

Ultimate Health™ & Ultimate Health Max™



nib
it's worth it



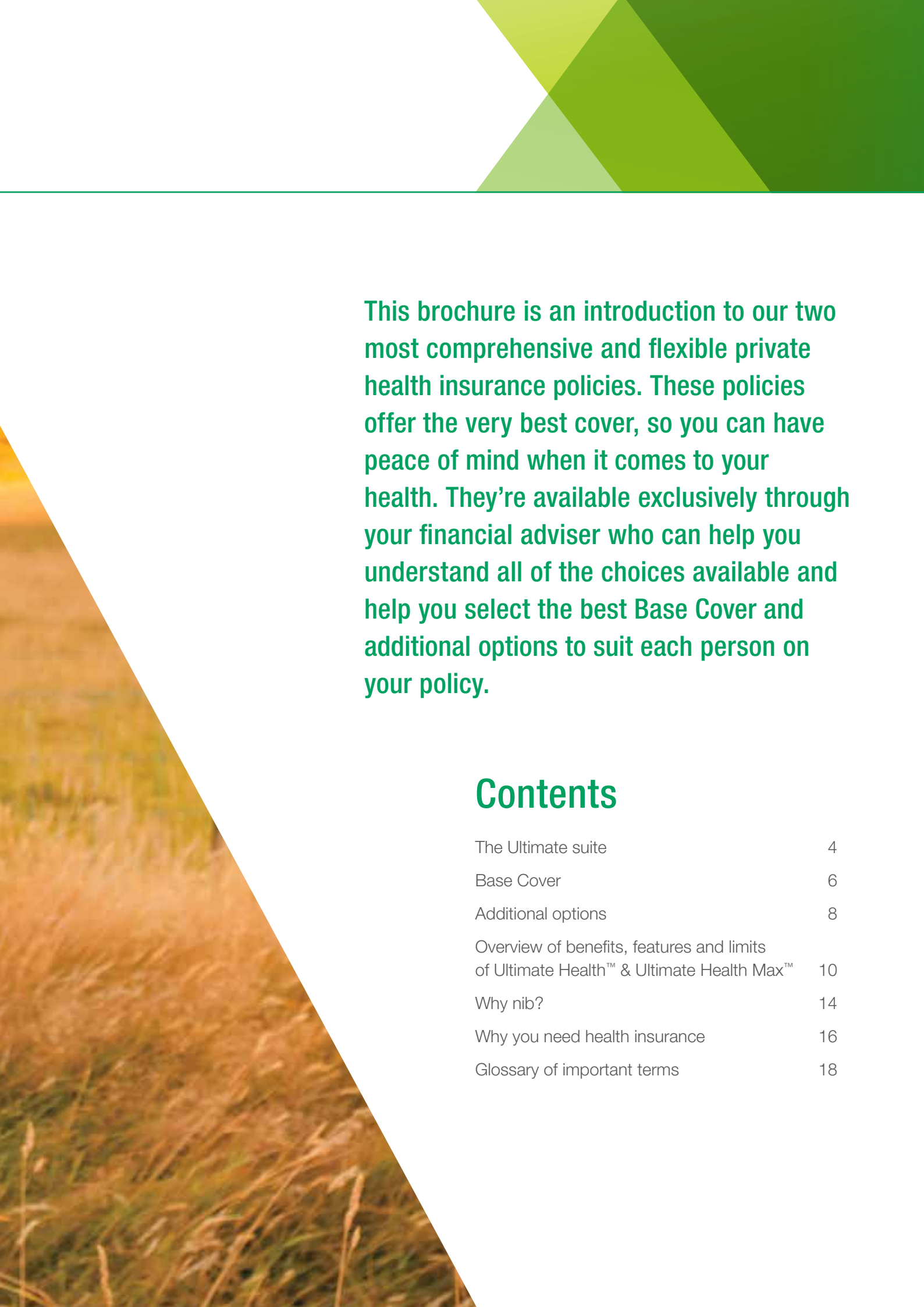
Need help?

Speak to your financial adviser or
call us on **0800 123 642**

Mon to Fri **8.00am – 5.30pm**

Go to **nib.co.nz**

Email us at **needadvice@nib.co.nz**



This brochure is an introduction to our two most comprehensive and flexible private health insurance policies. These policies offer the very best cover, so you can have peace of mind when it comes to your health. They're available exclusively through your financial adviser who can help you understand all of the choices available and help you select the best Base Cover and additional options to suit each person on your policy.

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The Ultimate suite

Ultimate Health™ and Ultimate Health Max™

Our most comprehensive health insurance policies

Ultimate Health and Ultimate Health Max offer complete choice and flexibility, so you can tailor your policy to perfectly suit your needs.

Add your family

When it comes to your family's healthcare needs, Ultimate Health and Ultimate Health Max provide total peace-of-mind. You can add your family members to your policy – including children, parents, grandchildren and grandparents – so all can enjoy the full flexibility and comprehensive cover these policies offer. Plus we give you a 2.5% discount off the overall premium if you have more than one person on your policy.

Choose your cover

At the heart of both Ultimate Health and Ultimate Health Max is a Base Cover, which provides high-level cover for many of the big expenses, such as surgical, medical (non-surgical) and cancer treatment in a private hospital.

Each person on your policy can tailor their own cover by selecting either the Ultimate Health or Ultimate Health Max Base Cover, depending on the level of cover they prefer.

The flexibility doesn't end there! Each person can also choose their own Base Cover excess amount and pick from a range of additional options. So no matter how many people you have on your policy, everyone gets the cover they need.

Get peace of mind

Both policies are underwritten at the time you apply, which means you disclose your medical history upfront, giving you more certainty about what you can claim for.

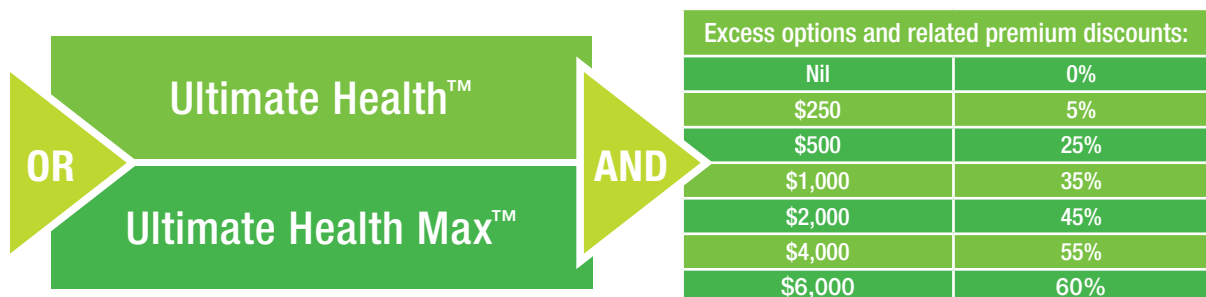
Procedures covered

- ✓ Extraction of wisdom teeth (12 month waiting period)
- ✓ Sinus and nasal surgeries
- ✓ Ankle surgeries
- ✓ Skin lesion surgeries
- ✓ Tonsils, adenoids and grommets
- ✓ Cancer surgeries and treatment (chemotherapy, radiotherapy and brachytherapy)
- ✓ Breast surgeries
- ✓ Gynaecological surgeries
- ✓ Urology surgeries
- ✓ Gall bladder, liver, spleen and kidney surgeries
- ✓ Shoulder surgeries
- ✓ Digestive tract surgeries
- ✓ Varicose vein surgeries
- ✓ Heart surgeries
- ✓ Hip and knee surgeries
- ✓ Eye surgeries e.g. cataracts
- ✓ Brain surgeries
- ✓ Back and neck surgeries
- ✓ Hand, foot and toe surgeries
- ✓ Non-surgical hospitalisation e.g. intravenous antibiotics



First Choose your **Base Cover and excess**

Each person on the policy can choose either the **Ultimate Health™** or **Ultimate Health Max™** Base Cover. To help manage premiums, each person can also choose their own excess amount from a range of options between nil and \$6,000 for a premium discount of up to 60%.



Then Choose your **additional options**

For an additional premium, each person on the policy can add different additional options to tailor the policy to their needs.



Base Cover



Ultimate Health™ Base Cover

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
- ✓ Going through cancer treatment can be difficult - we want to support you during this time, allowing you to concentrate on your recovery
 - We allocate a dedicated case manager to assess your claims
 - Cover for follow-up investigations for up to five years after cancer treatment
- ✓ Cover for specialist consultations and diagnostic tests within six months of admission to a private hospital
- ✓ Cover for specific major diagnostic tests even when it's not related to private surgical or non-surgical treatment
- ✓ Unlimited cover for physiotherapy treatment for up to six months after admission to a private hospital
- ✓ Cover to seek a second opinion with a registered specialist within six months of admission to a private hospital
- ✓ Cover for GP minor surgeries such as mole removal
- ✓ Cover for malignant skin lesion surgery performed by a registered specialist
- ✓ Cover for travel and accommodation costs when private surgical or non-surgical treatment is not available within 100kms of your home
- ✓ Cover for specific diagnostic investigations and treatment costs incurred in Australia
- ✓ Cover for surgery or treatment overseas if it's not available in New Zealand and funding has been declined by the Ministry of Health
- ✓ Cover towards the cost of obstetrics care when recommended by your doctor
- ✓ Cover for your baby's pre-existing conditions (other than congenital conditions) if you add them to your existing policy within four months of birth
- ✓ Cover for parent accommodation if your child (under 21) is hospitalised, whether or not your doctor recommends the support
- ✓ A wellness benefit – \$100 for each adult towards the cost of a health check-up, after every three years of continuous cover
- ✓ You can suspend your cover after 1 year of continuous cover in the event of redundancy, unemployment, parental leave, or if you decide to travel outside of New Zealand
- ✓ We waive the premiums for everyone covered on your policy for two years if the policyowner dies before the age of 65



Ultimate Health Max™ Base Cover

Key features

Everything covered in Ultimate Health™ Base Cover plus the addition of the following:

- ✓ Your policy wording is guaranteed, which means you know exactly what you are covered for when it is time to claim
- ✓ Any favourable future changes will automatically be applied, such as the addition of new benefits and an increase in benefit limits
- ✓ Cover for non-PHARMAC funded drugs which are Medsafe approved but not subsidised by the government, for use in hospital or at home for up to six months after admission to a private hospital
- ✓ Additional support when undergoing or recovering from cancer treatment and cardiac surgery
 - Cover towards the cost of a scarf, hat, wig or mastectomy bras during or within six months of cancer treatment
 - Counselling and support services for up to six months after cancer treatment or cardiac surgery
- ✓ Cover for hospice care when admitted to a hospice for three or more consecutive nights
- ✓ A one-off payment towards the cost of unilateral breast reduction surgery to achieve breast symmetry post-mastectomy, after 1 year of continuous cover
- ✓ We also waive the premiums for everyone covered on your policy for up to six months if the policyowner is diagnosed with a terminal illness before the age of 65



Additional options



Specialist Option

Covers you for specialist consultations and diagnostic procedures that don't result in hospitalisation*.

You won't pay an excess for this option.

Key features

- ✓ Registered specialist consultations: unlimited number of visits, including visits to seek a second opinion
- ✓ General diagnostics: up to \$3,000 each policy year for costs such as X-rays, arteriograms, ultrasounds, scintigraphy, mammography or visual field tests
- ✓ Cardiac investigations: up to \$60,000 each policy year for costs such as cardiovascular ultrasounds, echocardiography and treadmills
- ✓ Specialist sports physician treatment: up to \$500 each policy year

* Covers 100% of the cost up to the above benefit limits.



Dental & Optical Option

Ideal if you have regular trips to the dentist, chiropractor, podiatrist or osteopath, or you need glasses or contacts*.

You won't pay an 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 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
- ✓ Spinal care, joint care, foot care and acupuncture: up to \$40 each visit, up to 250 each policy year
- ✓ Speech, occupational and eye therapy: up to \$40 each visit, up to \$300 each policy year

* Covers 80% of the cost up to the above benefit limits. A waiting period of six months applies.



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 an excess for this option.

Key features

- ✓ GP visits: up to \$55 for each visit or up to \$80 for each home visit, up to 12 GP visits each policy year and up to \$200 for each minor surgical procedure
- ✓ Nurse visits: up to \$30 each visit, up to six visits each policy year
- ✓ 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 adult towards the cost of fitness equipment or a gym membership, after every two years of continuous cover on this option (provided your total claims under the GP option are less than \$150)

* Covers 100% of the cost up to the above benefit limits. A waiting period of 90 days applies.





Serious Condition Financial Support Option

A one-off lump sum payment is made to help reduce the strain of dealing with specific trauma conditions.* You can use this lump sum on 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 an excess for this option.

Key features

- ✓ Choice of cover – \$20,000 or \$50,000
- ✓ Covers 39 trauma conditions* including strokes, life-threatening cancers and major heart attacks
- ✓ Free cover for your children under this option
- ✓ Additional payment for paralysis equal to your sum insured amount

* Some of the trauma conditions covered have a waiting period of 90 days. If any of these conditions (including signs and symptoms) occur within the first 90 days on this option, or subsequently reoccur, this option will not be payable.



Proactive Health Option

Encourages you to look after your health, whether you want to check any hereditary medical concerns or just want to stay fit and healthy. The premium for this option is one set price regardless of your age, gender or smoking status. Plus you'll get up to a maximum of \$1,400 worth of cover a year.*

After six months of cover your pre-existing conditions will be covered.

You won't pay an excess for this option.

Key features

- ✓ Health screening: up to \$750 each policy year for costs such as breast screening, prostate screening, heart screening and mole mapping
- ✓ Allergy testing and vaccinations: up to \$100 each policy year
- ✓ Dietitian or nutritionist consultations: up to \$300 each policy year
- ✓ Gym memberships, weight loss management programmes and quit smoking programmes: up to \$100 each policy year
- ✓ Routine health check: up to \$150 towards the cost of a medical examination by a GP, after two years of continuous cover on this option

*Covers 80% of the cost up to the above benefit limits. A waiting period of six months applies.



Overview of features, benefits and limits of Ultimate Health™ and Ultimate Health Max™

Feature	Description	Ultimate Health™	Ultimate Health Max™
Guaranteed benefits and future upgrades	Policy wording is guaranteed, which means you know exactly what you are covered for when it is time to claim. Future policy upgrades such as new benefits and an increase in benefit limits are automatically applied.	Not guaranteed	✓

Base Cover		Benefit limits apply to each insured person every policy year unless otherwise specified. If an excess has been included this will be deducted where applicable.	
Benefit	What is covered	Ultimate Health™	Ultimate Health Max™
Hospital surgical benefit	Up to \$300,000 for private hospital surgical costs	✓	✓
Hospital medical benefit	Up to \$200,000 for private hospital medical costs	✓	✓
Cancer treatment in hospital benefit¹	Cover for surgical and medical cancer treatment	✓	✓
Non-PHARMAC funded drugs in hospital benefit¹	Cover for non-PHARMAC funded drugs for surgical and medical treatment in hospital	No cover	✓
Non-PHARMAC funded drugs at home benefit¹	Cover for non-PHARMAC funded drugs for use at home up to 6 months after hospitalisation	No cover	✓
Cancer treatment accessories support benefit¹	Cover towards the cost of a wig, hat, scarf or mastectomy bras during or within 6 months after cancer surgery or treatment	No cover	✓
Cancer treatment counselling and support services benefit¹	Cover for counselling and support services within 6 months after cancer surgery or treatment	No cover	✓
Cardiac counselling and support services benefit¹	Cover for counselling and support services within 6 months after heart surgery	No cover	✓
Follow-up investigations for cancer benefit¹	Up to \$3,000 for follow-up investigations for up to 5 years after cancer treatment	✓	✓
Major diagnostics benefit¹	Cover for major diagnostic investigations whether hospitalised or not e.g. CT scans, MRI scans, PET scans, Colonoscopies and Gastrosopies	✓	✓
Hospital diagnostics benefit¹	Cover for diagnostic investigations up to 6 months before and after hospitalisation	✓	✓
Hospital specialist consultations benefit¹	Cover for specialist consultations up to 6 months before and after hospitalisation	✓	✓
Hospital specialist second opinion benefit¹	Cover for specialist consultations for a second opinion up to 6 months before and after hospitalisation	✓	✓
Travel and accommodation benefit¹	Travel costs for you and a support person, and accommodation costs for a support person when you need to travel further than 100km from where you live for treatment. Up to \$5,000 each policy year for surgery and medical treatment, and up to \$5,000 each policy year for cancer treatment.	✓	✓
Parent accommodation benefit¹	Up to \$3,000 for a parent's accommodation if a child is hospitalised - a GP or specialist recommendation is not required	✓	✓
Ambulance transfer benefit¹	Cover for the cost of road ambulance transfer from a public hospital or private hospital to the closest private hospital	✓	✓
Home nursing care benefit¹	Up to \$6,000 for home nursing for up to six months after hospitalisation	✓	✓
Physiotherapy benefit¹	Cover for physiotherapy up to 6 months after hospitalisation	✓	✓
Therapeutic care benefit¹	Up to \$1000 for osteopathic, chiropractic and sports physician treatment, speech and occupational therapy and dietitian consultations up to six months after hospitalisation	✓	✓
Delayed care benefit¹	Cover available overseas if an insured person has to wait for treatment in New Zealand for 6 months or longer due to insufficient medical resources	✓	✓
Cover in Australia benefit¹	Up to 75% of UCR charges for specific diagnostic investigations and treatment costs incurred in Australia	✓	✓
Overseas treatment benefit	Up to \$30,000 for each overseas treatment that is not available in New Zealand and where funding has been declined by the Ministry of Health	✓	✓
Obstetrics benefit	Up to \$2,000 for treatment by an obstetrician for each pregnancy when recommended by your doctor	✓	✓
Pre-existing cover for newborns benefit¹	Cover for pre-existing conditions (other than congenital) for dependent children when added within 4 months of birth	✓	✓
Public hospital cash benefit	Up to \$3,000 cash payment when admitted to a public hospital for 3 or more consecutive nights	✓	✓

Base Cover

Benefit limits apply to each insured person every policy year unless otherwise specified.
If an excess has been included this will be deducted where applicable.

Benefit	What is covered	Ultimate Health™	Ultimate Health Max™
Hospice care benefit	Up to \$3,000 when admitted to a hospice for 3 or more consecutive nights	No cover	✓
Intravitreal eye injections benefit	Up to \$3,000 for intravitreal eye injections	✓	✓
Specialist skin lesion surgery benefit	Cover for specialist skin lesion surgery up to the specified benefit limit	Up to \$6,000	Up to \$300,000 ¹
GP minor surgery benefit	Cover for GP minor surgery up to the specified benefit limit	Up to \$750	Up to \$1,000
ACC top-up benefit ¹	Covers the difference in costs between what is payable by ACC and the costs incurred	✓	✓
ACC treatment injury benefit ¹	Cover for reparative treatment for any injury that occurs during treatment	✓	✓
Medical misadventure benefit	\$30,000 lump sum payment in case of death due to medical misadventure	✓	✓
Funeral support benefit	\$3,000 lump sum payment if an insured person dies between the age of 16 and 64	✓	✓
Premium waiver benefit	Up to 2 years of premium waiver if the policyowner dies before age 65	✓	✓
Premium waiver extension benefit	Up to 6 months premium waiver if the policyowner is diagnosed with a terminal illness before age 65	No cover	✓
Loyalty benefit – suspension of cover	Cover can be suspended for up to six months for unemployment or redundancy, or for up to 12 months for parental leave, or for up to 24 months for extended travel outside of New Zealand, after 1 year of continuous cover	✓	✓
Loyalty benefit – sterilisation	Cover up to the specified limit for a sterilisation procedure, after 2 years of continuous cover	Up to \$1,000	Up to \$300,000 ³
Loyalty benefit – post mastectomy grant to achieve breast symmetry	A \$4,000 one-off payment towards the cost of unilateral breast reduction surgery to achieve breast symmetry after a mastectomy	No cover	✓
Loyalty benefit – wellness	Up to \$100 for a medical examination by a GP every 3 years for each adult, after 3 years of continuous cover	✓	✓

¹ Any related costs paid under this benefit are included within the benefit maximum for the Hospital Surgical Benefit or Hospital Medical Benefit (whichever applies).

Note: this overview is not a policy document. It is an outline of the benefits of nib Ultimate Health Cover and Ultimate Health Max Cover. A full explanation of the benefits, exclusions and general terms are contained in the policy documents. Copies of the policy documents are available at nib.co.nz.

Additional options

Benefit limits apply to each insured person every policy year unless otherwise specified.
The Base Cover excess does not apply to these options.

Benefit	What is covered	Ultimate Health™	Ultimate Health Max™
Specialist Option	Specialist consultations benefit	✓	✓
	Specialist second opinion benefit		
	Specialist sport physician benefit		
	General diagnostics benefit		
	Cardiac investigations benefit		
	Pre-existing cover for newborns benefit		
Proactive Health Option ²	Health screening benefit	✓	✓
	Allergy testing and vaccinations benefit		
	Dietitian or nutritionist consultation benefit		
	Stay active benefit		
	Health check benefit		

Overview of benefits - continued

Additional options

Benefit limits apply to each insured person every policy year unless otherwise specified.
The Base Cover excess does not apply to these options.

Benefit	What is covered	Ultimate Health™	Ultimate Health Max™
GP Option	General practitioner benefit	✓	✓
	Up to 12 GP consultations Up to \$55 for each consultation, including after hours consultations Up to \$80 for each home consultation Up to \$25 for each ACC top-up consultation Up to \$200 for each GP minor surgery		
	Prescriptions benefit		
	Up to \$300 for pharmaceutical prescriptions		
	Physiotherapy benefit		
	Up to \$400 for physiotherapy		
Dental and Optical Option ²	Nurse practitioner benefit	✓	✓
	Up to 6 nurse practitioner visits, up to \$30 for each visit		
	Pre-existing cover for newborns benefit		
	Cover for pre-existing conditions (other than congenital) for dependent children if added within 4 months of birth		
	Active wellness benefit		
	Up to \$150 ⁴ towards the cost of sports clubs, gym memberships or fitness equipment purchased, after every two years of continuous cover		
	Dental care benefit		
	Up to \$500 for dental examinations, cleaning, scaling, fillings, associated X-rays, removal of teeth and crowns		
	Eye care benefit		
	Up to \$275 for consultations / examinations and up to \$330 for prescriptions glasses or contact lenses		
Serious Condition Financial Support Option	Ear care benefit	✓	✓
	Up to \$250 for audiometric tests and up to \$250 for audiology treatment		
	Acupuncture benefit		
	Up to \$250 for acupuncture treatment		
	Spinal care benefit		
	Up to \$250 for chiropractic treatment and up to \$80 for related X-rays		
	Joint care benefit		
	Up to \$250 for osteopathy treatment and up to \$80 for related X-rays		
	Foot care benefit		
	Up to \$250 for podiatry treatment		
	Speech, occupation and eye therapy benefit	✓	✓
	Up to \$300 for speech therapy, occupational therapy and eye therapy		
	Pre-existing cover for newborns benefit		
	Cover for pre-existing conditions (other than congenital) for dependent children when added within 4 months of birth		
	Orthodontic treatment benefit		
	Cover options	✓	✓
	Choice of cover: \$20,000 or \$50,000		
	Serious conditions covered		
	One-off lump sum payment for the following 39 serious conditions – please refer to the policy document for conditions and definitions:		
	<div> Heart and circulation <ul style="list-style-type: none"> ✓ Aortic surgery³ ✓ Cardiac arrest – out of hospital³ ✓ Cardiomyopathy³ ✓ Coronary artery angioplasty (3 vessels or more)³ ✓ Coronary artery bypass grafting surgery³ ✓ Heart valve surgery³ ✓ Major heart attack (myocardial infarction)³ ✓ Primary pulmonary hypertension³ </div> <div> Organs <ul style="list-style-type: none"> ✓ Chronic liver failure ✓ Chronic lung failure ✓ Chronic renal failure ✓ Major organ transplant³ ✓ Pneumectomy </div> <div> Functional loss / neurological <ul style="list-style-type: none"> ✓ Advanced dementia (including Alzheimer's disease) ✓ Benign tumour of the brain and spinal cord³ ✓ Coma </div> <div> <ul style="list-style-type: none"> ✓ Encephalitis ✓ Loss of independent existence ✓ Major head trauma ✓ Motor neurone disease ✓ Muscular dystrophy ✓ Multiple sclerosis ✓ Paralysis: hemiplegia, diplegia, paraplegia, quadriplegia, tetraplegia ✓ Stroke³ ✓ Parkinson's disease </div> <div> Loss of use <ul style="list-style-type: none"> ✓ Deafness ✓ Loss of limbs and / or sight ✓ Total and permanent blindness ✓ Loss of speech Blood disorder <ul style="list-style-type: none"> ✓ Aplastic anaemia Cancer <ul style="list-style-type: none"> ✓ Cancer – life threatening³ Other conditions <ul style="list-style-type: none"> ✓ Intensive care ✓ Severe burns ✓ Medically acquired HIV ✓ Occupationally acquired HIV </div>		
	Paralysis assistance benefit	✓	✓
	An additional lump sum payment for paralysis (as defined), equal to the amount of the sum insured		
	Children's benefit		
	Up to 50% of the sum insured paid if an insured person's child (between the age of 2 to 20, whether or not they are on the policy) suffers a serious condition		

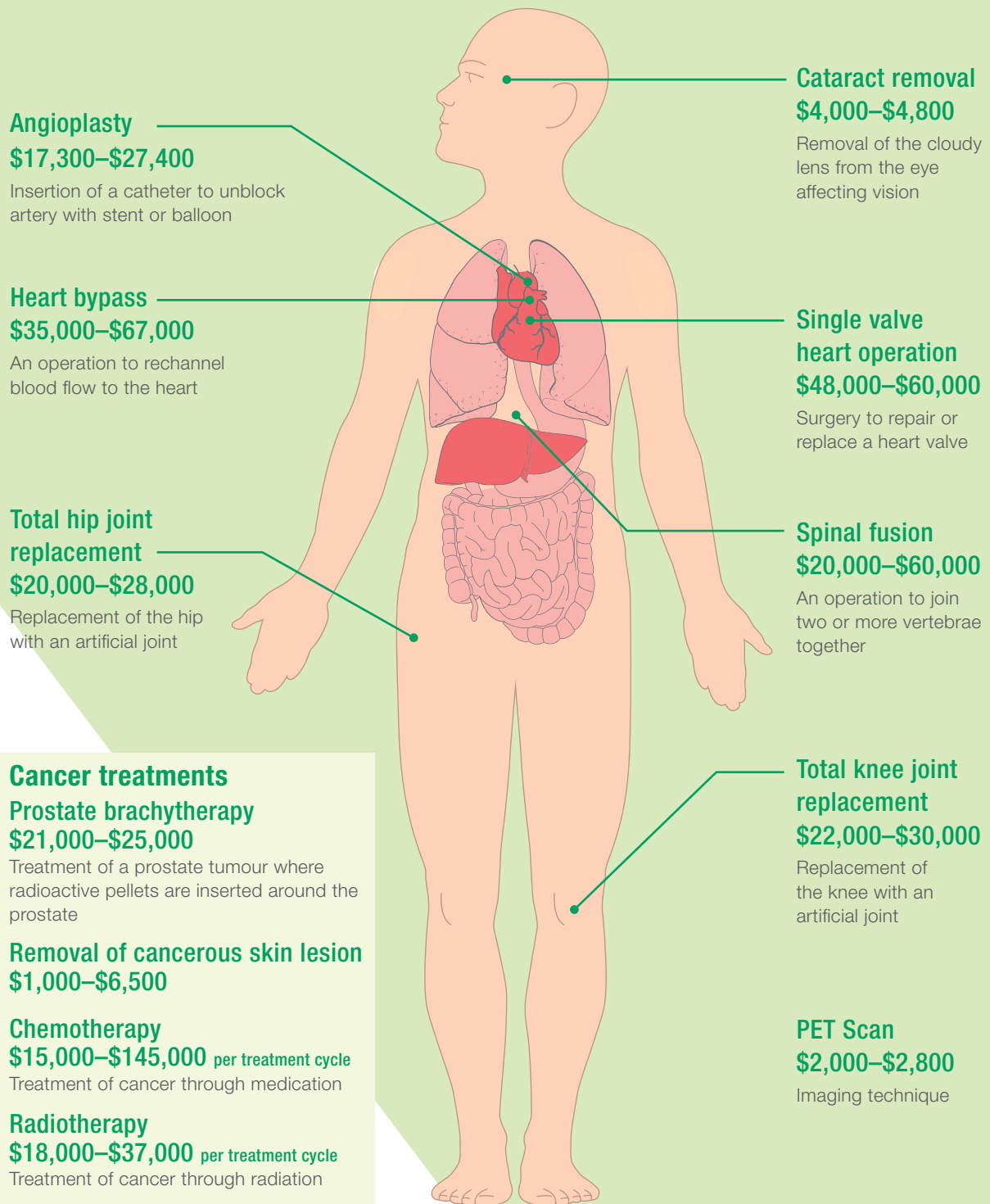
² Covers 80% of the costs up to the benefit limits.

³ If any of these conditions occur within 90 days of the commencement date, effective date or join date of this option (whichever is applicable), or the date cover is reinstated, no amount is payable.

⁴ Provided your total claims under the GP Option are less than \$150.

Note: This overview is not a policy document. It is an outline of the main features and benefits of nib Ultimate Health Cover and Ultimate Health Max Cover. A full explanation of the benefits, exclusions and general terms are contained in the policy documents. Copies of the policy documents are available at nib.co.nz

The true cost of health claims



This is an illustration of some of the treatments and costs that you may experience.
Please refer to the policy document for details of the procedures and amounts covered by Ultimate Health and Ultimate Health Max. nib claims statistics – July 2015

Why nib?

nib provides value for money and affordable health cover to more than one million people across the Tasman. Established over 60 years ago, nib is a truly trans-Tasman business that offers innovative products and services, and greater value for our customers.

With thousands of New Zealand customers, we know a thing or two about the cover Kiwis and their families need, so we've designed a range of health insurance policies to suit you and your wallet. 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 Kiwis who we help stay healthy every day.

Claiming is easy

We aim to make the claims process as hassle-free as possible.

Online claims submitted through **my nib** are generally assessed within two working days. Simply register for **my nib** at nib.co.nz/mynib or download our mobile app. You can claim for costs not related to surgery like GP, dental, optical and specialist consultations.

All other claims are generally processed within five working days. We can also provide pre-approval over the phone for some treatments or txt you with confirmation.



Immediate cover

Your cover starts immediately after we receive your application (subject to applicable waiting periods), or you can choose to start on any date up to six weeks later.

14-day free-look period

To give you time to consider your policy and make sure it meets your needs, we provide a 14-day free-look period. During this time if you decide the policy isn't right for you, you can cancel it and we'll refund any premiums paid, providing no claims have been made.

We're here to help

We have a network of independent financial advisers who can help you find the right balance between how much cover you want and how much you can afford. And as your circumstances and needs change, they can help you tailor your policy to suit your needs.

Excess and payment options

To help you keep premiums in check without sacrificing essential benefits, each person on the policy can choose between a range of annual excess options that discount the total premium by up to 60%. For example, if you have a \$500 excess you'll get a 25% discount on your premium, and if we accept a claim for \$2,500, we'll pay \$2,000 of the total cost. Your excess level can be changed on your annual policy anniversary (medical underwriting may apply).

With Ultimate Health™ or Ultimate Health Max™, if you choose an excess, this amount applies per policy year. Once the excess amount has been reached, we will pay any further eligible claims within that policy year.

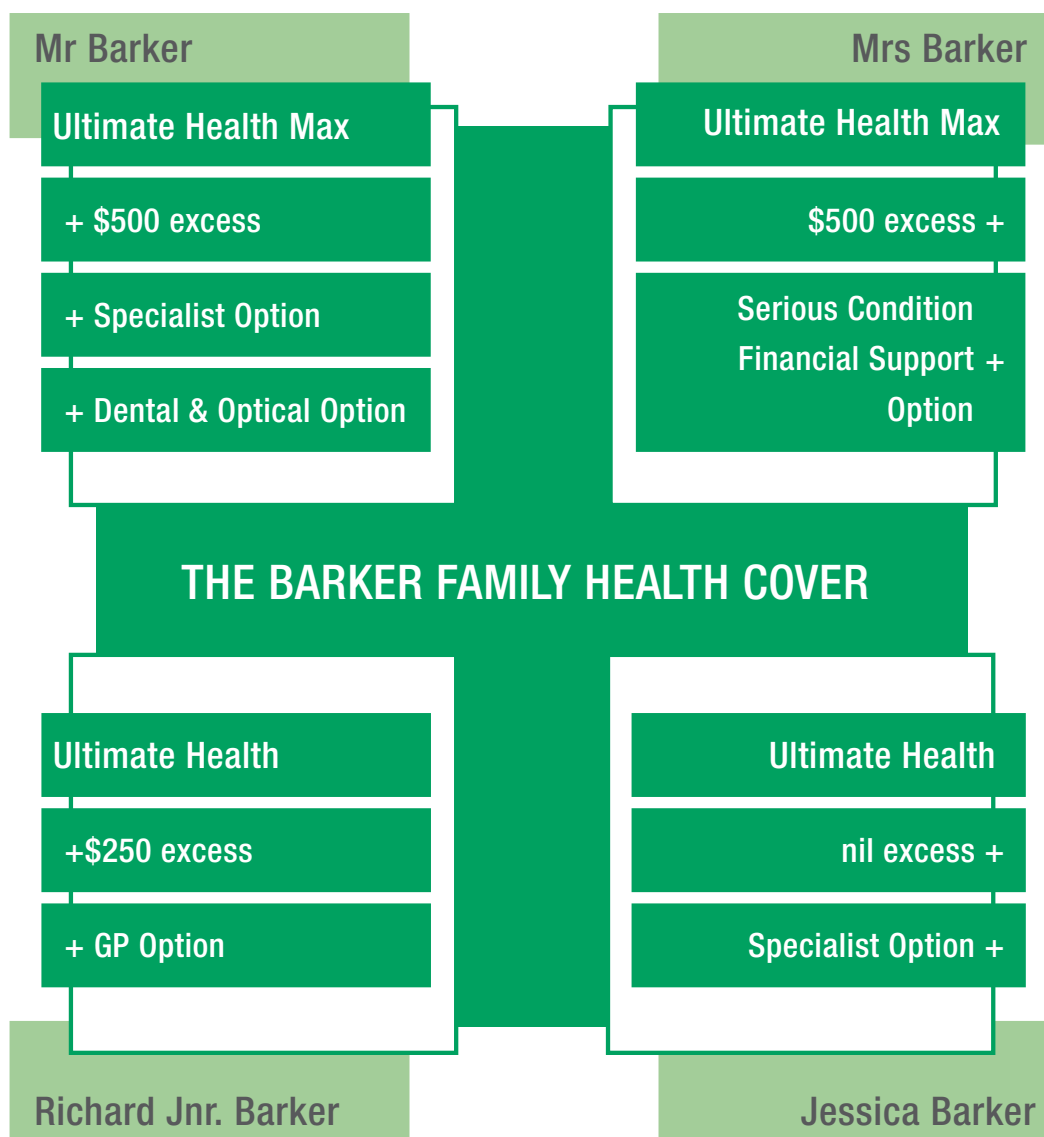
For your convenience, we also offer a range of payment options including direct debit, as well as various payment frequencies including weekly, fortnightly and monthly.

Tailor your cover

We understand you are unique and require cover for your individual needs. You can tailor the cover for each person on your policy. Simply choose a Base Cover, select an excess and add the preferred options. This means you only pay for what you need, and know exactly what you are covered for when it is time to claim.

The example below demonstrates how each person on your policy can have a different Base Cover, level of excess, and additional options - all on one policy.

An example of cover tailored to a family's specific needs:



Why you need health insurance

Your health is a must

People often say there's nothing more important than your health, and they're right. That's why health insurance is key. Without your health, you haven't much else, so choosing health insurance is a smart idea, because it helps you deal with health problems better should they arise.

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.



A few things to keep in mind

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 several months to be treated.

Waiting may mean:

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

An average of 431 people per month have been waiting longer than four months for their first specialist assessment through the public health system.*

* Ministry of Health. (2015). National Comparison of ESPI 2 results for 12 months to April 2015 (figure for January 2015 - April 2015). www.health.govt.nz

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 if you need treatment for illness or ageing.

One of the benefits of our Ultimate Health and Ultimate Health Max policies is a top up for your surgical or non-surgical ACC claims.

Poor health can affect your financial situation

If the unexpected happened, most people would want to cover their major costs such as the mortgage, credit card debt, education, childcare and day-to-day expenses like food and electricity. Health insurance can help take care of expensive medical treatment without having to sacrifice other important needs.

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

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



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 we use, but you are welcome to speak to us, or your financial adviser, if you need help with any of the words used in this brochure.

Benefit limit

The maximum amount nib will pay for each benefit, for each insured person every policy year.

Claim

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

Diagnostic investigation

An investigative medical procedure undertaken to determine the presence or causes of a sign, symptom or medical 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 recognised private hospital to undergo a surgical procedure or for receiving medical treatment, chemotherapy or radiotherapy treatment.

Medical (non-surgical) treatment

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

Medsafe

New Zealand Medicines and Medical Devices Safety Authority, a Business unit of the Ministry of Health with responsibility for administering the Medicines Act 1981 and the Medicines Regulations 1984 (or its successor under any subsequent legislation).

PHARMAC

The Pharmaceutical Management Agency is a Crown entity. PHARMAC's objective, as outlined in the New Zealand Public Health and Disability Act 2000, 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

Advanced confirmation of the eligibility of a claim 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.

Recognised private hospital

A private hospital, day surgery unit, or private wing in a public hospital, within New Zealand that is recognised by nib.

Surgical / surgery

An operation performed under anaesthetic (e.g. general surgery, oral surgery or cardiac surgery).

Underwritten / underwriting

When your medical information provided to us in the application form is assessed by an underwriter. The underwriter determines 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.

This brochure is not a policy document. It is an outline of the main features and benefits of the nib Ultimate Health and Ultimate Health Max policies. A full explanation of the features, benefits and exclusions are contained in the policy documents. Copies of the policy documents are available at **nib.co.nz**



Ultimate Health™ & Ultimate Health Max™

nib
it's worth it



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