

Premier Health Business is a flexible policy you can tailor to suit you and your family's needs.



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nib.co.nz

At the heart of Premier Health Business is the Base Cover which provides high levels of cover for many of the major healthcare expenses.

You can also add a range of options individually or in combination, to customise a policy that best suits you. These options are Specialist Option, Serious Condition Lump Sum Option, GP Option, Dental and Optical Option and Proactive Health Option.

Base Cover

The Base Cover provides cover for surgical and medical (non-surgical) hospitalisation.

Key features

- ✓ Up to \$300,000 per person each policy year for private hospital surgical costs.
- ✓ Up to \$200,000 per person each policy year for private hospital medical (non-surgical) costs, including cover for cancer treatment.
- ✓ Cover for specific major diagnostic tests even when it's not related to a private surgical or non-surgical treatment, and whether it leads to surgery or not.
- ✓ Cover for follow-up check-ups after cancer treatment.
- ✓ Cover in New Zealand and Australia, for costs incurred in either country (unless expressly excluded in the policy).
- ✓ Cover for GP minor surgeries such as mole removal.
- ✓ A Wellness Benefit – \$100 for each adult towards the cost of a health check-up, after each three years of continuous cover.
- ✓ ACC top-up – we will top up your ACC claims for any treatment or procedure.
- ✓ Cover for obstetrics – we provide cover towards costs of treatment for medical conditions affecting pregnancy.
- ✓ Whether or not it's recommended by your doctor, we'll pay for accommodation costs for a parent to accompany their child (up to age 20) who needs treatment in a private hospital..

Options

Specialist Option

The Specialist Option covers you for specialist consultations and diagnostic procedures that don't result in hospitalisation. You won't pay any excess for this option.

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 trauma conditions.* You can use this lump sum for whatever you wish, such as expensive out-of-hospital drug treatments, rehabilitation expenses, paying off the mortgage or maybe a holiday to recuperate. You won't pay any excess for this option.

GP Option

The GP Option is perfect for those wanting to cover some of the day-to-day healthcare costs. This option is particularly useful if you develop a health problem requiring regular GP consultation but you do not qualify for a government high-user card.^ You won't pay any excess for this option.

Dental and Optical Option

The Dental and Optical Option is ideal if you have regular trips to the dentist, chiropractor, podiatrist or osteopath, or you need glasses or contacts.~ You won't pay any excess for this option.

Proactive Health Option

The Proactive Health Option encourages you to look after your health, whether you want to check any hereditary medical concerns or just want to stay fit and healthy.# You won't pay any excess for this option.

* Some of the trauma conditions covered have a stand-down period of 90 days.

~ Covers 80% or 100% of the cost up to the benefit maximums. A stand-down period of six months applies.

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Base Cover Benefit	A summary of what this covers	The Limits	The limits apply to each insured person. Limitations may apply. Refer to the Policy document for full details. If there is an excess on the policy, that excess will be deducted from the benefit limit where required. Covers 100% of the cost up to the below benefit maximums subject to the First Choice network.
Hospital–Surgical Benefit	Covers surgical treatment requiring an anaesthetic performed in an approved private hospital ¹ . Covers some oral surgery. 12-month stand down period for extraction of wisdom teeth.	Up to \$300,000 each policy year. Includes any associated payments made under another related benefit.	
Hospital–Medical Benefit (non-surgical)	Covers medical treatment costs, not involving surgery, in an approved private hospital ¹ .	Up to \$200,000 each policy year. Includes any associated payments under another related benefit.	
Cancer Treatment Benefit ²	Covers the cost of the chemotherapy agent(s), and radiotherapy.	Included in the Hospital–Medical Benefit limits.	
Hospital related specialist consultations and diagnostic investigations ²	Registered specialist vocational GP and diagnostic investigation costs that directly relate to the private surgical or non-surgical treatment or a cycle of chemotherapy ¹ or radiotherapy treatment administered privately. Specialists such as: an Oncologist, Cardiologist, Orthopaedic, Gynaecologist. Diagnostic investigations such as: x-rays, ultrasound, mammography, echocardiograms, visual field tests and breast biopsy.	Specialist consultation and diagnostic investigation cost for up to six months before admission to an approved private hospital and up to six months after discharge.	
Major Diagnostics Benefit ²	Covers costs of the following diagnostic investigations in an approved private hospital even when the insured person has not been, or will not be, relate to the private surgical or non-surgical treatment or each cycle of chemotherapy ¹ or radiotherapy treatment administered privately. Arthroscopy, Capsule Endoscopy, Colonoscopy, Colposcopy, CT Scan, CT Angiogram, Cystoscopy, Gastroscopy, MRI Scan, Myelogram and PET Scan.	No limit per diagnostic investigation. Where the diagnostic investigation is not related to a private surgery or non-surgical treatment, an excess will apply per diagnostic investigation.	
Follow-up Investigation Cancer Benefit ²	Covers costs of one consultation with a registered specialist and one relevant diagnostic investigation relating to the cancer for which the initial treatment had been undertaken for each policy year.	Up to \$3,000 each policy year and up to five consecutive policy years.	
Ambulance Transfer Benefit ²	Covers road ambulance transport to and from an approved private hospital to another approved private hospital, within New Zealand.	Included in the Hospital-Surgical Benefit or Hospital-Medical Benefit limits, whichever applies.	
Travel and Accommodation Benefit ²	Covers travel and accommodation costs for the insured person being treated in an approved private hospital when treatment is not available at a local approved private hospital. Support person's travel and accommodation costs are also covered when recommended by a GP or registered specialist.	<p>For private surgery or non-surgical treatment or each cycle of chemotherapy¹ treatment Travel – Up to \$2,000 for each private surgery or non-surgical treatment or each cycle of chemotherapy¹ treatment. Accommodation – up to \$200 each night and \$3,000 for each private surgery or non-surgical treatment or each cycle of chemotherapy¹ treatment administered privately.</p> <p>For each cycle of radiotherapy treatment Travel and Accommodation – Up to \$200 for each night for accommodation and up to \$5,000 for travel and accommodation for each cycle of radiotherapy treatment administered privately.</p>	
Parent Accommodation Benefit ²	Covers accommodation costs for a parent or legal guardian accompanying an insured child under 20 years (inclusive) for treatment in an approved private hospital.	Up to \$200 each night and \$3,000 each private surgical or non-surgical treatment or each cycle of chemotherapy ¹ or radiotherapy treatment administered privately.	
Rehabilitation costs ²	Covers costs for post-treatment home nursing by a registered nurse and physiotherapy, osteopathic, chiropractic treatment, speech and occupational therapy and dietician consultations when recommended by the treating registered specialist following discharge from an approved private hospital.	Physiotherapy Benefit: Up to \$750 each private surgical or non-surgical treatment or each cycle of chemotherapy ¹ or radiotherapy treatment administered privately. Therapeutic Care Benefit: Including osteopathic, chiropractic treatment, speech and occupational therapy and dietician consultations: Up to \$250 each private surgical or non-surgical treatment or each cycle of chemotherapy ¹ or radiotherapy treatment administered privately. Home Nursing Benefit: Up to \$150 each day. Up to \$6,000 each policy year.	
Public Hospital Cash Grant	A cash payment is made when an insured person is admitted to a public hospital in New Zealand and is in hospital for three or more consecutive nights. This can be used for such things as hiring a TV or paying the petrol cost of a loved one to visit you in hospital.	\$300 each night for the third and each subsequent night. Up to \$3,000 each policy year.	
Overseas Treatment Benefit	Covers treatment and travel costs when treatment cannot be provided at all within New Zealand and the Ministry of Health provides only partial funding, but that funding does not cover the full cost.	Up to \$20,000 each overseas visit.	
Cover in Australia Benefit ²	Covers costs of each private surgical or non-surgical treatment or each cycle of chemotherapy ¹ or radiotherapy treatment administered privately in an approved private hospital in Australia.	Up to 75% of the EMP amount which would be payable in New Zealand for treatment performed in New Zealand.	
Intravitreal Eye Injections Benefit ¹	We cover the cost for intravitreal injections administered by a registered specialist, on referral from a GP or registered specialist. The cost of drugs administered is covered if it is listed under Section A to H of the PHARMAC Pricing Schedule where they meet PHARMAC's funding criteria.	Up to \$3,000 each policy year.	
GP Minor Surgery Benefit	Covers costs of treatment for minor surgery, performed by a GP.	Up to \$750 each policy year.	
Specialist Skin Lesion Surgery Benefit	Covers costs of treatment for skin lesion surgery performed by a registered specialist, on referral from a GP.	Up to \$6,000 each policy year.	
Podiatric Surgery Benefit	Covers costs of podiatric surgery, one pre and one post consultation and associated X-rays.	Up to \$6,000 each policy year.	
Obstetrics Benefit	Covers costs of treatment by an obstetrician when the diagnosis is made of a medical condition that is affecting or may affect the pregnancy.	Up to \$2,000 each pregnancy.	
ACC Top-up Benefit ²	When ACC approves a claim for accidental injury but declines to pay all the treatment costs in an approved private hospital, we'll pay the difference up to the benefit limit.	Difference between the actual cost of surgical treatment and the ACC's payment up to the appropriate benefit limit. Conditions apply.	
Waiver of Premium Benefit	If a policyowner dies, the premiums on the policy are paid for a period of time by us.	We pay premiums for two years, or until any surviving insured person is aged 65, whichever happens first.	
Funeral Support Grant	A cash payment when an insured person dies between the age 16 and 64 (inclusive).	\$3,000 in respect of that insured person.	
Loyalty Benefit – Sterilisation	After two years' continuous cover, this benefit covers the cost of a male or female sterilisation as a means of contraception.	Up to \$1,000 each procedure.	
Loyalty Benefit – Suspension of Cover	After 12 months' continuous cover you can: Suspend the policy while you travel or live overseas. Suspend the policy if a policyowner becomes unemployed.	Allows cover to be suspended for three months to 24 months whilst an insured person lives or travels overseas for three consecutive months or more. Allows the policy to be suspended for three to six months if a policyowner is registered as unemployed.	
Loyalty Benefit – Wellness	Provides you with a reimbursement of up to \$100 for an adult (aged 21 and over) covered by the policy at each 36 months of continuous cover to help proactively take care of their health through a health check up which may result in a clean bill of health or identify a health condition early or to help manage an existing condition.	A reimbursement of up to \$100 for each 36 months of continuous cover.	

¹ Any drugs used (including chemotherapy) must be on the Pharmaceutical Management Agency's (PHARMAC) New Zealand Pharmaceutical Schedule Sections A to H and the PHARMAC funding criteria must be met, except where the contrary is specified in the policy. The PHARMAC schedule can be viewed at www.pharmac.govt.nz

² All costs paid under these benefits come within the benefit maximum for the Hospital-Surgical Benefit or Hospital-Medical Benefit limits (whichever applies).

Options	Benefit	A summary of what this covers	The Limits	The limits apply to each insured person. Refer to the Policy document for full details.
Specialist Option	Specialist Consultations Benefit	Covers the cost of registered specialist or vocational GP consultations, even when the registered specialist or vocational GP consultations do not relate to a private surgical or non-surgical treatment.	No limits on each consultation. No limits on each policy year.	
	General Diagnostics Benefit	Covers costs of diagnostic investigations, even when the diagnostic investigations do not relate to a private surgical or non-surgical treatment.	Up to \$3,000 each policy year.	
	Cardiac Investigations Benefit	Covers cardiac investigation costs, even when cardiac investigations do not relate to a private surgical or non-surgical treatment.	Up to \$60,000 each policy year.	
Serious Condition Lump Sum Option	Serious Condition Lump Sum Option	An immediate lump sum payment to spend in any way you like if an insured person with this option suffers for the first time (and after the policy starts) from any one of the specified trauma conditions (listed below).	This option is available to adults aged 18 to 65. You have a choice of sum insured – \$20,000 or \$50,000.	
		<p>Heart and circulation</p> <ul style="list-style-type: none"> ✓ Aortic surgery² ✓ Coronary artery bypass grafting surgery² ✓ Major heart attack (Myocardial infarction)² ✓ Heart valve surgery² <p>Organs</p> <ul style="list-style-type: none"> ✓ Chronic liver failure ✓ Chronic lung failure ✓ Chronic renal failure ✓ Major organ transplant² ✓ Pneumonectomy <p>Functional loss/neurological</p> <ul style="list-style-type: none"> ✓ Benign tumour of the brain and spinal cord² ✓ Paralysis <ul style="list-style-type: none"> > Hemiplegia > Diplegia > Quadriplegia > Tetraplegia > Paraplegia ✓ Stroke² <p>Cancer</p> <ul style="list-style-type: none"> ✓ Cancer – life threatening² 		
GP Option	General Practitioners Benefit	Covers the cost of GP visits including home visits and minor surgery under local anaesthetic.	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 GP visits each policy year. Up to \$200 each minor surgical procedure.	
	Prescription Benefit	Covers GP or registered specialist prescription charges for medicines and drugs ¹ .	Up to \$15 each item. Up to \$300 each policy year.	
	Physiotherapy Benefit	Covers physiotherapy treatment costs, after referral by a GP or registered specialist.	Up to \$40 each visit. Up to \$15 each visit for ACC Top-up. Up to \$400 each policy year.	
	Independent Nurse and Nurse Practitioner Benefit	Covers independent nurse and nurse practitioner costs.	Up to \$30 each visit. Up to six visits each policy year.	
	Loyalty Benefit – Active Wellness	Reimbursement towards the cost of a gym or sports club membership(s) or for the purchase of fitness equipment to help with keeping you active after 24 months of continuous cover.	A reimbursement up to \$150 every 24 months.	
Dental & Optical Option	Dental Care Benefit	Covers dental treatment, including examination, cleaning and scaling, fillings, associated x-rays and removal of teeth.	Up to \$500 each policy year.	
	Eye Care Benefit	Covers optometrist and optician examination fees as well as the cost of prescription glasses and contact lenses required as a result of a vision change.	Up to \$55 each visit. Up to \$275 each policy year, plus up to \$330 each policy year for glasses or contact lenses.	
	Ear Care Benefit	Covers audiometric tests and audiology treatment costs.	Up to \$250 each policy year for audiology treatments. Up to \$250 each policy year for audiometric tests.	
	Acupuncture Care Benefit	Covers acupuncture treatment by a GP, or registered physiotherapist.	Up to \$40 each visit. Up to \$15 each visit for ACC Top-up. Up to \$250 each policy year.	
	Spinal Care Benefit	Covers chiropractic treatment costs.	Up to \$40 each visit. Up to \$15 each visit for ACC Top-up. Up to \$250 each policy year. Up to \$80 each policy year for x-rays.	
	Joint Care Benefit	Covers osteopathy treatment costs.	Up to \$40 each visit. Up to \$15 each visit for ACC Top-up. Up to \$250 each policy year. Up to \$80 each policy year for x-rays.	
	Foot Care Benefit	Covers podiatry treatment costs.	Up to \$40 each visit. Up to \$250 each policy year.	
	Therapeutic Care Benefit – speech, occupational & eye	Covers speech, occupational and eye therapy costs.	Up to \$40 each visit. Up \$300 each policy year combined total for all these therapies.	
	Loyalty Benefit – Orthodontic treatment	After 24 months of continuous Dental and Optical cover, the Dental Care Benefit will be extended to include orthodontic treatment.	Included in the Dental Care Benefit limit of \$500 per year.	
Proactive Health Option	Health Screening Benefit	Covers the cost of the following tests: ✓ Bone, Bowel, Breast, Cervical, Heart and Prostate screening ✓ Eye test and/or visual fields tests ✓ Hearing test ✓ Mole mapping	Up to \$750 each policy year.	
	Allergy Testing and Vaccination Benefit	Covers the cost of allergy testing and vaccination.	Up to \$100 each policy year.	
	Dieticians and Nutritionist Consultations Benefit	Covers the cost of dieticians and/or nutritionist consultations.	Up to \$300 each policy year.	
	Stay Active Benefit	Covers the cost of gym memberships, weight loss management programs and quit smoking programs.	Up to \$100 each policy year.	
	Loyalty Benefit – Health Check	Covers the cost of a medical examination by a GP after 24 months' continuous cover under this option.	Up to \$150 every 24 months.	

¹ Any drugs used (including chemotherapy) must be on the Pharmaceutical Management Agency's (PHARMAC) New Zealand Pharmaceutical Schedule Sections A to H and the PHARMAC funding criteria must be met, except where the contrary is specified in the policy. The PHARMAC schedule can be viewed at www.pharmac.govt.nz

² 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 five 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.