



NGĀTI WHĀTUA ŌRĀKEI



Ngāti Whātua Ōrākei  
Health Insurance

**nib**  
health  
insurance

# E TŪ NGĀ URI O TUPERIRI, TĀMAKI MAKAURAU E NGUNGURU NEI!

## THE DESCENDANTS OF TUPERIRI STAND STRONG, TĀMAKI MAKAURAU ROARS!

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### Need help?

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Email us at [ngatiwhatuaorakei@nib.co.nz](mailto:ngatiwhatuaorakei@nib.co.nz)

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# Partnership | He hononga

## E tū ngā uri o Tuperiri, Tāmaki Makaurau e ngunguru nei!

KO MAUNGAKIEKIE TE MAUNGA

Maungakiekie is the mountain

KO WAITEMATĀ TE MOANA

Waitematā is the sea

KO MĀHUHU-KI-TE-RANGI TE WAKA

Māhuhu-ki-te-rangi is the canoe

KO NGĀTI WHĀTUA TE IWĪ

Ngāti Whātua is the tribe

KO NGĀ OHO, KO TE TAOŪ,

Ngā Oho, Te Taoū, Te Uringutu

KO TE URINGUTU NGĀ HAPŪ

are the subtribes

KO ORĀKEI TE MARAE

Orākei is the marae

Ngāti Whātua Ōrākei is embarking on a holistic health and wellness programme to improve the health and wellness outcomes for all of its members.

A private health insurance plan for members who live in Aotearoa (NZ) is intended to provide equitable, immediate coverage for members, helping them to overcome existing barriers to health and wellness.

Ngāti Whātua Ōrākei has identified nib as a partner who shares a similar philosophy to hauora as Ngāti Whātua Ōrākei.



### About nib

nib provides value for money and affordable health cover to more than one million people across New Zealand and Australia.

Established over 60 years ago, today nib is a truly Trans-Tasman business that offers innovative products and services, and greater value for our customers.

At nib we believe that health insurance should be easy to understand, easy to claim on and most of all good value.

We offer health insurance you can actually use. When you take out insurance with nib, you'll join thousands of families who we help to stay healthy every day.



**Rob Hennin** - Chief Executive Officer

“ Ngāti Whātua Ōrākei has taken a brave step to provide a health insurance plan for its tribal members that will help them access and afford healthcare where and when needed. This has never been seen before and nib is excited to partner with Ngāti Whātua Ōrākei to deliver this product. ”

**Rob Hennin** - Chief Executive Officer

# Why you need health insurance | Ngā painga o te inihua hauora



## 5 reasons to have health insurance

01

**Greater choice**

Choose when, where, how and by whom you get treated, in consultation with your doctor.

02

**Financial support**

Less stress about how to pay your healthcare bills.

03

**Quicker treatment**

Avoid long delays waiting for treatment in the public health system.

04

**Greater certainty**

Cover now, for many unknown health issues that may arise later.

05

**Latest medical procedures**

Access to many of the latest recognised medical treatments and technologies.

# Ngāti Whātua Ōrākei Health Insurance | Inihua Hauora o Ngāti Whātua Ōrākei

Ngāti Whātua Ōrākei Health Insurance covers an **Everyday Option, Specialist Option and Base Cover**. This is a comprehensive health insurance policy for members.

The **Everyday Option** is designed to assist with some of your day to day health costs like GP visits, dental, physiotherapy and optical costs.

The **Specialist Option** covers specialist consultations and diagnostic procedures that don't require hospitalisation.

At the core of Ngāti Whātua Ōrākei Health Insurance is the **Base Cover** which provides high levels of cover for major health care services such as surgical and non-surgical (medical) treatment in a private hospital.

## Ngāti Whātua Ōrākei Health Insurance cover:

### Everyday Option

The Everyday Option is great for the basic day-to-day health costs, like visiting the dentist or GP, getting new prescription glasses or contact lenses, or no-referral physio. With 100% back on claims, this option helps to keep your pockets happy, and keep you healthy too. You won't pay any excess for this option.

#### Key features

- ✓ Dental benefit: up to \$500 each policy year
- ✓ Optical appliance benefit: up to \$250 each policy year
- ✓ Physiotherapy: up to \$100 each policy year
- ✓ GP consultations benefit: up to \$350 each policy year

### 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.

#### Key features

- ✓ Registered specialist consultations: unlimited number of visits
- ✓ General diagnostics: up to \$3,000 each policy year for costs such as x-rays, arteriogram, ultrasound, scintigraphy, mammography or visual field test
- ✓ Cardiac investigations: up to \$60,000 each policy year for costs such as cardiovascular ultrasound, echocardiography and treadmills.
- ✓ Mental Health: Up to \$2,000 each policy year for counsellors, alcohol and/or addiction services, psychiatrists or psychologists

### 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.

#### Procedures Covered

- ✓ Ankle surgeries
- ✓ Appendix surgery
- ✓ Brain, eyes and neck surgeries
- ✓ Breast surgeries
- ✓ Cancer surgeries and treatment (chemotherapy, radiotherapy and brachytherapy)
- ✓ Chest and back surgeries
- ✓ Digestive tract surgeries
- ✓ Extraction of wisdom teeth
- ✓ Gall bladder, liver, spleen and kidney surgeries
- ✓ Gynaecological surgeries
- ✓ Hand, foot and toe surgeries
- ✓ Heart surgeries
- ✓ Hip and knee surgeries
- ✓ Non-surgical hospitalisation e.g. asthma.
- ✓ Shoulder surgeries
- ✓ Sinus and nasal surgeries
- ✓ Skin lesion surgeries performed by a GP
- ✓ Skin lesion surgeries performed by a specialist
- ✓ Tonsils, adenoids and grommets
- ✓ Urology (men's and woman's waterworks) surgeries
- ✓ Varicose vein surgeries

## Overview of features, benefits and limits of Ngāti Whātua Ōrākei Health Insurance Tirohanga whānui ki te inihua hauora o Ngāti Whātua Ōrākei

Benefit	A summary of what this covers	The Limits	The limits apply to each insured person. Refer to the policy document for full details.
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The insurance premiums for this plan and any excess payable, will be paid by Ngāti Whātua Ōrākei.

Benefit	A summary of what this covers	The Limits	
Specialist Option	Specialist Benefit	Covers the cost of registered specialist consultations, after referral by a GP or registered specialist, even when the registered specialist 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 the cost of diagnostic investigations, after referral by a GP or registered specialist, even when the diagnostic investigations do not relate to a private surgical or non-surgical treatment.	Up to \$3,000 each policy year.
	Mental Health Benefit	Covers the cost of counsellors, alcohol and/or addiction services psychiatrist/psychologist consultations and related prescriptions.	Up to \$2,000 each policy year.
	Cardiac Investigations Benefit	Covers the cost of cardiac investigation after referral by a GP or registered specialist, even when cardiac investigations do not relate to a private surgical or non-surgical treatment.  <ul style="list-style-type: none"> <li>✓ Treadmills</li> <li>✓ Holter monitoring</li> <li>✓ Ambulatory blood pressure monitoring</li> <li>✓ Cardiovascular ultrasound</li> <li>✓ Echocardiography</li> <li>✓ Myocardial perfusion scans</li> <li>✓ Cardioversion</li> </ul>	Up to \$60,000 each policy year.
	Health Screening and Surveillance Benefit	Covers costs of surveillance testing after referral by a GP or Registered Specialist. Also covers the following health screening tests:  <ul style="list-style-type: none"> <li>✓ Bone screening</li> <li>✓ Bowel screening</li> <li>✓ Breast screening</li> <li>✓ Heart screening</li> <li>✓ Prostate screening</li> <li>✓ Eye test and / or visual fields tests</li> <li>✓ Hearing tests and Mole mapping</li> </ul>	Up to \$1,500 per policy year.
Everyday Option	Dental Benefit	Covers general and preventative dental treatments, including examination, cleaning and scaling, fillings, associated x-rays and removal of teeth (except wisdom teeth).	Up to \$500 each policy year.
	Optical Appliance Benefit	Covers cost of prescription glasses and contact lenses.	Up to \$250 each policy year.
	Physiotherapy	Covers cost of physiotherapy treatment.	Up to \$100 each policy year.
	GP Consultations Benefit	Covers cost of GP consultations, cervical screening by a GP and nurse practitioner consultations.	Up to \$350 each policy year
	Dietitian and Nutritionist Consultations Benefit	Covers the cost of dietitian and / or nutritionist consultations.	Up to \$300 per policy year.
	Prescriptions Benefit	Covers the cost of pharmaceutical prescriptions; and non-prescription bowel screening kits.	Up to \$15 per prescription item, up to \$60 per bowel screening kit, up to \$300 per policy year.
	Vaccinations Benefit	Covers the cost of vaccinations.	Up to \$500 per policy year.
	Rongoā Māori Benefit	Covers the cost of consultations and treatment provided by a Rongoā practitioner.	Up to \$500 per policy year.
Foot Care Benefit	Covers the cost of podiatry treatment.	Up to \$40 per visit, up to \$250 per policy year.	
Joint Care Benefit	Covers the cost of osteopathy treatment and related xrays.	Up to \$40 per visit, up to \$250 per policy year.	
Ear Care Benefit	Covers the cost of audiometric tests and audiology treatment.	Up to \$250 per policy year for treatment, and up to \$250 per policy year for tests.	

### Add your whānau

All Ngāti Whātua Ōrākei members are eligible for cover under the Everyday Option, Specialist Option and Base Cover. At your own cost, you can add your non-member whānau to your policy. Not only will they have access to faster treatment, but it may also mean less time off work for you if you have to look after them while they wait for treatment.

Please call nib on 0800 nib nwo (0800 642 696) to find out more about adding your whānau.



# Overview of features, benefits and limits of Ngāti Whātua Ōrākei Health Insurance

The insurance premiums for this plan and any excess payable, will be paid by Ngāti Whātua Ōrākei.

Base Cover Benefit	A summary of what this covers <sup>1</sup>	The Limits
Hospital–Surgical Benefit	Covers surgical treatment requiring an anaesthetic performed in an approved private hospital. Covers some oral surgery.	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.	Up to \$200,000 each policy year. Includes any associated payments under another related benefit.
Cancer Treatment Benefit	Covers the cost of the chemotherapy agent(s) and radiotherapy in an approved private hospital.	Included in the Hospital - Medical Benefit
Non-PHARMAC Funded Drugs Benefit	Covers the costs of drugs that are Medsafe approved for use in a Recognised Private Hospital or up to six months after Admission approved by us.	Up to \$20,000 per policy year
Hospital related specialist consultations and diagnostic investigations <sup>2</sup>	Registered specialist and diagnostic investigation costs that directly relate to the private surgical or non-surgical treatment or a cycle of chemotherapy <sup>1</sup> 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 <sup>2</sup>	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 <sup>1</sup> or radiotherapy treatment administered privately. Angiogram, Arthroscopy, Capsule Endoscopy, Colonoscopy, Colposcopy, CT Angiogram, CT Scan, Cystoscopy, Gastroscopy, Hysteroscopy, Laparoscopy, 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 <sup>2</sup>	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 <sup>2</sup>	Covers road ambulance transport to and from a public hospital or an approved private hospital, within New Zealand.	Included in the Hospital-Surgical Benefit or Hospital-Medical Benefit limits, whichever applies.
Travel and Accommodation Benefit <sup>2</sup>	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.	<b>For private surgery or non-surgical treatment or each cycle of chemotherapy<sup>1</sup> treatment</b> Travel - Up to \$2,000 for each private surgery or non-surgical treatment or each cycle of chemotherapy <sup>1</sup> treatment. Accommodation - up to \$200 each night and \$3,000 for each private surgery or non-surgical treatment or each cycle of chemotherapy <sup>1</sup> treatment administered privately. <b>For each cycle of radiotherapy treatment</b> 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.
Parent Accommodation Benefit <sup>2</sup>	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 <sup>1</sup> or radiotherapy treatment administered privately.
Rehabilitation costs <sup>2</sup>	Covers costs for post-treatment home nursing by a registered nurse and physiotherapy, osteopathic, chiropractic treatment, speech and occupational therapy and dietitian 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 <sup>1</sup> or radiotherapy treatment administered privately. Therapeutic Care Benefit: Including osteopathic, chiropractic treatment, speech and occupational therapy and dietitian consultations: Up to \$250 each private surgical or non-surgical treatment or each cycle of chemotherapy <sup>1</sup> 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 <sup>2</sup>	Covers costs of each private surgical or non-surgical treatment or each cycle of chemotherapy or radiotherapy treatment administered privately in an approved private hospital in Australia.	Up to 100% reimbursement of the Efficient Market Price (EMP) which would be payable in New Zealand for treatment performed in New Zealand.
Intravitreal Eye Injections Benefit <sup>1</sup>	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.
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.
Podiatric Surgery Benefit	Covers costs of surgery performed by a podiatric surgeon under local anesthetic, including one pre and one post surgery consultation and x-rays.	Up to \$6,000 each policy year.
ACC Top-up Benefit <sup>2</sup>	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 turns 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' of 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 - Bariatric surgery	After three years of continuous cover, this benefit covers the cost of sleeve gastrectomy, gastric banding or gastric bypass surgery including the costs of the related consultations and diagnostics. Eligibility criteria apply.	Up to \$7,500 per lifetime
Loyalty Benefit - Suspension of Cover	After 12 months' of 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.

<sup>1</sup>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](http://www.pharmac.govt.nz)

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

# Additional Options | He kōwhiringa tāpiri

At your own cost, you can add a range of options individually or in combination, to customise a policy that best suits you.

The following options are not automatically included but can be added at your own cost. You can choose from the GP Option, Serious Condition Lump Sum Option, and Dental & Optical 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. This option covers the cost of GP visits, including home visits, ECG, cervical smears and minor surgery under local anaesthetic. Members will have some GP cover under the subsidised Everyday option, but can also consider this additional option for a cost.

### Key features

- ✓ GP visits: up to \$55 each visit, up to 12 GP visits each policy year and up to \$200 for each minor surgical procedure
- ✓ Prescriptions: up to \$15 each prescription and up to \$200 each policy year
- ✓ Physiotherapy: up to \$40 each visit, up to \$400 each policy year
- ✓ An Active Wellness Benefit – \$150 for each adult towards the cost of fitness equipment or gym membership, after each two years of continuous cover.

\* Covers 80% or 100% of the cost up to the above benefit maximums. A stand-down 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 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 mort gage or maybe a holiday to recuperate. You won't pay any excess for this option.

### Key features

- ✓ Choice of cover – \$20,000 or \$50,000\*
- ✓ Covers 17 trauma conditions including\*:
  - Stroke
  - Life-threatening cancer
  - Benign tumour of the brain and spinal cord
  - Major heart attack
  - Chronic liver/lung/renal failure
  - Major organ transplant.

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

## Dental & 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. Members will have some dental and optical cover under the subsidised Everyday option, but can also consider this additional option for a cost.

### Key features

- ✓ Dental treatment: up to \$500 each policy year
- ✓ Eye care: up to \$55 each visit, up to \$275 each policy year, and up to \$330 each policy year for glasses or contact lenses
- ✓ Spinal care: up to \$40 each visit, up to \$250 each policy year, and up to \$80 each policy year for x-rays
- ✓ Acupuncture: up to \$40 each visit and up to \$250 each policy year.

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

## Overview of features, benefits and limits of Additional 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.
<b>These Options are not subsidised for Ngāti Whātua Ōrākei members.</b>			
GP Option	GP 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 <sup>1</sup> .	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	Provides a reimbursement of up to \$150 for an adult (aged 21 and over) covered by the policy at each 24 months of continuous cover. Reimbursement can go towards the cost of a gym or sports club membership(s) or for the purchase of fitness equipment to help with keeping you active.	A reimbursement up to \$150 <sup>3</sup> .
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).  <b>Heart and circulation</b> ✓ Aortic surgery <sup>4</sup> ✓ Coronary artery bypass grafting surgery <sup>4</sup> ✓ Major heart attack (Myocardial infarction) <sup>4</sup> ✓ Heart valve surgery <sup>4</sup>  <b>Organs</b> ✓ Chronic liver failure ✓ Chronic lung failure ✓ Chronic renal failure ✓ Major organ transplant <sup>4</sup> ✓ Pneumonectomy  <b>Functional loss / neurological</b> ✓ Benign tumour of the brain and spinal cord <sup>4</sup> ✓ Paralysis (Hemiplegia, Diplegia, Paraplegia, Quadriplegia, Tetraplegia) ✓ Stroke <sup>4</sup>  <b>Cancer</b> ✓ Cancer – life threatening <sup>4</sup>  The complete definitions, including what medical or diagnostic criteria determines when one of the above has been suffered, are detailed in the policy document. This option on an insured person ends once a payment has been made. Cover ends at age 70.	This option is available to adults aged 21 to 65. A different level of sum insured can be selected for each adult to be covered. You have a choice of sum insured – \$20,000 or \$50,000.
	Dental Care Benefit	Covers dental treatment by a registered dental practitioner or oral surgeon, including examination, cleaning and scaling, fillings, associated x-rays and removal of teeth.	Up to \$500 each policy year.
Dental and Optical Option	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.
	Acupuncture Care Benefit	Covers acupuncture treatment by a GP, or registered physiotherapist, after referral by a GP or registered specialist.	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, after referral by a GP or registered specialist.	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.
	Therapeutic Care Benefit – speech, occupational & eye	Covers speech, occupational and eye therapy costs, after referral by a GP or registered specialist.	Up to \$40 each visit. Up to \$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 where the treatment is recommended by a GP or a registered specialist.	Covered in the Dental Care Benefit limit.

<sup>1</sup>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](http://www.pharmac.govt.nz) <sup>3</sup>This benefit is available when the claims within the preceding 24 months under the GP Option are less than \$150.

<sup>4</sup>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. Waiting periods apply. 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/ngatiwhatuorakei](http://nib.co.nz/ngatiwhatuorakei)

# A few things to keep in mind | Hei kai mā te hinengaro

## Nobody likes to think they'll experience health problems, but the reality is, many of us will.

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

### Waiting may mean:

- ✓ Your condition could deteriorate
- ✓ Prolonged periods in pain and discomfort
- ✓ Loss of income because you can't work
- ✓ Strain on your family through emotional and financial stress
- ✓ Your life could go on hold until you receive treatment.



An average of 941 people per month have been waiting longer than four months for their first specialist assessment through the public health system.\*

### Claiming is easy

Our core business is paying claims and being there for you when you need us most. At the stressful time of making a claim or seeking pre-approval for a claim, we make sure the process is as hassle-free as possible.

Providers registered for the nib First Choice Portal can request pre-approval and claim for you. If your provider is not registered in nib First Choice Portal, you can apply for pre-approval and claim yourself online through **my nib (nib.co.nz/mynib)**

#### You can be confident

When it comes to seeking treatment, our policy provides high levels of surgical and medical cover.

#### You have plenty of choice

We offer health insurance with a full range of options that allows you to customise your cover if your circumstances change. We have experts that can advise you on the right level of cover.

### nib First Choice network

The nib First Choice network features nib recognised providers that provide our customers with services and treatment within nib's First Choice price range, meaning customers will have 100% of their eligible costs covered (up to their benefit limit and in line with their policy).

Customers can still choose to be treated by a recognised provider who is not part of the First Choice network, however, the maximum amount nib will pay is the Efficient Market Price (EMP) for the health services they provide. Customer's will be responsible for paying the difference between the amount the provider charges and the EMP.

To learn more about the network and search for providers in your area visit [nibfirstchoice.co.nz](http://nibfirstchoice.co.nz), email us at [ngatiwhatuaorakei@nib.co.nz](mailto:ngatiwhatuaorakei@nib.co.nz) or call nib on 0800 nib nwo (0800 642 696)

# The true cost of health claims | Te utu tūturu o te hauora

## These are the costs you could expect to pay if you're treated in a private hospital without health insurance.

- Cataract surgery \$3,200 - \$5,000**  
Removal of the cloudy lens from the eye affecting vision
- Endoscopic sinus surgery \$12,000 - \$22,000**  
Surgical repair of the facial sinuses
- Wisdom teeth removal \$3,000 - \$5,500**  
Surgical removal of wisdom teeth (third molars)
- Thyroidectomy \$10,500 to \$16,000**  
Surgical removal of the thyroid gland
- Angioplasty \$17,300 - \$27,400**  
Insertion of a catheter to unblock artery with a stent or balloon
- Single valve heart operation \$55,000 - \$75,000**  
Surgery to repair or replace a heart valve
- Heart bypass \$35,000 - \$55,000**  
An operation to rechannel blood flow to the heart
- Mastectomy \$12,000 - \$17,000**  
Surgical removal of the breast
- Spinal fusion \$20,000 - \$65,000**  
Surgery to join two or more vertebrae together
- Gastroscopy \$1,100 - \$1,600**  
A diagnostic procedure to look at the mouth, throat and stomach
- Cholecystectomy \$9,000 - \$13,000**  
Surgical removal of the gall bladder
- Colonoscopy \$2,000 - \$2,600**  
A diagnostic procedure to look at the large bowel and sample tissue
- Hysterectomy \$14,000 - \$22,000**  
Surgical removal of the uterus
- Appendectomy \$6,000 - \$10,300**  
Surgical removal of the appendix
- Hernia repair \$7,000 - \$18,000**  
Surgical repair of weakness in the abdominal wall
- Total hip joint replacement \$22,000 - \$30,000**  
Replacement of the hip joint with an artificial joint
- Resection of endometriosis \$9,000 - \$22,000**  
Surgical removal of the uterine cells from the pelvis or abdomen
- Robotic Prostatectomy \$30,000 - \$60,000**  
Robotic surgical removal of the prostate
- Total knee joint replacement \$22,000 - \$35,000**  
Replacement of the knee joint with an artificial joint
- Varicose veins (both legs) \$7,000 - \$11,000**  
Laser or surgical removal of varicose veins

### Here are some common treatments you or your family could experience

Cancer treatments	Diagnostics	Children 0-20 years
Removal of cancerous skin lesion \$1,000 - \$6,500	PET Scan \$2,000 - \$2,800	Grommets \$2,500 - \$3,500
Chemotherapy \$15,000 - \$210,000	MRI Scan \$1,500 - \$2,500	Insertion of tubes in the eardrums
Radiotherapy \$20,000 - \$45,000	CT Scan \$1,300 - \$1,700	Adenotonsillectomy \$4,000 - \$5,500
	Ultrasound \$400 - \$500	Surgical removal of adenoids and tonsils

\* Ministry of Health Elective Services - National comparison of ESPI 2 results for the 12 months to November 2017, health.govt.nz

## More Information | He kōrero tāpiri

### Public hospital allowance

If you need to attend a public hospital for three or more consecutive nights we'll give you a cash contribution that you can use for anything you wish, like petrol or parking costs.

### Travel costs

If you need to travel more than 100kms from your home for surgery or cancer treatment, we'll pay for air, car, rail or bus travel costs for you plus a support person if your doctor recommends it.

### Accommodation for your support person

We'll pay for your support person's accommodation if your doctor recommends they travel with you for surgery or cancer treatment more than 100kms from your home.

### Premium waiver

If the policyowner dies before age 65 from any cause, we will pay the full premiums for all the remaining people on that policy for two years or until any of those people turn 65, whichever occurs first.

### Suspension of cover for travel

You can put your cover on hold for up to 24 months if you are travelling outside New Zealand for more than 90 consecutive days, after 12 months' continuous cover.



### Case Manager for oncology claims

We have a dedicated person to help you through the often emotional process of cancer claims.



### When does my cover start and finish?

To find out when your cover starts, please refer to your Acceptance Certificate or contact nib.

Cover will finish if:

- You are no longer a registered Ngāti Whātua Ōrākei member (however we may be able to offer you alternative options so that you can continue your cover); or
- Ngāti Whātua Ōrākei cancels this policy (however we may be able to offer you alternative options so that you can continue your cover).

## Glossary of Terms | He kupu whakamārama

At nib we aim to explain information about our insurance products in a language our customers will understand. Below are explanations of some of the terms used in this brochure, but you are welcome to speak to us if you need any help with their meaning.

### Anaesthetics

A drug given to cause deep sleep (general anaesthetic) or to numb a part of the body (local anaesthetic) used for short-term relief of pain.

### Approved private hospital

A private hospital, day surgery unit, or private wing in a public hospital, within New Zealand that has been approved by nib.

### Claim

The amount paid for the provision of a health service covered under the benefit in your policy.

### Diagnostic investigation

An investigative medical procedure undertaken to determine the causes of a medical condition.

### Excess

The amount of money you'll need to contribute towards the total cost of each diagnostic investigation or treatment.

### Hospitalisation / hospitalised

Admission in New Zealand to an approved private hospital to undergo a surgical procedure under anaesthetic or for receiving medical treatment, chemotherapy or radiotherapy treatment for a medical condition.

### Medical treatment (non-surgical)

When a person undergoes a form of medical treatment using drug treatment which does not involve surgery (e.g. asthma, diabetes or epilepsy).

### PHARMAC

The Pharmaceutical Management Agency is a Crown entity. PHARMAC's objective, as outlined in the New Zealand Public Health and Disability 2000 Act, is to secure for eligible people in need of pharmaceuticals, the best health outcomes that are reasonably achievable from pharmaceutical treatment and from within the funding provided. [www.pharmac.govt.nz](http://www.pharmac.govt.nz)

### Pre-approval for a claim

Approval of a claim by nib prior to an insured person undergoing treatment, surgery or a diagnostic investigation.

### Premium

The amount of money you pay to keep your insurance active. It can be paid weekly, fortnightly, monthly, quarterly, half-yearly or yearly.

### Public health service or hospital

Healthcare or hospitalisation which is funded by the Government and used by the public.

### Surgical

When a person undergoes a form of medical treatment using anaesthetics (e.g. general surgery, oral surgery or cardiac surgery).

This brochure is not a policy document. It is an outline of the main features and benefits of the nib Ngāti Whātua Ōrākei Health Insurance policy. A full explanation of the features, benefits and exclusions are contained in the policy document. A copy of the policy document is available at [nib.co.nz/ngatiwhatuaorakei](http://nib.co.nz/ngatiwhatuaorakei)

# GET COVERED TODAY

[nib.co.nz/ngatiwhatuaorakei](http://nib.co.nz/ngatiwhatuaorakei)



# NGĀTI WHĀTUA ŌRĀKEI

**E TŪ NGĀ URI O TUPERIRI,  
TĀMAKI MAKAURAU E NGUNGURU NEI!**

**THE DESCENDANTS OF TUPERIRI STAND  
STRONG, TĀMAKI MAKAURAU ROARS**

**nib**  
health cover

## **Need help?**

**Call us on 0800 nib nwo (0800 642 696)**

Monday to Friday 8.00am - 7.00pm

Saturday 8.00am - 1.00pm

Go to [nib.co.nz/ngatiwhatuaorakei](https://nib.co.nz/ngatiwhatuaorakei)

Email us at [ngatiwhatuaorakei@nib.co.nz](mailto:ngatiwhatuaorakei@nib.co.nz)