiometric tests every policy year. Up to \$40 for each treatment, up to \$130 for audiology treatment every policy year.
	Eye Care Benefit	Up to \$130 for every policy year.
	Ambulance Transfer Benefit	Up to \$144 every policy year.
	Chiropractor Benefit	Up to \$35 for each visit, up to \$105 every policy year. Up to \$80 for X-rays every policy year. This benefit limit is shared with the Osteopath Benefit.
	Osteopath Benefit	Up to \$35 for each visit, up to \$105 every policy year. Up to \$80 for X-rays every policy year. This benefit limit is shared with the Chiropractor Benefit.
Non-PHARMAC Plus Option	Non-PHARMAC Plus Benefit	Choice of benefit limit of: \$20,000, \$50,000, \$100,000, \$200,000 or \$300,000.
Specialist Option² (80% or 100% cover up to the benefit limits)	Specialist Consultations Benefit	Up to \$5,000 every policy year.*
	Diagnostic Tests Benefit	Up to \$3,000 every policy year.*
	Cardiac Investigations Benefit	Up to \$5,000 every policy year. A 30% co-payment applies.
	Ear Care Benefit	Up to \$210 for audiometric tests. Up to \$210 for audiology treatment.
	Allergy Testing and Vaccinations Benefit	Up to \$175 every policy year.
	Laboratory Tests Benefit	Up to \$70 every policy year.
	Dietitian or Nutritionist Consultations Benefit	Up to \$100 per consultation, up to \$500 every policy year.
Consultations, Prescriptions and Vaccination Option² (80% or 100% cover up to the benefit limits)	Psychiatric Consultations Benefit	Up to \$200 every policy year.
	Medical Consultations Benefit	Up to \$200 every policy year for GP or registered nurse or nurse practitioner visits.
	Prescriptions Benefit	Up to \$100 every policy year.
Serious Condition Lump Sum Option	Flu Vaccination Benefit	One vaccination, up to \$100 every policy year.
	Cover	This Option provides a lump sum payment if an insured person suffers, for the first time after the policy starts, any one of the specified trauma conditions listed below. Available sum insured: \$20,000 or \$50,000. This Option is available to adults aged 16 to 70.
	Trauma conditions	Heart and circulation • Aortic surgery³ • Coronary artery bypass grafting surgery³ • Major heart attack (Myocardial infarction)³ • Heart valve surgery³ Organs • Chronic liver failure • Chronic lung failure • Chronic renal failure • Major organ transplant³ • Pneumectomy Functional loss/neurological • Benign tumour of the brain and spinal cord³ • Paralysis > Hemiplegia > Diplegia > Quadriplegia > Tetraplegia > Paraplegia • Stroke³ Cancer • Cancer: life threatening³

* A 30% 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 Extension Option can only be added your employer. If they have added this, you cannot then choose to add the Specialist Option or the Consultation, Prescription and Vaccination Option to your cover. **3** 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 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. For full details on the benefit maximums, exclusions, limitations or other conditions that may apply, please refer to the policy document. A copy of the policy document is available at nib.co.nz