



Premier Health Business™

Health insurance for your employees





At nib we believe that people are the most important thing we can look after - and we take pride in keeping them happy and healthy wherever we can.

But when it comes to business, championing the wellbeing of your workforce isn't just the right thing to do as an employer. It can also be a good formula for business success.

This brochure provides employers with information to assist in selecting the most suitable health insurance coverage for your specific business needs.

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Why your team needs health insurance



The health and wellbeing of your employees comes first

People say there's nothing more important than your health - and they're right. Because without it, everything in our lives is affected. That's why when it comes to maintaining a happy and healthy workforce, choosing the right health insurance policy is so important. With the right cover from nib, your employees can feel secure in the knowledge that, if an unexpected event was to happen, they would be supported.

Why nib?

At nib, we're committed to supporting the health and wellbeing of Kiwis. One of the ways we do this is by offering insurance to employees that's easy to use and affordable, and by connecting them to tools and services they need for long-term success.

Working closely with Kiwi businesses, we understand what different workforces need and have designed a range of health insurance policies to suit.

“
On average every week nib pays over \$4.1 million in claims.*
”

*June 2023 - nib nz claims.



The true cost of health claims

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

Here are some common treatments that your employee or your employee's family could experience for:

Cancer treatments

Removal of cancerous skin lesion
\$1,000 - \$9,500

Chemotherapy
\$15,000 - \$170,000
(Per treatment cycle)

Radiotherapy
\$20,000 - \$55,000
(Per treatment cycle)

Diagnostics

PET Scan
\$2,000 - \$3,200

MRI Scan
\$1,500 - \$3,000

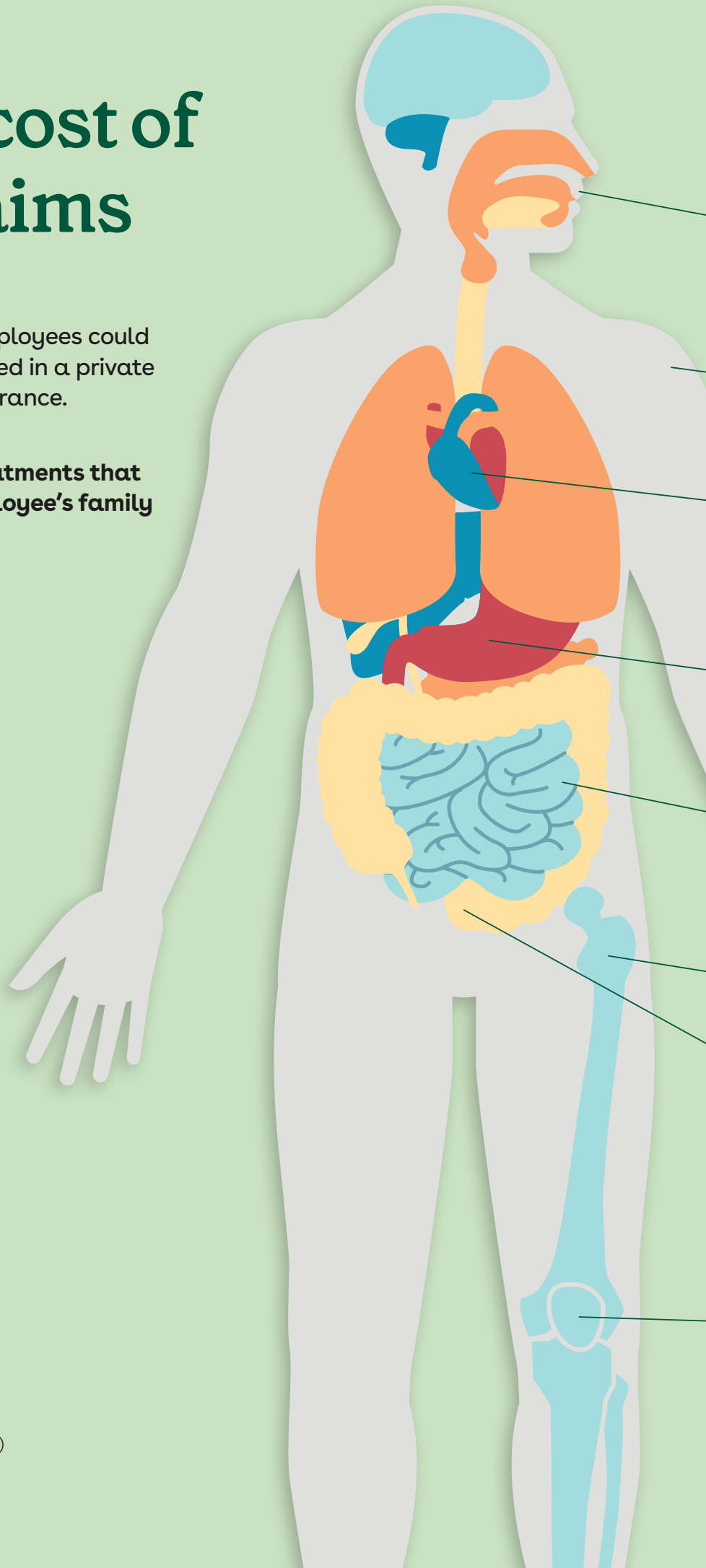
CT Scan
\$1,300 - \$1,700

Ultrasound
\$500 - \$1,500

Children 0-20 years

Grommets
\$2,200 - \$3,500
(Insertion of tubes in the eardrums)

Adenotonsillectomy
\$4,000 - \$5,500
(Surgical removal of adenoids and tonsils)





Cataract surgery (unilateral) \$3,600 - \$5,000
Removal of the cloudy lens from the eye affecting vision

Wisdom teeth removal x4 \$4,200 - \$5,800
Surgical removal of wisdom teeth (third molars)

Septoplasty & trimming of turbinates \$3,000 - \$3,900
Straightening of the nasal septum

Tonsillectomy \$5,200 - \$6,200
A surgical procedure to remove the tonsils

Skin biopsy \$500 - \$800
A procedure to remove skin cells for laboratory testing



Coronary artery bypass \$50,000 - \$75,000*
A surgical procedure where a healthy artery or vein is grafted to bypass the blocked artery/vein

Coronary artery bypass and valve replacement \$83,000 - \$110,000*
A surgical procedure where a Coronary Artery Bypass is performed as well as a valve replacement to repair or replace diseased heart valves

Gastroscopy \$1,300 - \$2,100
A diagnostic procedure to look inside the throat and stomach



Cholecystectomy laparoscopic \$9,900 - \$13,000
Surgical removal of the gall bladder

Kidney stone lithotripsy \$10,000 - \$13,300
A procedure used to break up kidney stones



Colonoscopy \$2,000 - \$3,300
A diagnostic procedure to look at the large bowel and sample tissue

Abdominal hernia repair \$5,500 - \$11,000
Surgical repair of weakness in the abdominal wall

Carpal tunnel decompression (unilateral) \$2,000 - \$4,600
Incision to divide the band of tissue which is constricting the nerve

Total hip joint replacement (unilateral) \$22,000 - \$28,000
Replacement of the hip joint with an artificial joint

Hysterectomy \$14,000 - \$20,000
Surgical removal of the uterus

Resection of endometriosis (grade 1, 2, 3, or 4) \$10,900 - \$19,500
Surgical removal of the uterine cells from the pelvis or abdomen

Transurethral resection of prostate \$8,500 - \$11,000
A surgical procedure to cut away a section of prostate

Prostate biopsy \$5,500 - \$8,000
A procedure to look for cancer cells in the prostate



Total knee joint replacement (unilateral) \$25,000 - \$28,000*
Replacement of the knee joint with an artificial joint

Claims costs have been rounded in the figure above. ©2023 nib nz limited. All rights reserved. Source: nib claim statistics December 2022 and *August 2023. This is an illustration of treatments and costs you could expect to pay if treated in a private hospital. This is not representative of conditions covered on your policy or the amount that would be paid by nib nz limited in the event of a claim.

Is Group Health Insurance a better option than relying on the public health system?



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

The public health system might only be able to provide immediate care in an emergency. For other health problems, even serious ones like a heart condition, your employees could face waiting lists. It may take months to be treated or longer.

ACC only goes so far

Many people mistakenly assume that ACC will take care of them if they become ill. But, ACC only provides cover for injuries and rehabilitation as a result of accidents, not for treatment for illness or ageing.

Self-insuring can be financially challenging

Rather than taking out health insurance, some people believe they could afford to pay for private treatment themselves. With many hospital procedures now costing over **\$20,000**, self-insuring can prove really tough.

Having to pay for hospital treatment yourself can often mean:

- Taking out or increasing a loan
- Using savings or retirement funds
- Selling assets
- Borrowing from family

And if you have to pay for a series of expensive treatments, the cumulative costs can be daunting.

Health insurance can help take care of expensive medical treatment without having to sacrifice other important needs such as the mortgage, credit card debt, education, childcare and day-to-day expenses like food and electricity.



Not all drugs are funded in New Zealand

PHARMAC is the government agency responsible for deciding which drugs are subsidised in New Zealand and makes them available to hospitals and pharmacies at a low cost.

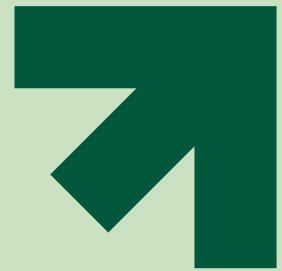
However, not every treatment has a funded drug available. Sometimes, non-PHARMAC funded drugs are the best available, or the only option for treatment.

If your employee needs a non-PHARMAC funded drug, treatment can potentially end up costing hundreds of thousands of dollars.

The good news is that all nib policy holders can add extra cover for non-PHARMAC funded drugs, to give them extra peace of mind if the worst happens.

Having a Group Health Insurance policy means that you'll be helping to minimise the financial barriers and stress faced by your employees when they are trying to access the private healthcare treatment they need.

Why Premier Health Business™?



Premier Health Business™ is a flexible policy your employees can tailor to suit their own needs, and those of their family.

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

You can also add a range of Options individually, or in combination, to customise a policy that best suits you. Options are an additional set of benefits you can add to your policy to provide extra cover for an insured person.

These Options are:



Specialist Option



Dental, Optical and Therapeutic Option



Non-PHARMAC Plus Option



Serious Condition Lump Sum Option



GP Option



Proactive Health Option



Base Cover

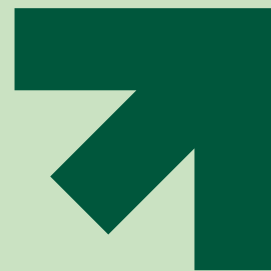
Provides cover for surgical and non-surgical treatments in a private hospital.

Key features:

- Up to **\$300,000** per person every policy year for the costs of surgery.
- Up to **\$200,000** per person every policy year for non-surgical costs, including cover for cancer treatment.
- Cover for specific major diagnostic tests, even if hospitalisation for treatment isn't required.
- Covers follow-up checks for cancer for up to 5 years after cancer treatment.
- Cover in both 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 Check Up Benefit: **\$100** for each adult towards the cost of a health check-up, after every three years of continuous cover.
- ACC top-up: we'll top up your ACC claims for any treatment or procedure not fully covered by ACC.
- Cover for high-risk pregnancy: we pay towards the cost of obstetrician treatment for pregnancies with recognised risk factors.
- We'll pay for accommodation costs for a parent to accompany their child (up to age 20) who needs treatment in a private hospital, whether or not it's recommended by your doctor.

Cover subject to exclusions, waiting periods, benefit limits, excess payable, and full policy terms and conditions.

Options to enhance your cover



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:

- Specialist consultations: Unlimited number of visits
- General diagnostics: Up to **\$3,000** every policy year for costs such as X-rays, arteriogram, ultrasound, scintigraphy, mammography or visual field test
- Cardiac investigations: Up to **\$60,000** every policy year for costs such as cardiovascular ultrasound, echocardiography and treadmills



Non-PHARMAC Plus Option

The New Zealand health system funds certain drugs through PHARMAC, significantly reducing their cost. But not all drugs are funded, and some are very costly, particularly when multiple cycles of treatment are required. This Option covers you for the cost of Medsafe-approved drugs that are not funded by PHARMAC at the time of your treatment, and helps ensure access to a wider range of drugs when you have an approved claim. Your cover applies while you are in hospital and for up to six months of subsequent home treatment and includes costs associated with administering the drugs.

Members can choose from the following levels of cover:

- **\$20,000**
- **\$50,000**
- **\$100,000**
- **\$200,000**
- **\$300,000**

Note: The above amounts are per person, per policy year.



GP Option

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. You won't pay any excess for this Option.

Key Features:

- GP visits: Up to **\$55** each visit, up to 12 visits each policy year and up to **\$200** for each GP surgical procedure
- Prescriptions: Up to **\$15** each prescription, 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 insured adult towards the cost of fitness equipment or gym membership, after each two years of continuous cover

Note: Covers 80% or 100% of the cost up to the above benefit maximums.



Dental, Optical, and Therapeutic Option

Ideal if you have regular trips to the dentist, chiropractor, podiatrist or osteopath, or you need glasses or contacts. There are also benefits covering acupuncture, as well as speech, occupational and eye therapy. You won't pay any excess for this Option.

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 prescription glasses or contact lenses
- Ear care: Up to **\$250** each policy year for audiology treatments and up to **\$250** each policy year for audiometric tests
- Chiropractic 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, up to **\$250** each policy year

Note: Covers 80% or 100% of the cost up to the above benefit maximums.



Serious Condition Lump Sum Option*

A one-off lump sum payment to help reduce the strain, both financially and emotionally, of dealing with specific trauma conditions. You can use this lump sum for whatever you would like, 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

* Serious Condition Lump Sum Option is always underwritten.

[^]Some of the trauma conditions covered have a stand-down period of 90 days.



Proactive Health Option

Encourages you to take proactive steps to look after your health, whether you want to check any medical concerns or just want to stay fit and healthy. You won't pay any excess for this Option.

Key Features:

- Health Screening: Up to **\$750** each policy year
- Allergy Testing and Vaccinations: Up to **\$100** each policy year
- Dietitian and Nutritionist Consultations: Up to **\$300** each policy year
- Gym memberships, weight loss management programs and quit smoking programs: Up to **\$100** each policy year

Note: Covers 80% of the cost up to the above benefit maximums.

Adding family members

The public health system might only be able to provide immediate care in an emergency. For other health problems, even serious ones like a heart condition, your employees and their families could face public health waiting lists, which could mean waiting months or longer to be treated.

Premier Health Business gives your employees the flexibility to add family members with ease. With a 90 day joining window, they can add their spouse or partner and dependent children (up to the age of 20) for an additional premium. This may give them access to faster treatment, and may mean less time off work for them if they need to look after a family member while they wait to be treated.

With no forms or health declarations to complete and automatic acceptance with cover for pre-existing conditions, nib makes the process as easy as possible. Your employees have the flexibility to combine Options, aligning them with their budgets with the ability to customise coverage and excess levels to meet their family's specific needs.

Refer to **pages 14-16** for details of features, benefits and limits of Premier Health Business.

Overview of features, benefits and limits of Premier Health Business™



Base Cover

We cover 100% of the costs, less any excess you've chosen, when you use a provider in the First Choice Network. This is a summary only and it's important to read the policy document to understand the details of each benefit, including any sub-limits that apply.

Benefit	A summary of what this covers	The limits (per person)
Surgical Benefit	Covers surgical treatment performed in a private hospital ¹ . Includes Mohs, varicose vein treatment and some oral surgery.	Up to \$300,000 each policy year. Includes any associated payments made under another related benefit.
Non-Surgical Benefit	Covers non-surgical treatment costs, in a private hospital ¹ .	Up to \$200,000 each policy year. Includes any associated payments under another related benefit.
Cancer Treatment Benefit²	Covers the cost of chemotherapy, immunotherapy and radiotherapy.	Included in the Non-Surgical Benefit limit
Hospital related specialist consultations and diagnostic investigations²	Covers registered specialist and diagnostic investigation costs that directly relate to your hospitalisation under the Surgical, Non-Surgical or Cancer Treatment Benefits. Specialists such as: an Oncologist, Cardiologist, Orthopaedic, Gynaecologist. Diagnostic investigations such as: X-rays, ultrasound, mammography, echocardiograms, visual field tests and breast biopsy.	Unlimited ² , up to your overall Surgical or Non-Surgical benefit, for consultations and investigations up to six months before and after you're admitted to private hospital.
Diagnostic Investigations Benefit²	Covers costs of the following diagnostic investigations even if the insured person hasn't been, or won't be hospitalised: Arthroscopy, Capsule Endoscopy, Colonoscopy, Colposcopy, CT Scan, CT Angiogram, Cystoscopy, Gastroscopy, MRI Scan, Myelogram and PET Scan.	Unlimited diagnostic investigations, up to your overall Surgical or Non-Surgical benefit limit.
Follow-up Investigations for Cancer Benefit²	Covers costs of one consultation with a registered specialist and relevant diagnostic investigations relating to cancer treatment which we've covered under this policy.	Up to \$3,000 each policy year and up to five consecutive policy years.
Ambulance Transfer Benefit²	Covers road ambulance transfers from a public or private hospital to the closest private hospital in New Zealand.	Included in the Surgical benefit or Non-Surgical benefit limits, whichever applies.

1. Any medications used (including chemotherapy) must be registered and approved by Medsafe; prescribed and administered within Medsafe guidelines; and funded by PHARMAC for the treatment you need at the time of the treatment. 2. All costs paid under these benefits come within the benefit maximum for the Surgical benefit or Non-Surgical benefit limits (whichever applies). Any drugs used must be funded by PHARMAC for the treatment you need at the time of your treatment. The PHARMAC schedule can be viewed at www.pharmac.govt.nz

Overview of features, benefits and limits of Premier Health Business™



Base Cover

We cover 100% of the costs, less any excess you've chosen, when you use a provider in the First Choice Network. This is a summary only and it's important to read the policy document to understand the details of each benefit, including any sub-limits that apply.

Benefit	A summary of what this covers	The limits (per person)
Travel and Accommodation Benefit²	Covers travel and accommodation costs for the insured person being treated in a private hospital when treatment is not available at a private hospital within 100km of where they usually live. Support person's travel and accommodation costs are also covered.	<p>For surgery or non-surgical treatment: Travel: Up to \$3,000 every policy year. Accommodation: Up to \$300 each night.</p> <p>For cancer treatment: Travel: Up to the benefit limit remaining on your Surgical or Non-Surgical benefit. Accommodation: Up to \$300 each night.</p>
Parent Accommodation Benefit²	Covers accommodation costs for a parent or legal guardian accompanying an insured child under 20 years (inclusive) for treatment in a private hospital.	Up to \$200 each night and \$3,000 per hospitalisation.
Rehabilitation costs²	Covers costs for post-treatment home care by a registered nurse, nurse practitioner or healthcare assistant, as well as physiotherapy, osteopathic, chiropractic treatment, speech and occupational therapy and dietitian consultations when recommended by a specialist following discharge from an private hospital.	<p>Physiotherapy Benefit: Up to \$750 per hospitalisation.</p> <p>Therapeutic Care Benefit: Including osteopathic, chiropractic treatment, sports physician treatment, speech and occupational therapy and dietitian consultations. Up to \$250 per hospitalisation.</p> <p>Home Care Benefit: Up to \$150 each day. Up to \$6,000 each policy year.</p>
Public Hospital Payment	If an insured person is admitted to public hospital, we pay a benefit from their third consecutive night onwards.	\$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 has declined your application for funding.	Up to \$20,000 for each overseas surgery or treatment.
Cover in Australia Benefit²	Covers the cost of surgery or treatment in Australia for most of the benefits under your policy.	Up to 75% of the Efficient Market Price (EMP) which would be payable in New Zealand for the same surgery or treatment.
Eye Injections Benefit¹	Cover the cost of PHARMAC funded intravitreal eye injections administered by a specialist, on referral from a GP or specialist.	Up to \$3,000 each policy year.

1. Any medications used (including chemotherapy) must be registered and approved by Medsafe; prescribed and administered within Medsafe guidelines; and funded by PHARMAC for the treatment you need at the time of the treatment. 2. All costs paid under these benefits come within the benefit maximum for the Surgical benefit or Non-Surgical benefit limits (whichever applies). Any drugs used must be funded by PHARMAC for the treatment you need at the time of your treatment. The PHARMAC schedule can be viewed at www.pharmac.govt.nz

Overview of features, benefits and limits of Premier Health Business™



Base Cover

We cover 100% of the costs, less any excess you've chosen, when you use a provider in the First Choice Network. This is a summary only and it's important to read the policy document to understand the details of each benefit, including any sub-limits that apply.

Benefit	A summary of what this covers	The limits (per person)
GP Surgery Benefit	Covers cost of minor surgery performed by a GP.	Up to \$750 each policy year.
Skin Lesion Surgery Benefit	Covers cost of skin lesion surgery performed by a specialist.	Up to \$6,000 each policy year.
High-Risk Pregnancy Benefit	Covers costs of treatment by an obstetrician to assess and monitor recognised risk factors with your pregnancy.	Up to \$2,000 each pregnancy.
Foot Surgery Benefit	Covers costs of surgery performed by a podiatric surgeon under local anaesthetic, including one pre and one post surgery consultation and related X-rays.	Up to \$6,000 each policy year.
ACC Top-up Benefit²	If ACC approves a claim for an injury, but their payments don't fully cover the cost of the surgery or medical treatment you're having, we'll pay the difference.	Difference between the actual cost of treatment and the ACC's payment up to your Surgical or Non-Surgical 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 waive premiums for two years, or until any surviving insured person is aged 70, whichever happens first.
Funeral Support Benefit	A payment when an insured person dies between the age 16 and 64 (inclusive).	\$3,000 in respect of that insured person.
Loyalty - Sterilisation Benefit	After two years' continuous cover, this benefit covers the cost of a male or female sterilisation as a means of contraception.	Up to \$1,000 for each procedure.
Loyalty - Suspending your Cover Benefit	After 12 months' continuous cover you can suspend the policy or cover for an insured person due to: unemployment/redundancy, overseas travel/residence or parental leave.	<p>Unemployment/redundancy: Up to 6 months.</p> <p>Overseas travel/residence: 3 months to 24 months.</p> <p>Parental leave: 3 months to 12 months.</p>
Loyalty - Check Up Benefit	Provides you with a reimbursement for an insured 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.

² All costs paid under these benefits come within the benefit maximum for the Surgical benefit or Non-Surgical benefit limits (whichever applies). Any drugs used must be funded by PHARMAC for the treatment you need at the time of your treatment. The PHARMAC schedule can be viewed at www.pharmac.govt.nz



Overview of features, benefits and limits of Premier Health Business™



The limits apply to each insured person. Covers 80% or 100% of the cost up to the below benefit maximums. Refer to the policy document for full details.

Options	Benefit	A summary of what this covers	The limits (per person)
Specialist Option	Specialist Consultations Benefit	Covers the cost of specialist or vocational GP consultations, after referral by a GP or specialist, even when consultations don't relate to hospitalisation.	No limits on each consultation. No limits on each policy year.
	Diagnostic Tests Benefit	Covers costs of diagnostic investigations, after referral by a GP or specialist, even when the diagnostic investigations don't relate to hospitalisation.	Up to \$3,000 each policy year.
	Cardiac Investigations Benefit	Covers cardiac investigation costs after referral by a GP or specialist, even when cardiac investigations don't relate to hospitalisation. For example: <ul style="list-style-type: none"> ☑ Treadmills ☑ Holter monitoring ☑ Ambulatory blood Pressure monitoring ☑ Cardiovascular ultrasound ☑ Echocardiography ☑ Myocardial perfusion scans 	Up to \$60,000 each policy year.
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 visits each policy year. Up to \$200 each minor surgical procedure.
	Prescription Benefit	Covers GP, specialist or nurse practitioner prescription charges for medicines ¹ .	Up to \$15 each item. Up to \$300 each policy year.
	Physiotherapy Benefit	Covers physiotherapy after referral by a GP or specialist.	Up to \$40 each visit. Up to \$15 each visit for ACC Top-up. Up to \$400 each policy year.
	Nurse Practitioner Benefit	Covers nurse practitioner visits.	Up to \$30 each visit. Up to six visits each policy year.
	Loyalty - Active Wellness Benefit	Provides a reimbursement of up to \$150 for an insured adult (aged 21 and over) covered by the policy after every 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 .

1. Any medications used (including chemotherapy) must be registered and approved by Medsafe; prescribed and administered within Medsafe guidelines; and funded by PHARMAC for the treatment you need at the time of the treatment. 2. This benefit is available when the claims within the preceding 24 months under the GP Option are less than \$150. **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

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Options	Benefit	A summary of what this covers	The limits (per person)
Non-PHARMAC Plus Option	Non-PHARMAC Plus Benefit	Cover for the cost of non-PHARMAC funded drugs that are Medsafe approved, not just cancer, used both in a private hospital or at home ³ and meet Medsafe guidelines for use.	Choice of benefit limit of \$20,000, \$50,000, \$100,000, \$200,000 or \$300,000.
Dental, Optical, and Therapeutic Option²	Dental Benefit	Covers dental treatment by a dental practitioner, including examination, cleaning and scaling, fillings, associated X-rays and removal of teeth.	Up to \$500 each policy year.
	Eye Care Benefit	Covers optometrist, orthoptist, and optician examination fees as well as the cost of prescription eyewear needed due to a change in vision.	Up to \$55 each visit. Up to \$275 each policy year, plus up to \$330 each policy year for eyewear.
	Ear Care Benefit	Covers audiometric tests and audiology treatment after referral by a specialist.	Up to \$250 each policy year for audiology treatments. Up to \$250 each policy year for audiometric tests.
	Acupuncture Benefit	Covers acupuncture treatment after referral by a GP or specialist.	Up to \$40 each visit. Up to \$15 each visit for ACC top-up. Up to \$250 each policy year.
	Chiropractor Benefit	Covers chiropractic treatment costs and related X-rays, after referral by a GP or 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.
	Osteopath Benefit	Covers osteopathy treatment costs and related X-rays, after referral by a GP or 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.
	Foot Care Benefit	Covers podiatry treatment costs after referral by a GP or specialist.	Up to \$40 each visit. Up to \$250 each policy year.
	Speech, Occupation, and Eye Therapy Benefit	Covers speech, occupational and eye therapy after referral by a GP or specialist.	Up to \$40 each visit. Up to a total combined limit of \$300 each policy year for all these treatments.
	Loyalty - Orthodontic Benefit	After 24 months of continuous cover under the Dental, Optical, and Therapeutic Option, the Dental Care Benefit will be extended to include orthodontic treatment where the treatment is recommended by a GP or a specialist.	Up to the limit remaining this policy year on the Dental Benefit.

³ Non- PHARMAC treatment at home 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. **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

Overview of features, benefits and limits of Premier Health Business™



The limits apply to each insured person. Covers 80% or 100% of the cost up to the below benefit maximums. Refer to the policy document for full details.

Options	Benefit	A summary of what this covers	The limits (per person)
Proactive Health Option	Screening Benefit	Covers cost of the following screening tests: bone, bowel, breast, cervical, heart, prostate, eye tests, visual field tests, hearing tests and mole mapping.	Up to \$750 each policy year.
	Allergy Testing and Vaccination Benefit	Covers the cost of the allergy testing and vaccination.	Up to \$100 each policy year.
	Dietitians and Nutritionist Consultation Benefit	Covers the cost of dietitians or nutritionist consultations.	Up to \$300 each policy year.
	Stay Active Benefit	Covers the cost of gym memberships, weight loss programmes and quit smoking programmes.	Up to \$100 each policy year.
	Loyalty - Health Check Benefit	Covers the cost of a medical check by a GP or nurse practitioner after 24 months' continuous cover under this Option.	Up to \$150 every 24 months.
Serious Condition Lump Sum Option*	Serious Condition Benefit	<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 their join date on this Option) from any one of the specified trauma conditions listed below:</p> <ul style="list-style-type: none"> Heart and circulation <ul style="list-style-type: none"> ☑ Aortic surgery⁵ ☑ Coronary artery bypass grafting surgery⁵ ☑ Major heart attack (Myocardial infarction)⁵ ☑ Heart valve surgery⁵ Organs <ul style="list-style-type: none"> ☑ Chronic liver failure ☑ Chronic lung failure ☑ Chronic renal failure ☑ Major organ transplant⁵ ☑ Pneumonectomy Functional loss/ neurological <ul style="list-style-type: none"> ☑ Benign tumour of the brain and spinal cord⁵ ☑ Paralysis <ul style="list-style-type: none"> > Hemiplegia > Diplegia > Quadriplegia > Tetraplegia > Paraplegia ☑ Stroke⁵ Cancer <ul style="list-style-type: none"> ☑ Cancer - life threatening⁵ <p>This Option is available to members aged 16 to 70. A different level of sum insured can be selected for each person to be covered. You have a choice of sum insured - \$20,000 or \$50,000.</p> <p>The complete definitions, including what medical or diagnostic criteria determines when one of the above has been suffered, is detailed in the policy document. This Option on an insured person ends once a payment has been made or if the insured person dies. Cover ends at age 70.</p>	

*Serious Condition Lump Sum Option is always underwritten 5. If any of these trauma conditions occur within 90 days of the start date, or the date the cover is reinstated, no amount is payable. **Note:** All 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

More about Premier Health Business™



Public hospital allowance

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

Travel costs

If you need to travel more than 100km from your home for surgery, medical or cancer treatment, we'll contribute to air, car, rail or bus travel costs for you plus a support person.

Accommodation for your support person

We'll contribute to your support person's accommodation if they travel with you for surgery, medical or cancer treatment more than 100km from your home.

Premium waiver

If the policy owner dies before age 70 from any cause, we will waive the full premiums for all the remaining people on that policy for two years or until any of those people turn 70, whichever occurs first.

Suspension of cover for unemployment

You can put your cover on hold for up to six months if you should become unemployed or made redundant, after 12 months' continuous cover.

Suspension of cover for travel

You can put your cover on hold for between three months and up to 24 months if you're travelling or residing overseas, after 12 months' continuous cover.

Case manager for cancer claims

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

When does my cover start?

To find out when your cover starts, please refer to your Acceptance Certificate or see your employer.

When does my cover finish?

Cover will finish if:

- You leave paid employment with this employer (we may be able to offer you the option to continue your cover); or
- You do not have a valid work permit; or
- Your employer cancels this policy (we may be able to offer you the option to continue your cover).

Glossary of important terms



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.

Claim

A request for the payment of benefits covered under your policy.

Diagnostic investigation

An investigative procedure to identify or determine the presence or cause of a sign, symptom, or condition.

Excess

The amount of money you will need to contribute each policy year towards the cost of investigations or treatment claimed by each insured person under your policy.

Hospitalisation / hospitalised

Admission in New Zealand to a private hospital to undergo a surgical procedure or for receiving non-surgical treatment or cancer treatment.

Medical treatment (non-surgical)

When a person undergoes a form of medical 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 (pharmac.govt.nz).

Pre-approval for a claim

Our advanced confirmation that an insured person is eligible to claim.

Premium

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

Private hospital

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

Public health service or hospital

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

Surgical

An operation performed under anaesthetic by a recognised provider, which requires a surgical incision to remove or repair damaged or diseased tissue. This doesn't include injections.

Underwritten / underwriting

When your medical information provided to us in the application form is assessed by an underwriter. They determine the terms on which nib will offer insurance to you.

On some occasions, an exclusion or an additional premium may be applied due to a pre-existing condition.

Note: This brochure is not a policy document. It is an outline of the main features and benefits of the nib Premier Health Business™ 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

Need help?

Go to health.nib.co.nz/business

Email us at grouphealth@nib.co.nz

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