

Overview of Ultimate Health Max™ & Ultimate Health™

Benefit limits apply to each insured person every policy year unless otherwise specified. If an excess is chosen, this applies to the Base Cover only

Key differences between: Ultimate Health Max™ and Ultimate Health™		Ultimate Health Max™	Ultimate Health™
Individual's medical history is asked		At application	At application
Guaranteed benefits and future upgrades		✓	Not guaranteed
Cover for Pre-existing conditions		No cover	No cover
Application of excess		Per person per year	Per person per year
Flexibility to choose a different Base Cover for each person on one policy		✓	✓
Flexibility to choose a different excess level for each person on one policy		✓	✓
Flexibility to choose different options for each person on one policy		✓	✓
Basis of cover	Services and treatment provided by an nib First Choice network provider	Actual costs	Actual costs
	Services and treatment by a provider that is not part of the First Choice network	Actual costs	EMP ¹
	Services and treatment that are not subject to the First Choice network	Actual costs	Actual costs

Base Cover

Benefit	What is covered	Ultimate Health Max™	Ultimate Health™
Hospital surgical benefit	Cover for private hospital surgical costs	Up to \$600,000	Up to \$600,000
Hospital medical benefit	Cover for private hospital medical costs	Up to \$300,000	Up to \$300,000
Cancer treatment in hospital benefit ²	Cover for surgical and medical cancer treatments	✓	✓
Non-PHARMAC funded drugs in hospital benefit ²	Cover for non-PHARMAC funded drugs for surgical and medical treatment in hospital	✓	Up to \$20,000 for chemotherapy drugs only
Non-PHARMAC drugs at home benefit ²	Cover for non-PHARMAC funded drugs for use at home up to 6 months after hospitalisation	✓	
Breast symmetry post mastectomy benefit ²	Cover for unilateral breast reconstruction and / or reduction surgery following a mastectomy	✓	✓
Cancer treatment accessories support benefit ²	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 benefit ²	Cover for counselling and support services within 6 months after cancer surgery or treatment	✓	No cover
Cardiac counselling and support services benefit ²	Cover for counselling and support services within 6 months after heart surgery	✓	No cover
Follow-up investigations for cancer benefit ²	Up to \$3,000 for follow-up investigations for up to 5 years after cancer treatment	✓	✓
Major diagnostics benefit ²	Cover for major diagnostic investigations whether hospitalised or not e.g. CT scans, MRI scans, PET scans, Colonoscopies and Gastroscopies	✓	✓
Hospital diagnostics benefit ²	Cover for diagnostic investigations up to 6 months before and after hospitalisation	✓	✓
Hospital Specialist Consultations Benefit ²	Cover for specialist or vocational GP consultations up to 6 months before and after hospitalisation	✓	✓
Hospital specialist second opinion benefit ²	Cover for specialist consultations for a second opinion up to 6 months before and after hospitalisation	✓	✓
Travel and accommodation benefit ^{2,3}	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	✓	✓
Parent accommodation benefit ²	Up to \$3,000 for a parent's accommodation if a child is hospitalised – a GP or specialist recommendation is not required	✓	✓

¹ Efficient Market Price. ² Any related costs paid under this benefit are deducted from the balance available in the benefit maximum for the Hospital Surgical Benefit or Hospital Medical Benefit (whichever applies) in each policy year. ³ Individual sub-limits apply for both travel and accommodation and vary depending on the treatment received. ⁴ Usual, Customary and Reasonable charges. **Note:** This overview is not a policy document. It is an outline of the benefits of nib's Ultimate Health Max and Ultimate Health products. A full explanation of the benefits, exclusions and general terms are contained in the policy documents. A copy of each policy document is available at facdirect.co.nz

Benefit limits apply to each insured person every policy year unless otherwise specified. If an excess is chosen, this applies to the Base Cover only

Base Cover			
Benefit	What is covered	Ultimate Health Max™	Ultimate Health™
Ambulance transfer benefit ²	Covers for cost of road ambulance transfer from a public hospital or private hospital to the closest private hospital	✓	✓
Home nursing care benefit ²	Up to \$6,000 for home nursing for up to 6 months after hospitalisation	✓	✓
Physiotherapy benefit ²	Cover for physiotherapy up to 6 months after hospitalisation	✓	✓
Therapeutic care benefit ²	Up to \$1,000 for osteopathic, chiropractic and sports physician treatment, speech and occupational therapy, and dietitian consultations for up to 6 months after hospitalisation	✓	✓
Delayed care benefit ²	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 benefit ²	Up to either the EMP ¹ or UCR charges ⁴ for specific diagnostic investigations and treatment costs incurred in Australia	UCR charges ⁴	EMP ¹
Overseas treatment benefit	Top-up for treatment that is not available in New Zealand and when funding has been declined by the Ministry of Health, up to the specified benefit limit	Up to \$30,000 per visit	Up to \$30,000 per visit
Medical tourism benefit ²	Up to 75% of UCR charges ⁴ , if an insured person elects to have treatment overseas, provided the treatment is available in New Zealand within 6 months	✓	No cover
Obstetrics benefit	Cover for treatment by an obstetrician for each pregnancy when recommended by your doctor	Up to \$4,000	Up to \$2,000
Podiatric surgery benefit	Up to \$6,000 for podiatric surgery including one pre and one post consultation and associated X-rays	✓	✓
Pre-existing cover for newborns benefit ²	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	✓	✓
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	✓ ²	Up to \$6,000
GP minor surgery benefit	Cover for GP minor surgery up to the specified benefit limit	Up to \$5,000	Up to \$1,500
ACC top-up benefit ²	Covers the difference in costs between what is payable by ACC for an injury and the costs incurred	✓	✓
ACC treatment injury benefit ²	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	A lump sum payment if an insured person dies between the age of 16 and 64	\$10,000	\$5,000
Premium waiver benefit	Up to 2 years of premium waiver if the policyowner dies before age 70	✓	✓
Premium waiver extension benefit	Up to 6 months premium waiver if the policyowner is diagnosed with a terminal illness before age 70	✓	No cover
Loyalty benefit – suspension of cover	Cover can be suspended for the specified circumstances after 12 months of continuous cover	Travels overseas, takes parental leave, becomes unemployed or redundant	Travels overseas, takes parental leave, becomes unemployed or redundant
Loyalty benefit – sterilisation	Covers a sterilisation procedure after 2 years of continuous cover, up to the specified benefit limit	✓ ²	Up to \$1,000
Loyalty benefit – bariatric surgery ²	Up to a lifetime limit of \$10,000 for the cost of bariatric surgery, after 3 years of continuous cover.	✓	No cover
Loyalty benefit – bilateral breast reduction ²	Up to a lifetime limit of \$10,000 for the cost of bilateral breast reduction surgery, after 3 years of continuous cover	✓	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 Efficient Market Price. ² Any related costs paid under this benefit are deducted from the balance available in the benefit maximum for the Hospital Surgical Benefit or Hospital Medical Benefit (whichever applies) in each policy year. ³ Individual sub-limits apply for both travel and accommodation and vary depending on the treatment received. ⁴ Usual, Customary and Reasonable charges. **Note:** This overview is not a policy document. It is an outline of the benefits of nib's Ultimate Health Max and Ultimate Health products. A full explanation of the benefits, exclusions and general terms are contained in the policy documents. A copy of each policy document is available at facdirect.co.nz

Benefit limits apply to each insured person every policy year unless otherwise specified.

Each person on one policy can choose the options they would like from those available on the chosen product.

Additional Options

Option	What is covered	Ultimate Health Max™	Ultimate Health™
Specialist Option	Unlimited registered specialist or vocational GP consultations	✓	✓
	Unlimited registered specialist or vocational GP consultations for a second opinion		
	Up to \$500 for registered sports physician treatment		
	Up to \$3,000 for any diagnostic investigations e.g. X-rays, arteriograms and ultrasounds		
	Up to \$60,000 for cardiac investigations e.g. treadmills, holter monitoring, cardiovascular ultrasounds and myocardial perfusion scans		
	Cover for pre-existing conditions (other than congenital) for dependent children when added within 4 months of birth		
Proactive Health Option ⁷	Up to \$750 for the following health screening tests: bone, bowel, breast, cervical, heart, prostate, eye / visual field, hearing and mole mapping	✓	✓
	Up to \$100 for allergy testing and vaccinations		
	Up to \$300 for dietitian or nutritionist consultations		
	Up to \$100 towards gym memberships, weight-loss management programmes and quit smoking programmes		
	Up to \$150 for a full health check by a GP, at the end of every 2 years of cover under this option		
Serious Condition Financial Support Option	One-off lump sum payment if you are diagnosed with one of a number of serious conditions (as defined)	39 conditions	39 conditions
	Choice of cover: \$20,000 or \$50,000	✓	✓
	An additional lump sum payment for paralysis (as defined), equal to the amount of the sum insured	✓	✓
	Up to 50% of the sum insured is paid if an insured person's child (between the age of 2 to 20, whether or not they are on the policy) suffers one of the defined serious conditions	✓	✓
GP Option	Up to 12 GP consultations	✓	✓
	Up to \$200 for each GP minor surgery		
	Up to \$300 for pharmaceutical prescriptions		
	Up to \$400 for physiotherapy		
	Up to 6 nurse practitioner visits		
	Up to \$150 towards the cost of sports clubs, gym memberships, or fitness equipment purchased after 2 years of continuous cover under this option (if claims have been less than \$150)		
	Cover for pre-existing conditions (other than congenital) for dependent children when added within 4 months of birth		
Dental and Optical Option	Up to \$500 for dental examinations, cleaning, scaling, fillings, associated X-rays, removal of teeth and crowns	✓	✓
	Cover for orthodontic treatment included in the dental care benefit maximum of \$500, after 2 years continuous cover under this option		
	Up to \$275 for optometrist, orthoptist and optician consultations / examinations		
	Up to \$330 for prescription glasses or contact lenses if there is a change of vision		
	Up to \$250 for audiometric tests and \$250 for audiology treatment		
	Up to \$250 for acupuncture treatment		
	Up to \$250 for chiropractic treatment and \$80 for related X-rays		
	Up to \$250 for osteopathy treatment and \$80 for related X-rays		
	Up to \$250 for podiatry treatment		
	Up to \$300 for speech therapy, occupational therapy and eye therapy		
	Cover for pre-existing conditions (other than congenital) for dependent children when added within 4 months of birth		

⁷ This option covers any pre-existing conditions after the applicable waiting period has been served.

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



WHY nib?



nib provides value for money and affordable health cover to over one million Kiwis and Aussies. Established over 60 years ago, nib is a truly trans-Tasman business that offers innovative covers and services and greater value for our customers.

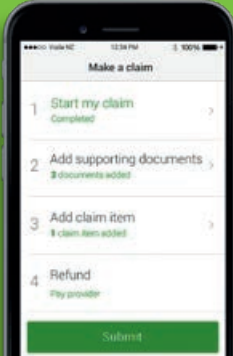
With thousands of New Zealand customers, we know about the cover Kiwis and their families need, so we've designed a range of health insurance policies to suit. At nib we believe that health insurance should be easy to understand, easy to claim on and great value.

Claiming is easy


Our core business is paying claims and being there when you need us most. On average every week nib pays over \$2.2 million in claims*. We're assisting New Zealanders who need treatment and who might otherwise be struggling with both illness and strained financial circumstances.

We aim to make the claims process as hassle-free as possible. Claims and pre-approvals can be submitted by your treatment provider on your behalf with the nib First Choice Portal.

* Between January – December 2016.

Or you can submit claims yourself through the nib portal or with the free my nib app.



iPhone® is a trademark of Apple Inc., registered in the U.S. and other countries.

14-day free-look period

To give you time to consider your policy, nib provide a 14-day free-look period. During this time if the policy isn't right, it can be cancelled and nib will refund any premiums paid, providing no claims have been made.