

Easy Health™



nib
health cover

it's worth it



Need help?

Speak to your financial adviser or
call us on **0800 777 642**
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 Easy Health™, a private health
insurance policy which provides you
and your family with comprehensive
cover, including some pre-existing
conditions after three years.

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A simple and affordable policy that provides you and your family cover for the more expensive medical costs.

At the foundation of your Easy Health policy is the Base Cover that provides high levels of cover for many of the big expenses such as surgical, medical (non-surgical) and cancer treatment in a private hospital.

Some pre-existing medical conditions are covered after three years, but some conditions are permanently excluded. Pre-existing conditions are explained on page 5.

Tailor your cover

Each person on the policy can choose their own Base Cover excess amount and can pick either or both of the additional options available – Serious Condition Lump Sum Option and Proactive Health Option.

Add your family

We offer a 2.5% discount off your overall premium if you have more than one person on your policy. You can also add your parents to your policy, ensuring that they also get looked after if they experience a health issue. And if you are a grandparent, you can help protect the health of your grandchildren for a relatively modest cost.

Easy application

Easy Health is underwritten at claim time, so there's no need to declare your medical history upfront, just basic information about yourself and any members of your family you wish to insure.

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 veins 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.



About pre-existing conditions

Easy Health covers some pre-existing conditions after the first three years, however some pre-existing conditions are never covered. It is important that you are aware of these terms.

What is a pre-existing condition?

It is any sign, symptom, treatment or surgery of a medical condition or any medical condition that occurs on or before the date:

- This policy starts, or
- The particular cover for an insured person starts, or
- The insured person is added to the policy (whichever is applicable), and
 - which any policyowner or insured person was aware of, or
 - of which any policyowner or insured person had the first indication that something was wrong, or
 - for which any policyowner or the insured person sought investigation or medical advice, or
 - where the medical condition, or the sign or symptom of the medical condition, existed that would cause a reasonable person in the circumstances to seek diagnosis, care or treatment.

What is not paid for in the first three years?

Any claims connected in any way with a pre-existing condition won't be paid within the first three years of the policy start date or join date of an insured person added to the policy.

What is not paid for at any time?

- Cardiovascular condition
- Cancer
- Hip or knee condition
- Back condition
- Transplant surgery
- Reconstructive or reparative procedures or surgery
- Any condition under the Serious Condition Lump Sum option.



Base Cover

Each person on the policy can choose their own excess amount to help manage premiums. Excess options range from nil to \$6,000.

Key features

- ✓ Up to \$300,000 per person each policy year for private hospital surgical costs
- ✓ Up to \$200,000 per person each policy year for private hospital medical (non-surgical) costs, including cover for cancer treatment
- ✓ Cover for specific major diagnostic tests even when it's not related to a private surgical or non-surgical treatment, and whether it leads to surgery or not
- ✓ Cover for follow-up investigations and check-ups after cancer treatment
- ✓ Cover in New Zealand & Australia, for costs incurred in either country (unless expressly excluded in the policy)
- ✓ Cover for GP minor surgeries such as mole removal
- ✓ A Wellness Benefit – \$100 for each adult towards the cost of a health check-up, after each three years of continuous cover
- ✓ Cover for obstetrics – we provide cover towards the cost of treatment for medical conditions affecting pregnancy
- ✓ ACC top-up – we will top up your ACC claims for any treatment or procedure
- ✓ Case manager for oncology claims – we have a dedicated person to help you through the often emotional process of cancer claims
- ✓ If the policy owner dies before age 65 from any cause, we will pay the full premiums for all the remaining people on the policy for two years or until any of those people turn 65
- ✓ If you need to attend a public hospital for three or more consecutive nights we'll give you a cash contribution that you can use for anything you wish, like petrol or parking costs
- ✓ You can put your cover on hold for up to six months if you should become unemployed or up to 24 months if you are travelling outside New Zealand for more than 90 consecutive days
- ✓ Whether or not it's recommended by your doctor, we'll pay for accommodation costs for a parent to accompany their child (up to age 20) who needs treatment in a private hospital
- ✓ Travel costs – if you need to travel more than 100kms from your home for surgery or cancer treatments, we'll pay for air, car, rail or bus travel costs for you plus a support person if your doctor recommends it.



Additional options

Each person can add different options to tailor the policy to their needs.



Serious Condition Lump Sum Option

Pays out a one-off lump sum amount to help reduce the strain of dealing with specific trauma conditions.* You can use this lump sum for whatever you wish, such as expensive out-of-hospital drug treatments, rehabilitation expenses, paying off the mortgage or maybe a holiday to recuperate.

You won't pay any excess for this option.

Key features

- ✓ Choice of cover – \$20,000 or \$50,000
- ✓ Covers 17 trauma conditions*, including stroke, life threatening cancer, and major heart attack.

* Some of the trauma conditions covered have a waiting period of 90 days.





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 you can claim back 80% of your costs and your pre-existing conditions will be covered.

You won't pay any excess for this option.

Key features

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

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

Overview of benefits, features and limits of Easy Health™

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
Hospital Surgical Benefit	Up to \$300,000 for private hospital surgical costs – includes any related costs under other applicable benefits (see * below)
Hospital Medical Benefit	Up to \$200,000 for private hospital medical costs – includes any related costs under other applicable benefits (see * below)
Cancer Treatment Benefit*	Cover for surgical and medical cancer treatments
Follow-Up Investigations for Cancer Benefit*	Up to \$3,000 for follow-up investigations for five years after cancer treatment
Major Diagnostics Benefit*	Cover for major diagnostic investigations whether hospitalised or not e.g. CT, MRI and PET Scan, Colonoscopy, Gastroscopy
Hospital Related Diagnostics Benefit*	Cover for diagnostic investigations up to six months before and after hospitalisation
Specialist Consultations Benefit*	Cover for registered specialist consultations up to six months before and after hospitalisation
Travel and Accommodation Benefit*	Up to \$5,000 for an insured person and a supporting person travel and accommodation for each hospitalisation
Parent Accommodation Benefit*	Up to \$3,000 for a parent's accommodation if a child is hospitalised. GP or specialist recommendation is not required
Ambulance Transfer Benefit*	Cover for the cost of road ambulance from a public hospital or private hospital to the closest private hospital
Home Nursing Care Benefit*	Up to \$6,000 for home nursing after hospitalisation
Physiotherapy Benefit*	Up to \$750 for physiotherapy after hospitalisation
Therapeutic Care Benefit*	Up to \$250 for osteopathic and chiropractic treatment, speech and occupational therapy and dietician consultations after hospitalisation
Overseas Treatment Benefit	Up to \$20,000 per visit for treatment not available in New Zealand when the Ministry of Health provides partial funding
Cover in Australia Benefit*	Up to 75% of UCR charges for treatment in Australia
Obstetrics Benefit*	Up to \$2,000 for treatment by an obstetrician for each pregnancy
Public Hospital Cash Benefit	Up to \$3,000 cash payment when admitted to a Public Hospital for three or more consecutive nights
Intravitreal Eye Injections Benefit	Up to \$3,000 for intravitreal eye injections
Specialist Skin Lesion Surgery Benefit*	Up to \$6,000 for specialist skin lesion surgery up to the specified benefit limit
GP Minor Surgery Benefit	Up to \$750 for GP minor surgery
ACC Top-Up Benefit*	Covers the difference in costs between what ACC has paid and the actual costs incurred
Funeral Support Benefit	\$3,000 lump sum payment if an insured person dies between ages 16 and 64 – no excess applies
Waiver of Premium Benefit	Up to two years of premium waiver if the policyowner dies before age 65
Loyalty Benefit – Suspension Of Cover	Cover can be suspended for up to six months for unemployment or for up to 24 months for travel outside of New Zealand
Loyalty Benefit – Sterilisation	Up to \$1,000 for each sterilisation procedure, after two years of continuous cover – no excess applies
Loyalty Benefit – Wellness	Up to \$100 for a medical examination by GP every three years for each adult, after three years of continuous cover

Additional options	
The Base Cover excess does not apply to these options.	
Proactive Health Option	Health Screening Benefit
	Allergy Testing and Vaccinations Benefit
	Dietician or Nutritionist Consultation Benefit
	Stay Active Benefit
	Health Check Benefit
Serious Condition Lump Sum Option	Cover options
	Serious conditions covered

¹ 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. This overview is not a policy document. It is an outline of the benefits of nib Easy Health Cover. A full explanation of the benefits, exclusions and general terms are contained in the policy document. A copy of the policy document is available at nib.co.nz

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

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

We process claims within five working days of receiving all the required information and we can provide pre-approval over the phone for some treatments or text you with confirmation.

Immediate cover

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



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 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 Easy Health, if you're hospitalised you'll only need to pay one excess for all claims relating to that medical condition, up to six months before hospitalisation and for up to six months after you're discharged from hospital.

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.

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.

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.

The true cost of health claims

Angioplasty \$17,300–\$27,400

Insertion of a catheter to unblock artery with stent or balloon

Heart bypass \$32,000–\$45,000

An operation to rechannel blood flow to the heart

Total hip joint replacement \$20,000–\$27,000

Replacement of the hip with an artificial joint

Cataract removal \$3,800–\$4,800

Removal of the cloudy lens from the eye affecting vision

Single valve heart operation \$45,000–\$60,000

Surgery to repair or replace a heart valve

Spinal fusion \$20,000–\$60,000

An operation to join two or more vertebrae together

Total knee joint replacement \$20,000–\$27,000

Replacement of the knee with an artificial joint

PET Scan \$2,000–\$2,500

Imaging technique

Cancer treatments

Prostate brachytherapy \$21,000–\$25,000

Treatment of a prostate tumour where radioactive pellets are inserted around the prostate

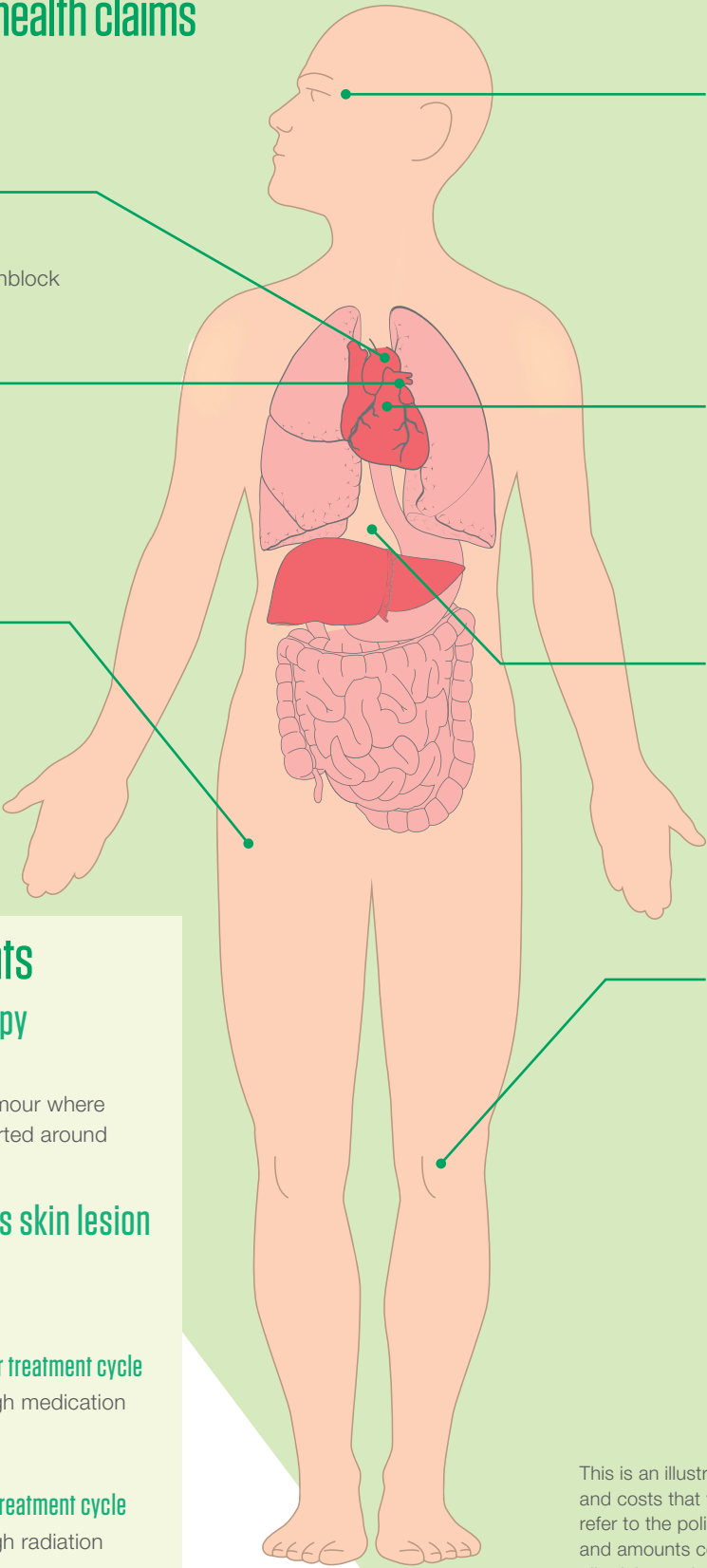
Removal of cancerous skin lesion \$1,000–\$4,500

Chemotherapy \$15,000–\$140,000 per treatment cycle

Treatment of cancer through medication

Radiotherapy \$18,000–\$37,000 per treatment cycle

Treatment of cancer through radiation



This is an illustration of some of the treatments and costs that you may experience. Please refer to the policy document for the procedures and amounts covered by Easy Health. nib claim statistics – May 2013

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 464 people per month have been waiting longer than six months for their first specialist assessment through the public health system.*

* Ministry of Health Elective Services – National comparison of ESPI 2 results for the 12 months to June 2013, 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 Easy Health policy is a top up for your ACC claims, for any treatment or procedure.

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.

And if you have to pay for a series of expensive treatments, the cumulative costs can be daunting if you haven't had time to recover financially from the first.

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.

Approved private hospital

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

Benefit limit

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

Claim

A request for 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'll need to contribute towards the total cost of each diagnostic investigation or treatment.

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 2000 Act, is to secure for eligible people in need of pharmaceuticals, the best health outcomes that are reasonably achievable from pharmaceutical treatment and from within the funding provided. www.pharmac.govt.nz

Pre-approval for a claim

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.

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 is assessed by an underwriter. The underwriter determines the terms on which nib will offer insurance to you.

This brochure is not a policy document. It is an outline of the main features and benefits of the nib Easy Health 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

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