

non-PHARMAC Plus Option

This should be read together with your:

- **Policy document:** the terms of your policy still apply. If any of them are inconsistent with this option, then the terms of this option apply. For example, if your *policy* document has an exclusion for *non-PHARMAC* funded drugs, it will not apply to this option. Any words in this document in italics have the same meaning as they do in your *policy* document. These words may be formatted differently in your policy document.
- **Your Acceptance Certificate or Renewal Certificate** (whichever is more recent).

Together, these make up your nib *contract of insurance*. All these documents can be viewed online, by logging into your my nib account and clicking 'My documents'.

What am I covered for?

You're covered for:

- The cost of drugs approved for use by Medsafe and prescribed under Medsafe guidelines, but not funded under section A to H of the PHARMAC pharmaceutical schedule.
- *non-PHARMAC* funded drugs used in a New Zealand-based private hospital, day stay unit, or a private wing of a public hospital that has been recognised by nib.
- *non-PHARMAC* funded drugs used at home for up to six months after you're admitted to hospital for treatment. This hospital treatment must be approved by nib and the drugs must relate to it.
- Any drug administration costs.

Any *claim* under this option will only be payable if it is:

- Related to an approved claim under your *Hospital Surgical Benefit*, *Hospital Medical Benefit*, or your *Cancer Treatment Benefit* (if you have one of these as part of your policy).
- Supported with a recommendation letter from a *registered specialist* detailing the reasons for prescribing the *non-PHARMAC* funded drug(s) for you.

How much am I covered for?

The *benefit limit* is the maximum amount that nib will pay towards the cost of *non-PHARMAC* funded drugs, and any costs to administer those drugs in a 12-month period.

If you have added this option during your *policy year*, the *benefit limit* will start again at your next *policy anniversary date*. It will then renew every 12 months and then renew again every 12 months or your *policy anniversary date* (whichever is the latest).

Your *benefit limit* is listed on your *Acceptance Certificate* or *Renewal Certificate* (whichever is more recent).

Who can I get treatment from?

Any *registered specialist* who is:

- A health professional in private practice and holds a current annual practising certificate; and
- A member of an appropriately recognised specialist college with Medical Council of New Zealand vocational registration in that speciality; and
- Listed in nib's Find a Provider tool

You can find a list of *registered specialists* who meet these criteria on our website nib.co.nz/find-a-provider.



Need help?

Talk to your financial adviser

Call us on 0800 287 642

Go to nib.co.nz

Email us at grouphealth@nib.co.nz

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