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Hi Rose,

As one of our valued advisers, you understand the vital role insurance plays in helping your clients access timely, high-quality healthcare, and avoid long wait times in the public health system.

At nib, we regularly review our policies to ensure they remain relevant, sustainable and focused on the benefits members use most. Our aim is to make sure your clients are getting the right level of cover with access to healthcare when they need it, for as long as they need it.

To help keep premiums manageable and make sure we can continue to provide cover for the things that matter most to your clients, there are some changes being made to our health insurance policies.

Why is this happening?

Over the last year, the number, frequency, complexity, and cost of private health insurance claims we've received has increased significantly. We shared details about this with you in our May Business Update email. While the increase in volume and frequency indicates your clients are making the most of their policies, it does increase the cost of servicing claims for private health insurers.

This isn't unique to nib - as New Zealand's public health system

continues to struggle to keep up with demand, more and more Kiwis are opting to access the care they need via their private health insurance cover.

This suggests that there are likely many people worrying about their health, managing the impacts of an untreated illness, or wondering if they will get treatment before their condition becomes more serious.

Key updates

Ultimate Health Max remains unchanged. With guaranteed wording, the product terms are fixed.

The following changes are being made to make sure we can deliver comprehensive and continued cover in the right areas for your clients – our members.

We've outlined the key updates below and included a **full table** so you can easily see how these will be applied.

We anticipate similar changes will be rolled out to members with group cover early next year 2026.

From 24 November 2025:

- The following benefits will be removed from select policies:
Loyalty - Check Up Benefit, Public Hospital Payment Benefit (under the Base Cover and GP Option), **Loyalty - Active Wellness Benefit** (under the GP Option and Specialist and GP Option) and **Cover in Australia Benefit**.
- 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. You can find the Diagnostics Schedule in the adviser portal. *For example, if your client is undergoing a covered procedure like a CT scan that costs \$2,000, a 20% co-payment is applied first – that's \$400. The remaining \$1,600 is then subject to any applicable excess. If their excess is \$500, this will be deducted next. Your client would pay a total of \$900, and we'd cover the remaining \$1,100.*
- If your clients already have a current pre-approval, it's still valid and will be honoured under their existing policy terms if treatment takes place before 24 November 2025. If they are issued a pre-

approval and have treatment before 24 November 2025, their current policy terms will also apply. However, for any treatment on or after 24 November 2025, the new policy terms will apply – even if the pre-approval was issued prior to that date.

- We will be **updating some policy wording** to align with other nib policies and confirm that treatment and procedures related to gender reassignment and gender dysphoria are not covered. Additionally, we will be updating the definition of 'congenital' on some products to include conditions or traits recognised at birth or diagnosed within four months of birth.

We appreciate these changes may prompt questions from your clients. We encourage you to reassure them that their core cover, including private hospital admissions, surgery, and cancer care remains in place.

Clients can find a copy of their updated policy document and the Diagnostics Schedule on the **"What you're covered for" page at nib.co.nz**. They can also access them directly by visiting: **www.nib.co.nz/am-i-covered**.

Changes will vary between products and will affect both current and new policies; however, these changes do not apply to all policies. For a full summary, please refer to **the supplied table**.

What do you need to do?

We're sending communications to all impacted nib members - including your clients - to let them know about the changes to their policy and anticipate they may have questions about what this means for them.

Take a moment to read through the changes so you can best support your clients with the right cover for their needs.

Talk to your clients about the benefits available on their current cover to ensure they understand what they can claim for, and what's changed. If they have incurred some costs and didn't realise they were covered, encourage them to submit a claim. It's important for clients to see value in the cover they are paying for.

Review their existing cover with them to make sure they're getting the greatest value from their policy, including the use of our proactive

health and wellbeing tools like [nib Balance](#), [Symptom Checker](#), and our [Health Management Programmes](#).

We're here to work with you as these changes are communicated. If you have any questions, please contact your [nib Adviser Partner Manager](#).

Thank you for your continued partnership.

The team at nib



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