

# non-PHARMAC Plus Option

Please read this together with the following documents, which make up your nib *contract of insurance*. You can view these documents online, by logging into your my nib account and clicking 'My documents'.

## ■ **Policy document**

- It's important to note that the terms of your *policy* still apply. If any of them are inconsistent with this option, then the terms of this option apply. For example, if your *policy* document has an exclusion for non-PHARMAC funded drugs, it will not apply to this option.
- Any words in this document in italics have the same meaning as they do in your *policy* document. These words may be formatted differently in your *policy* document.

## ■ **Your Acceptance Certificate or Renewal Certificate** (whichever is more recent).

## What am I covered for?

You're covered for:

- The cost of drugs approved for use by *Medsafe* and prescribed under *Medsafe* guidelines, but not funded under section A to H of the *PHARMAC* pharmaceutical schedule, which are:
  - Used in a New Zealand-based private *hospital*, day stay unit, or a private wing of a *public hospital* that has been recognised by nib; and/or
  - Used at home for up to six months after you're admitted to hospital for treatment. This *hospital* treatment must be approved by nib and the drugs must relate to it.
- Any related drug administration costs.

Any *claim* under this option will only be payable if it is:

- Related to an approved claim under your *Hospital Surgical Benefit*, *Hospital Medical Benefit*, or your *Cancer Treatment Benefit* (if you have one of these as part of your *policy*); and
- Supported with a recommendation letter from a *registered specialist* detailing the reasons for prescribing the non-PHARMAC funded drug(s) for you.

## Cover for *pre-existing conditions*

After three years of continuous cover under this option, you will be eligible to claim for non-PHARMAC funded drugs to treat a *pre-existing condition* that is covered by your *policy*.

*Pre-existing conditions* that relate to any of the following medical *conditions* are not covered at any time:

- Cancer
- Cardiovascular conditions and some risk factors
- Hip, knee or back
- Transplant surgery
- Reconstructive or reparative surgery

## How much am I covered for?

The *benefit limit* is the maximum amount that nib will pay towards the cost of non-PHARMAC funded drugs, and any costs to administer those drugs in a 12-month period.

Your *benefit limit* is listed on your *Acceptance Certificate* or *Renewal Certificate* (whichever is more recent).

If you have added this option during your *policy year*, the *benefit limit* will start again at your next *policy anniversary date*. It will then renew again every 12 months on your *policy anniversary date*.

## Who can I get treatment from?

Any *registered specialist* who is:

- A health professional in private practice and holds a current annual practising certificate; and
- A member of an appropriately recognised specialist college with Medical Council of New Zealand vocational registration in that speciality; and
- Listed in nib's Find a Provider tool. You can find a list of *registered specialists* who meet these criteria on our **website**.

This document is for cover bought on [www.nib.co.nz](http://www.nib.co.nz) or over the phone.

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