



# Te Nehenehenui Everyday Health Plan



Policy Document



# Welcome to nib

We're your partner in health and wellbeing. Our key purpose is to help tangata in Aotearoa and their whānau live healthier and happier lives. We want to make your cover easy to use and empower you with the right tools to put your health into your hands.

Wherever your hauora journey takes you, we'll be here to support you.

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01.

# How this document works

# Your policy document provides information about the benefits that every insured person on your policy is covered for.

## **This is how it works:**

1. You see a **recognised provider** for your treatment or **consultation**. They may refer you for a **health service** or perform it themselves.
2. You make a claim for one of the benefits below.
3. We pay the claim – 100% of the cost for your **health service**, up to the **benefit limit**.

Hospital services aren't covered under this policy.

# This policy document should be read along with your latest Acceptance or Renewal Certificate. Together, they are your policy.

## Your policy document tells you:

- what you're covered for
- what you're not covered for (general exclusions that apply)
- any other important information you need to know about your cover

## Your Acceptance or Renewal Certificate tells you:

- who's the **policyowner**
- who's covered by your policy
- how much your policy costs
- when your cover started

If there's any inconsistency between your policy document and your **Acceptance or Renewal Certificate**, your **Acceptance or Renewal Certificate** takes priority.

Note that you're not covered for any general exclusions that may apply, and you only have cover for the benefits in this policy document if you're an **insured person**.

If you need to contact us, you can visit our [Help Centre](#).

## Important words

Some words in this policy document are in bold text. This means they have a specific meaning in relation to your policy. You can find the meaning of these words [at the end of this document](#).

In addition to this, where we use the words:

- "**Acceptance or Renewal Certificate**", we're referring to the most recent version you have
- "us", "our", "we" or "nib", we're referring to nib nz limited
- "you" or "your", we're referring to an **insured person** – an **insured person** may also be a **policyowner**



02.

# Your Benefits

## Dental Benefit

### ✓ What am I covered for?

We'll cover you for:

- preventative **dental treatments** (such as examinations, cleaning and scaling)
- general **dental treatments** (such as fillings, basic extractions and related x-rays)

### 💰 How much am I covered for?

Up to \$500 per insured person every **policy year**.

### 📅 When will I be covered?

After two months of continuous cover following your **join date**.

### ? What else do I need to know?

**Dental treatments** must be performed by a **dental practitioner** or oral surgeon.

In addition to any general exclusions that may apply, we also don't cover the following under this benefit:

- treatments covered under the school dental service or general dental scheme
- extraction of wisdom teeth
- any extra costs such as gold or other materials that are not normally used in **dental treatments** or are unreasonably expensive
- any procedures such as orthodontic work, periodontic and endodontic treatment

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## Optical Appliance Benefit

### ✓ What am I covered for?

We'll cover you for:

- the cost of prescription glasses and contact lenses only

### 💰 How much am I covered for?

Up to \$250 per insured person every **policy year**.

### 📅 When will I be covered?

After six months of continuous cover following your **join date**.

### ? What else do I need to know?

In addition to any general exclusions that may apply, we also don't cover the following under this benefit:

- any examination and/or **consultation** fees
- replacing a lens as part of a repair
- sunglass tinting, coating or hardening of lenses



## GP Consultations Benefit

### ✓ What am I covered for?

We'll cover you for:

- GP consultations and nurse practitioner consultations in room or remotely
- Intravenous iron infusions
- Cervical screening

### 💰 How much am I covered for?

For GP consultations, nurse practitioner consultations and administration of intravenous iron infusions:

- up to a total maximum of \$350 per insured person every policy year

For nurse practitioner consultations:

- Up to six consultations for up to \$30 per visit per insured person every policy year

For cervical screening:

- up to \$20 per visit per insured person every policy year

### 📅 When will I be covered?

After two months of continuous cover following your join date.

### ❓ What else do I need to know?

In addition to any general exclusions that may apply, we also don't cover the following under this benefit:

- any additional services performed in the GP rooms

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## Prescription Benefit

### ✓ What am I covered for?

We'll cover you for:

- the cost of pharmaceutical prescriptions
- non-prescription bowel screening kits that are recommended by Bowel Cancer New Zealand

### 💰 How much am I covered for?

Up to a total maximum of \$300 per insured person every policy year.

- there is no limit for each prescription item
- up to \$60 for each bowel screening kit

### 📅 When will I be covered?

After two months of continuous cover following your join date.

### ❓ What else do I need to know?

You'll need to provide us with your pharmacy receipts that show the patient's name, prescription number, name of the prescribed drug(s) and the cost of each item.

In addition to any general exclusions that may apply, we also don't cover the following under this benefit:

- pharmaceutical prescriptions that are not prescribed by a GP, specialist or nurse practitioner
- any pharmaceutical prescriptions that aren't funded by PHARMAC

## Rongoā Māori Benefit

### ✓ What am I covered for?

We'll cover you for **consultations** and treatment provided by a **Rongoā practitioner** such as:

- physical therapies such as traditional massage (mirimiri and kōmiri)
- herbal plant remedies (rongoā rākau) that are formulated from legal substances and that are able to be legally obtained in New Zealand for medicinal use
- spiritual healing such as karakia

### 💰 How much am I covered for?

We'll cover you for up to \$500 per **insured person** every **policy year**.

### 📅 When will I be covered?

After six months of continuous cover following your **join date**.

### ❓ What else do I need to know?

In addition to any general exclusions that may apply, we also don't cover the following under this benefit:

- we don't pay for any remedies that are formulated from illegal and/or illegally obtained materials or substances

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## Vaccinations Benefit

### ✓ What am I covered for?

We'll cover you for:

- the cost of vaccinations administered by a registered **specialist, GP or nurse practitioner**
- vaccinations such as an annual influenza vaccination, annual pneumococcal vaccination or Human-Papillomavirus immunisation

### 💰 How much am I covered for?

Up to \$500 per **insured person** every **policy year**.

### 📅 When will I be covered?

After six months of continuous cover following your **join date**.

### ❓ What else do I need to know?

In addition to any general exclusions that may apply, we also don't cover the following under this benefit:

- any pharmaceutical prescriptions or vaccinations that aren't funded by **PHARMAC**

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## Physiotherapy Benefit

### ✓ What am I covered for?

We'll cover you for the cost of **physiotherapy** treatment.

### 💰 How much am I covered for?

Up to \$100 per **insured person** every **policy year**.

### 📅 When will I be covered?

After two months of continuous cover following your **join date**.

## Dieticians and Nutritionist Consultations Benefit

### ✓ What am I covered for?

We'll cover you for **dieticians** and/or **nutritionist consultations**.

### 💰 How much am I covered for?

Up to \$300 per insured person every **policy year**.

### 📅 When will I be covered?

After six months of continuous cover following your **join date**.

### ❓ What else do I need to know?

In addition to any general exclusions that may apply, we also don't cover the following under this benefit:

- any food, vitamins, or supplements
- videos, books, or DVDs

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## Foot Care Benefit

### ✓ What am I covered for?

We'll cover you for the cost of podiatry treatment.

### 💰 How much am I covered for?

Up to \$40 per visit, to a total maximum of \$250 per **insured person** for all visits every **policy year**.

### 📅 When will I be covered?

After six months of continuous cover following your **join date**.

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## Joint Care Benefit

### ✓ What am I covered for?

We'll pay for **osteopathic** treatment and related x-rays.

### 💰 How much am I covered for?

For **osteopathic** treatment:

- up to \$40 per visit
- up to a total maximum of \$250 per **insured person** for all visits every **policy year**

For x-rays:

- up to \$80 per **insured person** every **policy year**

### 📅 When will I be covered?

After six months of continuous cover following your **join date**.

## Ear Care Benefit

### ✓ What am I covered for?

We'll pay for audiometric tests and **audiology treatment** that you need.

### 💰 How much am I covered for?

For audiometric tests:

- up to \$250 per **insured person** every **policy year**

For **audiology treatments**:

- up to \$250 per **insured person** every **policy year**

### 📅 When will I be covered?

After six months of continuous cover following your **join date**.

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## Tangihanga Support Benefit

### ✓ What am I covered for?

We make a cash payment when an **insured person** aged over 16 dies. This benefit is payable to the **policyowner** or the **policyowner's** estate. Where the sole **policyowner** dies intestate, we will (at our discretion) elect to pay the benefit to Te Nehenehenui, as the payor for the policy.

### 💰 How much am I covered for?

We will pay \$3,000 in respect of each deceased **insured person**.

### 📅 When will I be covered?

Cover starts from your **join date**.

### ❓ What else do I need to know?

The payment will be made after we receive a copy of the death certificate.



03.

What  
we don't  
cover

## ⊗ WHAT WE DON'T COVER

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There are some things we aren't able to provide cover for. We've grouped these into categories to make it easier for you to read and understand.

Unless specifically covered under a benefit, we don't pay any claims that are related to and/or are consequences of any of the following:

### Cosmetic

- anything cosmetic that is not **medically necessary** regardless of whether it's done for physical, functional, psychological, or emotional reasons (for example: treatment that improves, changes, or enhances your appearance)

### Weight Loss

- weight loss or bariatric investigations or treatment (for example: gastric banding, sleeve, and bypass), even if the purpose is to treat other health **conditions** (for example: diabetes or cardiovascular **conditions**)

### Reproductive Health

- hormone replacement therapy
- infertility
- pregnancy (for example: normal pregnancy, caesarean section, ectopic or termination of)

### Sexual Health

- contraception
- erectile dysfunction
- sterilisation or reversal of sterilisation

### Mental Health

- injuries that are self-inflicted

### Congenital, Genetic, or Hereditary

- **congenital** or chromosomal disorders (for example: a birth defect)
- hereditary, or genetic **conditions**
- **health services** due to concerns of familial risk or familial predisposition, in the absence of signs or symptoms that a **condition** exists
- genetic testing

### Emergency and Injury

- any **acute** medical **conditions** or **acute** care

### Crime or Conflict

- any treatment for a **condition** relating to a crime committed by you
- **conditions** or treatment relating to wars, riots, or terrorism

### Immune System Disease

- HIV or AIDS

### Allergies

- treatment for allergies or allergic disorders (for example: desensitisation)

### Care that isn't standard practice

- providers who don't meet our criteria
- services provided by a family member (for example: **health services**, travel costs, or accommodation)
- products, substances or services that are illegal in New Zealand

### Costs outside the terms of your policy

- any costs incurred in a public or private hospital
- **health services** that you have received during a waiting period
- seeing the same provider twice on the same day – we'll pay the cost of the first visit only
- claims that don't meet the terms of your policy
- expenses recoverable from a third party (for example: another insurer, company, or person)
- **health services** after the applicable **benefit limit** has been reached
- **health services** not covered under your policy

### **Other general exclusions**

- anything that isn't **medically necessary** (for example: alcohol, toiletries, car parking, visitor meals, or administration costs)
- services or goods that were received or purchased outside of New Zealand (for example: goods bought online from another country)
- false or inaccurate information provided for a policy application or claim request
- substance misuse (for example: misuse of alcohol or drugs)



04.

# Using your cover



## Who can I see for treatment?

When choosing who to see, keep in mind that we only pay claims for **health services** that are carried out by **recognised providers** in New Zealand.

## When will nib pay for health services?

We'll pay for **health services** that are covered under your policy. You can only claim for these **health services** if:

- you're an **insured person**
- your premium payments are up to date; and
- any relevant waiting period has ended

Claims can be made by you or by the **recognised provider** on your behalf. It is important we receive all information we request through the claims process. We may decide not to approve a claim until all requested information is provided.

When you make a claim, you need to provide an invoice or receipt on your **recognised provider's** letterhead showing their name and GST number.

If your premium payments are overdue, or not currently being paid for other reasons, the payment of any claim is at our discretion.

If any claims have been paid out by mistake, or any money has been obtained by fraud or in another unlawful way, or in a way that breaches the terms of your policy, we may recover this money.

You should submit your claim within 12 months of your **health service**, as claim payments aren't adjusted for inflation.

## When can I start claiming?

You'll need to wait a specified period before you can start claiming on the benefits unless we have agreed otherwise. The specified period is called a waiting period begins on your **join date**. You can find information about waiting periods under each benefit in this policy document.

You can't claim for any **health services** that happened before your **join date**.

If you make a change to your cover which means you have new benefits, any applicable waiting period will apply from the **join date** of these new benefits.

## If you have taken out this health policy through Te Nehenehenui

If you have taken out this health policy as a tribal registered member of Te Nehenehenui, they may have negotiated additional concessions and/or benefits to those recorded in this policy.

If this is the case, details of those concessions and/or benefits will be recorded on your **Acceptance or Renewal Certificate**.

In the event there is a conflict between the concessions and/or benefits recorded on your **Acceptance or Renewal Certificate** and those recorded in this policy then the **Acceptance or Renewal Certificate** will prevail.



05.

# Making changes to your policy

## Who can view and change my policy?

The **policyowner** can ask about claims for any **insured person(s)**.

- If there is more than one **policyowner** all **policyowners** must request any changes that impact multiple **insured persons**.
- If changes only impact a **dependent child**, only one **policyowner** needs to request the changes.
- If the changes impact only one **insured person** and don't increase the premium, that **insured person** can request the changes.

Any requests to change your policy need to be made in writing and can be made through our [Help Centre](#). If the change is agreed by us, it will take effect from your policy's next billing date, we will confirm this in writing via email.

## Who can I add to my policy?

The **policyowner** can apply to have the following people added to your policy:

- a **partner**
- a **dependent child** (including whangai)

An additional premium will apply for each **insured person** that is added, and this will be shown on your **Acceptance or Renewal Certificate**.

## How do I remove someone from my policy?

To remove an **insured person** from your policy we'll need a request from either:

- the **policyowner(s)** or
- the **insured person** who wants to be removed - if they're under 16, the **policyowner** will need to request this

When we receive the request we'll remove the insured person from your policy's next billing date, we will confirm this in writing via email.

If you pay quarterly, half-yearly, or annually, we'll make the change on the same day of the month as your regular billing date, the month after your request is accepted.

## How do I cancel my policy?

If you'd like to cancel your policy, all **policyowner(s)** need to tell us in writing, which can be done through our [Help Centre](#), at least 30 days before you want the policy to end.

## Can nib cancel my policy?

Yes. We may cancel the entire policy immediately and let you know if any of the following applies:

- your premium payment is overdue by more than 90 days
- the last remaining **insured person** on your policy has died
- you've breached a term of your policy
- information provided by you, or on your behalf (when arranging or making changes to your policy) is not true, correct, and complete
- you or another **insured person's** claim is fraudulent in any way
- you behave in an offensive or intimidating way towards an nib employee

We may cancel the cover for an **insured person** if that person is no longer lawfully residing in New Zealand.

If we cancel your policy or your cover for any reason, including fraud, we may keep any premiums that have been paid to us. If we've already made claim payments that were submitted fraudulently, we may recover the money from the **policyowner**.

## Can I keep my policy if I stop being a registered member of Te Nehenehenui or if the group scheme ends?

Where:

- the **insured person** is no longer a registered member of Te Nehenehenui Trust; or
- we or Te Nehenehenui Trust ends the arrangement which this policy is part of,

this policy ends immediately.

We may give you the opportunity to continue your policy on terms determined by us, according to our policy transfer rules at the time. If you continue your policy, any special benefits and concessions as well as your premium may be reviewed.



06.

# Conditions of your policy

## Who can be a policyowner?

You need to be a tribal registered member of Te Nehenehenui and at least 16 years old to be a **policyowner**. If you're under 16, you'll need to have at least one person aged 16 or older, or your parent or legal guardian, as the **policyowner**.

## Your responsibilities

As a **policyowner** or **insured person**, you must do the following:

- comply completely with your policy
- read your policy documents and ask us if you're unsure about what you're covered for
- be truthful, correct and complete when making a claim
- ensure your premiums are paid on time so you remain covered
- let us know if your contact details, or any details that might affect your cover, change
- provide us with any information we ask for if it is reasonable and related to your policy. The information must be true, correct, and complete at the time it's provided to us. You'll also need to tell us about any changes to the information you've provided as soon as possible.

If you don't provide us with true, correct, and complete information (that you know, or should know), when you apply for insurance, change your policy or make a claim, depending on the individual facts of any situation, we can do all or any of the following:

- cancel your policy with immediate effect
- change the terms and conditions of cover provided under your policy, and apply these changes back to your **start date** or **join date**, whichever is more recent
- not pay any claims after your **start date** or **join date**, whichever is more recent
- keep any premiums that have been paid to us
- recover any claim payments that we have already made



**07.**

# **About your premiums and benefits**

## Managing your payments

To keep your policy active so you can make claims, you'll need to make sure that payments for your premiums are up to date.

If we send you communications about your premiums and they cannot be delivered, we'll keep making deductions until you tell us to stop.

You can pay your premiums up to 12 months in advance from your **policy anniversary date**.

## Changes to your premiums or benefits

The premiums and benefits on your policy may change from time to time and aren't guaranteed.

Premium increases apply to all **insured person(s)** on your policy. We won't make changes to your premiums because of any individual claims that have been made under your policy.

## When can nib change my premiums or benefits?

We increase your premiums as you get older.

We may also make changes to your premiums, benefits, or the terms of your policy for any of the following reasons:

- a law that applies to your policy has changed (including tax changes)
- our costs have increased due to an increase in the cost and/or use of medical treatments
- we want to increase the level of cover under a benefit or add a new benefit to your policy
- we need to allow for an unexpected and significant increase in the type and/or amount of claims made under a product, which aren't sustainable long-term or commercially viable
- we want to align your policy with a newer version of the same type of policy that has similar, (but not necessarily the same), premiums and/or benefits
- unexpected and severe public health threats, such as a pandemic

If we need to make changes to your premiums or benefits, we'll let you know at least 30 days before the change(s) take effect.

## Premiums for children

When a **dependent child** who's insured on your policy turns 21 years of age, they'll be charged adult premiums from the next **policy anniversary date**.

We'll automatically continue their cover as an adult and take payment for the additional premiums.





08.

# Important Words

## IMPORTANT WORDS

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Some words in this policy document are in **bold**, which means they have a specific meaning. This specific meaning also applies to all words that are derived from that word. For example, the specific meaning for claim also applies to claims and claiming. All Acts of Parliament referenced here include any Act of Parliament that is a replacement or substitute. The meanings of these words are outlined below:

### **Acceptance or Renewal Certificate**

The most recent version of your Acceptance or Renewal Certificate.

### **Acute**

A sign, symptom, or **condition** that means you need to be hospitalised and treated immediately or within 48 hours.

### **Audiology treatment**

Treatment by an audiologist who:

- is a member of the New Zealand Audiological Society (or its replacement); and
- is in private practice; and
- holds a current annual practising certificate

### **Benefit limit(s)**

The maximum we'll pay for a benefit (or for two benefits with a shared maximum) per **insured person** per **policy year**. Benefit limits in this policy include GST.

### **Condition(s)**

Any illness, injury, ailment, disease, sickness, disorder or disability.

### **Congenital**

A condition or trait that exists at birth. These can be hereditary, or result from an action or exposure occurring either during pregnancy or at birth, or a combination of these factors.

### **Consultation(s)**

A necessary meeting with a **health professional** for:

- discussion; or
- seeking advice; or
- evaluation of your **condition** and/or treatment

This doesn't include any diagnostics or the treatment itself.

### **Dental practitioner**

A **health professional** who:

- is a member of the Dental Council of New Zealand (or its replacement); and
- is in private practice; and
- holds a current annual practising certificate

### **Dental treatment**

Treatment provided by a **dental practitioner**.

### **Dependent child**

The **policyowner's** child under the age of 21 years, who usually lives with the **policyowner** or who is a tertiary student.

### **Dietician**

A **health professional** who:

- is a member of the Dietitians Board in New Zealand (or its replacement); and
- is in private practice; and
- holds a current annual practising certificate

## GP

A **health professional** who:

- is registered with the Medical Council of New Zealand (or its replacement) in General Practice; and
- is in private practice; and
- holds a current annual practising certificate

## Health professional

A registered person who:

- holds a current practising certificate in compliance with the Health Practitioners Competence Assurance Act 2003 (or its replacement); and
- is a member of the appropriate registration body; and
- is recognised by us

## Health service(s)

**Consultation**, assessment, diagnostic investigations, or treatment for a sign, symptom, or **condition** provided by a **health professional**.

## Insured person(s)

A person who is listed as an 'insured person' on the **Acceptance or Renewal Certificate**.

## Join date

The date that cover starts for an **insured person**, which is shown on your **Acceptance or Renewal Certificate**.

## Medically necessary

A service or supply provided by a **health professional** that we recognise as necessary for the diagnosis, care, or treatment of your **condition**.

This does not include goods, services, or supplies that:

- don't require the skills of a **health professional** recognised by us; or
- are mainly used for comfort or convenience; or
- do not relate to your treatment, for example alcohol, toiletries, TV, car parking and take away meals

## Nurse practitioner

A **health professional** who:

- is a member of the Nursing Council of New Zealand (or its replacement); and
- is in private practice; and
- holds a current annual practising certificate

## Nutritionist

Any person who holds a current practicing certificate issued by the Nutrition Society New Zealand Inc (or its successor under any subsequent legislation).

## Osteopath

A **health professional** who is:

- is a member of the Osteopathic Council of New Zealand (or its replacement); and
- is in private practice; and
- holds a current annual practising certificate

## Partner

Your spouse or a person who cohabits with you in the nature of marriage.

## PHARMAC

The Pharmaceutical Management Agency, a Crown entity established by the New Zealand Public Health and Disability Act 2000 (or its replacement).

## Physiotherapist

A **health professional** who:

- is a member of the Physiotherapy Board of New Zealand (or its replacement)
- is in private practice; and
- holds a current annual practising certificate

## Physiotherapy

Treatment provided by a **physiotherapist**.

### **Policy anniversary date**

The date 12 months after your policy's **start date** and every 12 months after that.

### **Policy year**

The 12-month period starting from your policy's **start date** and ending at 6am on your **policy anniversary date**, and every 12 months after that.

### **Policyowner(s)**

A person who administers and is responsible for the policy and who is listed as 'policyowner(s)' on the **Acceptance or Renewal Certificate**.

This means all policyowners if there is more than one.

### **Recognised provider**

Any **health professional** or other medical facility that is recognised by nib.

### **Rongoā practitioner**

A practitioner who is registered with the Ministry of Health, providing **consultations** and treatment in line with the Ministry of Health's Rongoā guidelines, or who is recognised at the sole discretion of nib as such.

### **Specialist**

A health professional who:

- has vocational registration with the Medical Council of New Zealand; and
- is in private practice; and
- holds a current annual practising certificate; and
- is a member of an appropriately recognised specialist college

This doesn't include those holding vocational registration in:

- accident and medical practice; or
- emergency medicine; or
- family planning; or
- sexual health and reproductive health; or
- general practice; or
- medical administration; or
- public health medicine; or
- sport and exercise medicine

### **Start date**

The date your policy started, which is shown on your **Acceptance or Renewal Certificate**.



If you need support, you can contact us at:

[www.health.nib.co.nz/contact-us](http://www.health.nib.co.nz/contact-us)  
[www.mynib.co.nz](http://www.mynib.co.nz)

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