Premier Health Business

Your Group Health Scheme

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Your better health and wellbeing

As your health insurer our goal is to help achieve positive healthcare outcomes for your employees and their families.

As your health partner, deploying health management will empower your people with the skills and knowledge to help them make better health decisions that may prevent illness.

3 Reasons to Choose nib



PROTECT

Protecting our members against the financial risk of sickness & injury



CERTAINTY

Cover now for many unknown health issues that may arise later



EMPOWER

Helping our members better prevent illness

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Comprehensive health insurance for businesses with 15 or more employees

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Base Cover

- Provides cover for surgical and medical (non-surgical) hospitalisation.
- Up to $300,000 per person, per policy year for private hospital surgical costs.
- Up to $200,000 per person, per policy year for private hospital medical (non-surgical) costs, including cancer treatments such as chemotherapy and radiotherapy.
- Cover for specific major diagnostic tests such as CT, Pet Scan and MRI whether resulting in surgery or not.
- Cover for follow-up check-ups after cancer treatment for up to 5 years.
- Minor GP surgeries and skin lesion surgeries.
- Automatic acceptance and cover for pre-existing conditions (general exclusions apply)

Additional Options

Adding additional options for an even higher, more comprehensive level of cover.

- GP Option
- Specialist Option
- Dental & Optical Option
- Serious Condition Lump Sum Option
- Non-PHARMAC Plus Option
- Proactive Health Option



GP Option

Perfect for those wanting to cover some day-to-day healthcare costs.

- GP visits: up to $55 per visit, with up to 12 visits per policy year
- Up to $200 for each minor GP surgery
- Prescriptions: Up to $15 each, up to $300 each policy year
- Physiotherapy: up to $40 per visit, up to $400 each policy year
- Includes an Active Wellness benefit of $150 towards fitness equipment or gym membership after each 2 years continuous cover
- Covers 80% or 100% of the cost up to the above maximums

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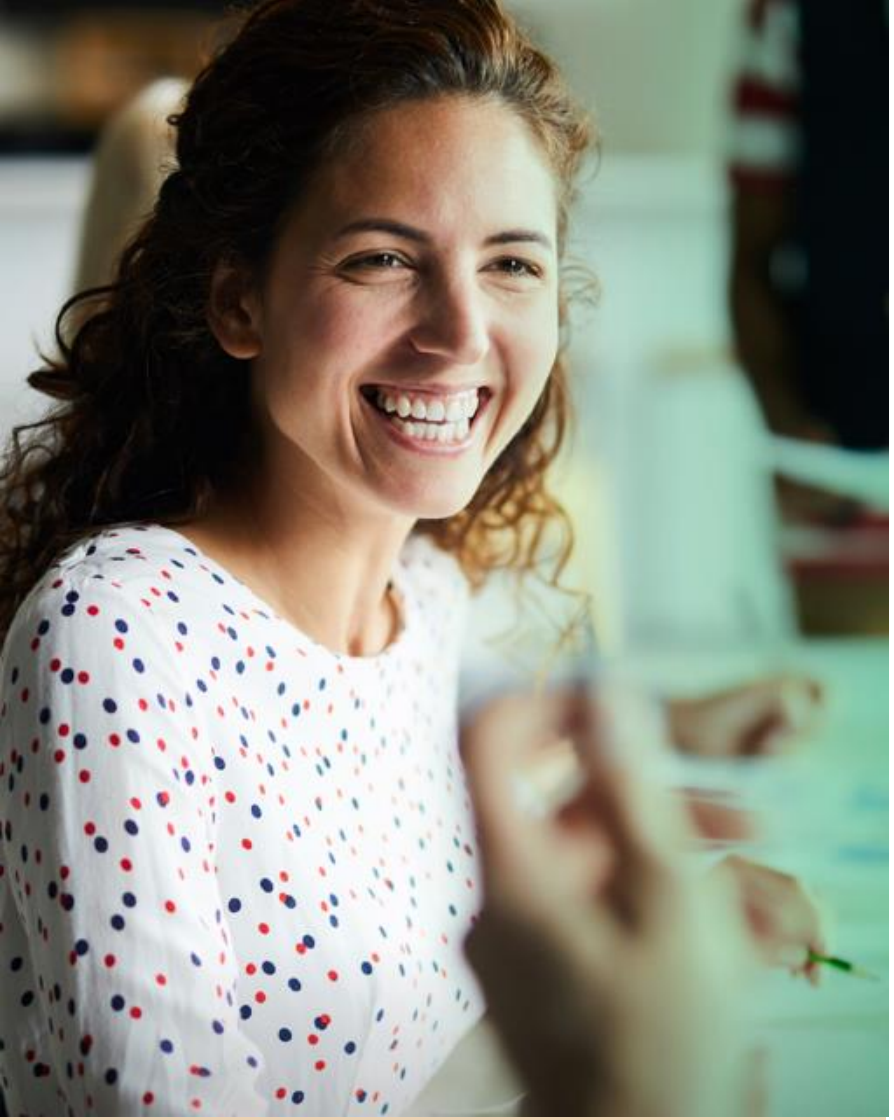

Specialist Option

Covers you for specialist consultations and diagnostics that don't result in hospitalisation.

- Unlimited registered specialist consultations
- General diagnostics up to $3,000 each policy year. This includes but is not limited to:
  - X-rays
  - Ultrasound
  - Arteriogram
- Cardiac investigations up to $60,000 each policy year. This includes but is not limited to:
  - Treadmill tests
  - Holter monitoring
  - Echocardiography

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Dental & Optical Option

Ideal for regular trips to the dentist, optician, chiropractor, podiatrist or osteopath.

- Dental treatment up to $500 each policy year
- Eye care up to $55 each visit, $275 each policy year and up to $330 each policy year for glasses or contact lenses
- Ear care up to $250 each policy year for audiology treatments and up $250 each policy year for audiometric tests
- Also includes spinal benefits, acupuncture benefits and more
- Covers 80% or 100% of the cost up to the above benefit maximums

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Serious Condition Lump Sum Option

A one-off lump sum amount to help reduce the strain, both financially and emotionally, of dealing with specific trauma conditions.

Choice of cover - $20,000 or $50,000.

Cover 17 Trauma conditions including:

- Stroke
- Life threatening cancer
- Benign brain or spinal tumour
- Major heart attack
- Chronic liver/lung/renal failure
- Some trauma conditions covered have a stand-down period of 90 days (underwriting is required for this option).



Non-PHARMAC Plus Option

- A policy option that covers Medsafe-approved drugs that are not funded by PHARMAC
- Can help cover treatment for cancer and other types of health conditions as long as:
  - Treatment is eligible for cover under your Hospital plan and we've approved a related claim for treatment
  - Your registered specialist has recommended them
  - The non-PHARMAC drugs are used in a private hospital, or at home up to 6 months after being admitted to hospital for approved and related treatment.
- Can be added to existing or new policies.

Benefit limits:

Members can choose from levels of cover to suit their budget: $20,000, $50,000, $100,000, $200,000 or $300,000 per policy year.



Adding Family

The public health system provides immediate care in an emergency. For other health problems, even serious ones like a heart condition, you and your family could face public health waiting lists. It could take months, or even years to be treated.

Adding family is flexible and easy.

- 90 day joining window to add your spouse or partner and dependent children
- No health declarations to complete
- Automatic acceptance with cover for pre-existing conditions
- Add children up to the age of 20 years
- Mix and match options and excesses to fit your budget and tailor the level of cover to suit your family's needs

Make it easy!

JOIN	WELCOME	CARE	USE	CHANGE	PAY	INVOLVE
Research & Buy	Set-up & Onboard	Advise, Pre-approval & Enquiry	Treatment & Claims	Add & Change	Premium & Excess	Feedback & Community

Easy to sign up

- Pre-existing conditions covered for staff and direct family.
- **Auto upload form (no health declarations).**
- 90 day joining window for new employees & their family additions.
- Ability to choose the right cover and excess to suit individual needs.

Easy to use

Four easy ways to claim:

- **nib First Choice Network**
- **nib website**
- **Mynib app**
- **Email**
- mynib website for updating contact details.
- NZ-based contact centre open 5 days a week.

Easy to manage

- **Admin support for monthly schedules and invoicing as well as additions, deletions and changes.**
- Annual reporting examining claims categories and family up-take.

Easy to continue

- **Continuation options for employees leaving the nib group scheme including cover for pre-existing conditions.**
- Premiums and/or concessions may be different to the group.
- Employees will be contacted when leaving to talk through options.

Did you know?

Cover for pre-existing conditions means no health declaration forms for you or your employees!

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Additional benefits of partnering with nib

First Choice Network

Members can see and receive treatment from First Choice Network providers, and have 100% of their eligible costs covered (up to benefit limit and inline with their policy).

Can you still see another provider that's not part of the First Choice Network?

Members can choose to see another provider who is not part of the First Choice Network. nib will pay the Efficient Market Price (EMP) for the health services they provide, with members paying the difference.

Additional benefits of partnering with nib

ACC Fast Tracking with nib

- No lengthy waiting times while ACC assesses and considers the surgery claim.
- nib has a dedicated ACC team.
- Contact nib with the ACC claim number or ACC decision letter for a surgery pre-approval.
- Reduced wait time for nib-covered treatments if there are delays in the ACC system.
- If ACC approves the surgery, the member could be entitled to other ACC benefits such as weekly compensation, rehabilitation programmes etc, while nib works behind the scenes to recover the costs.

nib Can Help Manage Your Health

Designed to support those who have or are at risk of chronic health conditions, our programmes for eligible members help reduce or even avoid the need for further treatments by providing the tools to support.

Available at an employee level. Simple, easy and confidential. Contact nib and one of our wellness coaches can guide you.



nib Wellness Coaching



nib Women's Wellness



nib Diabetes Care



nib Cardiac Care



nib Cancer Care



nib Healthier Heart



nib Healthier Joints: Pain Management



nib Healthy Lifestyle



nib Bowel Screening

Your Health Comes First

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