



Ngāti Whātua Ōrākei Health Insurance



NGĀTI WHĀTUA ŌRĀKEI



The descendants of
Tuperiri stand strong,
Tāmaki Makaurau roars.

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

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Need help? Call us on 0800 nib nwo (0800 642 696)
Go to nib.co.nz/ngatiwhatuaorakei
Email us at ngatiwhatuaorakei@nib.co.nz

This product is available to registered members of Ngāti Whātua Ōrākei. For more information contact us on 0800 nib nwo (0800 642 696)

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 iwi	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 has embarked 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) which provides 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



Rob Hennin - Chief Executive Officer

nib provides value for money and affordable health cover to 1.5 million people across New Zealand and Australia.

Established over 70 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.

We are passionate about closing the gap between Māori and non-Māori health outcomes, and our partnership with Ngāti Whātua Ōrākei is helping to do just that by supporting greater access to healthcare treatment. We've also worked with the hapū to develop new health management programmes and additional benefits for traditional Māori treatment such as Rongoā Māori, to support better health outcomes for their whānau.



Why you need health insurance Ngā painga o te inihua hauora

5 reasons to have health insurance

1. Greater choice

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

2. Financial support

Less stress about how to pay your healthcare bills.

3. Quicker treatment

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

4. Greater certainty

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

5. 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 \$1,000 each policy year
- Optical appliance benefit: up to \$250 each policy year
- Rongoā Māori treatment benefit: up to \$500 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
- Health screening and surveillance: up to \$1,500 each policy year for screening and surveillance tests such as breast, bone, bowel, heart and prostate screening
- 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
- 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

For registered Ngāti Whātua Ōrākei members, the insurance premiums for this plan and any excess payable will be paid by Ngāti Whātua Ōrākei.



Specialist Option

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 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"> ☑ Treadmills ☑ Holter monitoring ☑ Ambulatory blood pressure monitoring ☑ Cardiovascular ultrasound ☑ Echocardiography ☑ Myocardial perfusion scans ☑ Cardioversion 	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"> ☑ Bone screening ☑ Bowel screening ☑ Breast screening ☑ Heart screening ☑ Prostate screening ☑ Eye test and / or visual fields tests ☑ Hearing tests and Mole mapping 	Up to \$1,500 each policy year

Everyday Option

Benefit	A summary of what this covers	The Limits
		The limits apply to each insured person. Refer to the policy document for full details.
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 \$1,000 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 each policy year
Prescriptions Benefit	Covers the cost of pharmaceutical prescriptions; and non-prescription bowel screening kits.	No limit for each prescription item, up to \$60 per bowel screening kit, up to \$300 each policy year
Vaccinations Benefit	Covers the cost of vaccinations.	Up to \$500 each policy year
Rongoā Māori Benefit	Covers the cost of consultations and treatment provided by a Rongoā practitioner.	Up to \$500 each policy year
Foot Care Benefit	Covers the cost of podiatry treatment.	Up to \$40 per visit, up to \$250 each policy year
Joint Care Benefit	Covers the cost of osteopathy treatment and related x-rays.	Up to \$40 per visit, up to \$250 each policy year
Ear Care Benefit	Covers the cost of audiometric tests and audiology treatment.	Up to \$250 each policy year for treatment, and up to \$250 each policy year for tests

Base Cover Benefit

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.
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 each policy year
Hospital related specialist consultations and diagnostic investigations²	Registered specialist 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 Benefit²	Covers costs of the following diagnostic investigations in an approved private hospital even when the insured person has not been, or will not be, related to the private surgical or non-surgical treatment or each cycle of chemotherapy ¹ 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 Benefit²	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 Benefit²	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.

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).

Base Cover Benefit

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.
Travel and Accommodation Benefit²	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.	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 chemotherapy ¹ treatment. Accommodation - up to \$200 each night and \$3,000 for each private surgery or non-surgical treatment or each cycle of chemotherapy ¹ treatment administered privately. 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.
Parent Accommodation Benefit²	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 costs²	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 ¹ 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 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 Benefit²	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.

Base Cover Benefit

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.
Intravitreal Eye Injections Benefit¹	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 Benefit²	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.

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, Dental & Optical Option and non-PHARMAC Plus 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
- No limit for each prescription item and up to \$300 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 mortgage 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.

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



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.



non-PHARMAC Plus Option

The non-PHARMAC Plus Option increases your cover for the cost of Medsafe-approved drugs that are not funded by PHARMAC when you have an approved claim under your policy. This means they can be part of your treatment without added expense to you (depending on the level of non-PHARMAC cover you choose). We pay up to the benefit limit shown in your most recent acceptance certificate or renewal certificate.*

Key features

- Covers the cost of drugs approved for use by Medsafe and prescribed under Medsafe guidelines used both in a recognised private hospital or at home.^\
- Covers any related drug administration costs.

* This is a summary only that outlines the benefits of the non-PHARMAC Plus Option. A full explanation of the benefits, exclusions and terms is in the policy document.

^\ non-PHARMAC treatment at home benefit will be covered for up to six months after you are admitted for treatment. This treatment must be approved by nib and the drugs must relate to it.

Overview of features, benefits and limits of Additional Options

Tirohanga whānui o ngā kōwhiringa tāpiri

GP Option

Benefit	A summary of what this covers	The Limits
The limits apply to each insured person. Refer to the policy document for full details.		
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 ¹ .	No limit for each prescription 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 ² .

Serious Condition Lump Sum Option

Benefit	A summary of what this covers	The Limits		
The limits apply to each insured person. Refer to the policy document for full details.				
Serious Condition Lump Sum Option	<p>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).</p> <table border="0"> <tr> <td> <p>Heart and circulation</p> <ul style="list-style-type: none"> ☑ Aortic surgery³ ☑ Coronary artery bypass grafting surgery³ ☑ Major heart attack (Myocardial infarction)³ ☑ Heart valve surgery³ <p>Organs</p> <ul style="list-style-type: none"> ☑ Chronic liver failure ☑ Chronic lung failure ☑ Chronic renal failure ☑ Major organ transplant³ ☑ Pneumonectomy </td> <td> <p>Functional loss/neurological</p> <ul style="list-style-type: none"> ☑ Benign tumour of the brain and spinal cord³ ☑ Paralysis (Hemiplegia, Diplegia, Paraplegia, Quadriplegia, Tetraplegia) ☑ Stroke³ <p>Cancer</p> <ul style="list-style-type: none"> ☑ Cancer – life threatening³ </td> </tr> </table> <p>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.</p>	<p>Heart and circulation</p> <ul style="list-style-type: none"> ☑ Aortic surgery³ ☑ Coronary artery bypass grafting surgery³ ☑ Major heart attack (Myocardial infarction)³ ☑ Heart valve surgery³ <p>Organs</p> <ul style="list-style-type: none"> ☑ Chronic liver failure ☑ Chronic lung failure ☑ Chronic renal failure ☑ Major organ transplant³ ☑ Pneumonectomy 	<p>Functional loss/neurological</p> <ul style="list-style-type: none"> ☑ Benign tumour of the brain and spinal cord³ ☑ Paralysis (Hemiplegia, Diplegia, Paraplegia, Quadriplegia, Tetraplegia) ☑ Stroke³ <p>Cancer</p> <ul style="list-style-type: none"> ☑ Cancer – life threatening³ 	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.
<p>Heart and circulation</p> <ul style="list-style-type: none"> ☑ Aortic surgery³ ☑ Coronary artery bypass grafting surgery³ ☑ Major heart attack (Myocardial infarction)³ ☑ Heart valve surgery³ <p>Organs</p> <ul style="list-style-type: none"> ☑ Chronic liver failure ☑ Chronic lung failure ☑ Chronic renal failure ☑ Major organ transplant³ ☑ Pneumonectomy 	<p>Functional loss/neurological</p> <ul style="list-style-type: none"> ☑ Benign tumour of the brain and spinal cord³ ☑ Paralysis (Hemiplegia, Diplegia, Paraplegia, Quadriplegia, Tetraplegia) ☑ Stroke³ <p>Cancer</p> <ul style="list-style-type: none"> ☑ Cancer – life threatening³ 			

These options on pages 14-15 are not subsidised for Ngāti Whātua Ōrākei members.

Dental and Optical Option

Benefit	A summary of what this covers	The Limits
The limits apply to each insured person. Refer to the policy document for full details.		
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.
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.

non-PHARMAC Plus Option

Benefit	A summary of what this covers	The Limits
The limits apply to each insured person. Refer to the policy document for full details.		
non-PHARMAC Plus Benefit	Additional cover for the cost of non-PHARMAC funded drugs that are Medsafe approved, used in a recognised private hospital or at home and meet Medsafe guidelines for use. This also covers related drug administration costs*	We pay up to the benefit limit shown in your most recent acceptance certificate or renewal certificate.

* non-PHARMAC treatment at home benefit will be covered for up to six months after you are admitted for treatment. This treatment must be approved by nib and the drugs must relate to it.

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 This benefit is available when the claims within the preceding 24 months under the GP Option are less than \$150.

3 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/ngatiwhatuaorakei

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, or even years, 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.

In July 2022, over 36,000 Kiwis were waiting more than 4 months to be seen by a specialist. This has more than doubled for hospital procedures in the last year from 14,000 to 30,000 people waiting more than 4 months for surgery*

Claiming is easy

Claiming back the cost of a consultation or treatment is simple and hassle-free. Members can download our free app, **my nib**, to claim or go through their health provider to make a payment request for procedures that have already taken place, including pre-approvals.

When using a First Choice network provider for hospitalisation, the provider may be able to complete the pre-approval and claim for the member - meaning even less paperwork to handle.

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.

* Source: (36,000 specialist & 14,000 to 30,000 hospital in the last year) <https://www.scoop.co.nz/stories/PA2207/S00156/surgical-wait-list-doubles-in-10-months.htm>

nib First Choice network

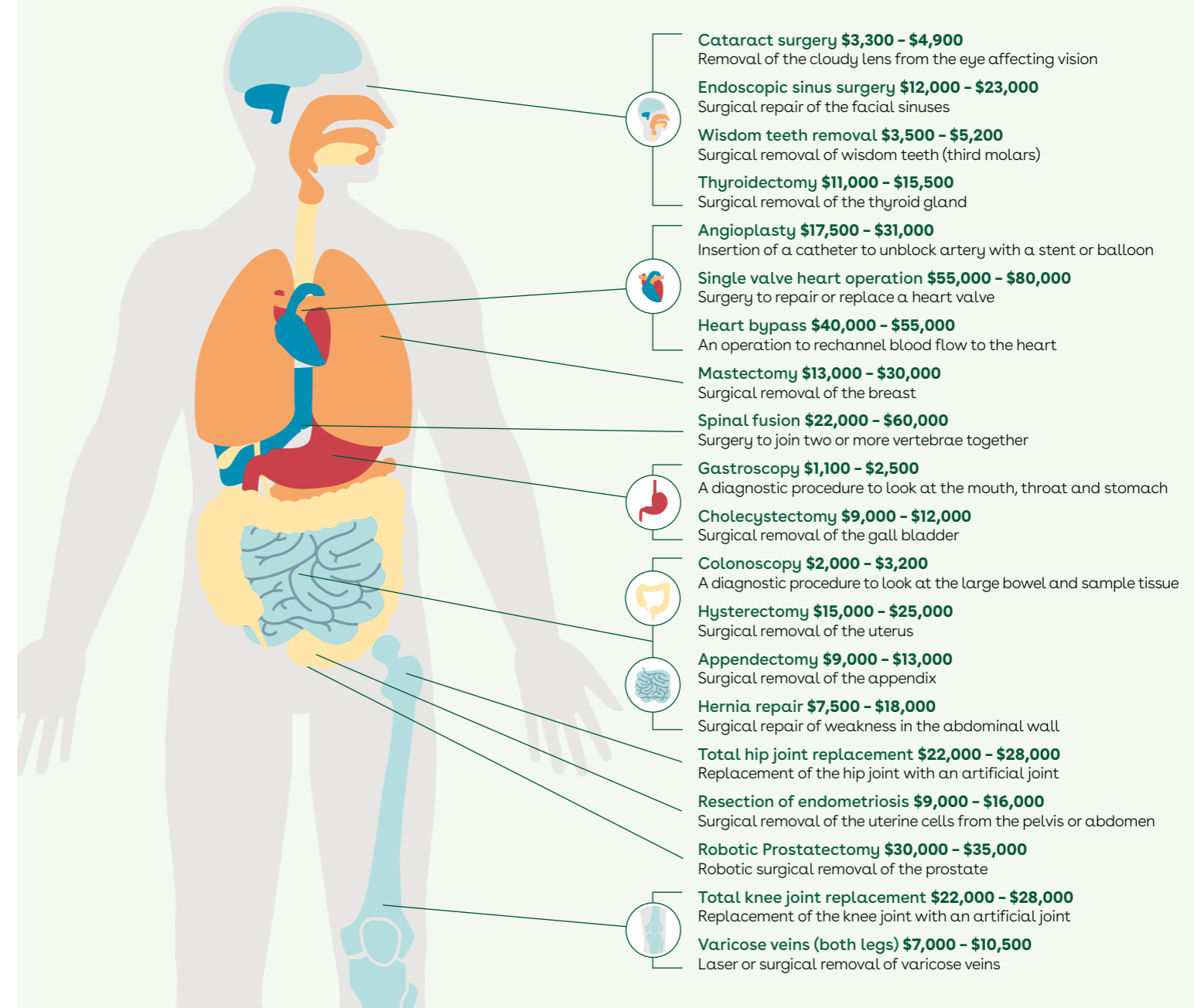
Recognised healthcare providers who charge within our First Choice price range can become part of the nib First Choice network. Members can see them for treatment and have 100% of their eligible costs covered (up to their benefit limit and in line with their policy).

If a member sees a healthcare provider who is not part of the First Choice network, the maximum we will pay is the Efficient Market Price (EMP) for the health services they provide, with the member covering the difference. First Choice healthcare providers can be found through **Find a Provider**.

To learn more about the network and search for providers in your area visit nib.co.nz/find-a-provider, email us at 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.



Here are some common treatments you or your family could experience

Cancer treatments

Removal of cancerous skin lesion **\$1,000 - \$6,500**
Chemotherapy **\$15,000 - \$210,000**
Radiotherapy **\$20,000 - \$45,000**

Diagnostics

PET Scan **\$2,000 - \$2,800**
MRI Scan **\$1,500 - \$2,500**
CT Scan **\$1,300 - \$1,700**
Ultrasound **\$400 - \$500**

Children 0-20 years

Grommets **\$2,500 - \$3,500**
Insertion of tubes in the eardrums
Adenotonsillectomy **\$4,000 - \$5,500**
Surgical removal of adenoids and tonsils

nib Member Card Ngā kāri nib

At nib, we want to make it easy for you and your whānau to get the right healthcare you need when you need it.

Take your member card along with you to your health appointments to let your healthcare provider know you're insured with nib.

They'll help you find a range of healthcare options that best suit the needs of you and your whānau.



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

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

Get covered today

nib.co.nz/ngatiwhatuaorakei

The descendants of
Tuperiri stand strong,
Tāmaki Makaurau roars.

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

Need help?

Call us on 0800 nib nwo (0800 642 696)

Go to nib.co.nz/ngatiwhatuaorakei

Email us at ngatiwhatuaorakei@nib.co.nz

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NGĀTI WHĀTUA ŌRĀKEI