Health Cover Overview Ultimate Range



This overview provides a high-level summary of the key benefits under the Ultimate Health suite.

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		\bigcirc	Not guaranteed
Application of excess		Per person per year	Per person per year
Flexibility to choose a different Base Cover for each person on one policy		\bigcirc	\bigcirc
Flexibility to choose a different excess level for each person on one policy		\bigcirc	\bigcirc
Flexibility to choose different Options for each person on one policy		\bigcirc	\bigcirc
Basis of cover	100% of eligible costs covered for services and treatment provided by an nib First Choice Network provider	\bigcirc	\bigcirc
	100% of eligible costs covered for services and treatment by a provider that is not part of the nib First Choice Network	⊘ ¹	No, EMP Applies ²

Base Cover

Benefit	What is covered	Ultimate Health Max™	Ultimate Health™
Surgical Benefit	Cover for private hospital surgical costs	Up to \$600,000	Up to \$600,000
Non-Surgical Benefit	Cover for private hospital non-surgical costs	Up to \$300,000	Up to \$300,000
Cancer Treatment Benefit ³	Cover for surgical and non-surgical cancer treatments	\otimes	\bigcirc
Non-PHARMAC Drugs in Hospital ³	Cover for non-PHARMAC funded drugs for surgical and medical treatment in hospital	\otimes	Up to \$20,000 for chemotherapy & immunotherapy only
Non-PHARMAC Drugs at Home ³	Cover for non-PHARMAC funded drugs for use at home up to 6 months after hospitalisation	\otimes	No cover
Breast Symmetry Post Mastectomy Benefit ³	Cover for unilateral breast reconstruction and / or reduction surgery following a mastectomy	⊘ ⁵	\bigcirc
Cancer Treatment Accessories Support Benefit ³	Cover towards the cost of a wig, hat, scarf or mastectomy bras during or within 6 months after cancer surgery or treatment	\otimes	No cover
Cancer Treatment Counselling and Support Services Benefit ³	Cover for counselling and support services within 6 months after cancer surgery or treatment	\otimes	No cover
Cardiac Counselling and Support Services Benefit ³	Cover for counselling and support services within 6 months after heart surgery	\odot	No cover
Follow-up Investigations for Cancer Benefit ³	Up to \$3,000 for follow-up investigations for up to 5 years after cancer treatment	\otimes	\bigcirc
Diagnostic Investigations Benefit ³	Cover for major diagnostic investigations whether hospitalised or not e.g. CT scans, MRI scans, PET scans, Colonoscopies and Gastroscopies	\otimes	\odot
Hospital Diagnostic Tests Benefit ³	Cover for diagnostic investigations up to 6 months before and after being admitted to private hospital	\odot	\bigcirc
Hospital Specialist Consultations Benefit ³	Cover for specialist or vocational GP consultations up to 6 months before and after being admitted to private hospital	\otimes	\bigcirc
Specialist Second Opinion Benefit ³	Cover for specialist consultations for a second opinion up to 6 months before and after being admitted to private hospital	\otimes	\bigcirc

¹ This is subject to our Usual, Customary, and Reasonable charges (UCR), which are the costs that are charged for a health service which we determine are usual, reasonable and customary according to our data. 2 The EMP (Efficient Market Price) is the maximum amount we'll pay for a health service provided by a recognised provider who isn't part of our First Choice Network. 3 Any related costs paid under this benefit are deducted from the balance available in the benefit maximum for the Surgical Benefit or Non-Surgical Benefit (whichever applies) in each policy year. 5 The excess doesn't apply to this benefit.

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™
Travel and Accommodation Benefit ^{3, 4}	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	\otimes	\otimes
Parent Accommodation Benefit ³	Up to \$3,000 for a parent's accommodation if an insured child is hospitalised – a GP or specialist recommendation is not required	\otimes	\otimes
Ambulance Transfer Benefit ³	Covers for cost of road ambulance transfer from a public hospital or private hospital to the closest private hospital	\otimes	\otimes
Home Care Benefit ³	Covers home care for up to 6 months after being discharged from private hospital. Up to \$150 a day to a maximum of \$6,000	\otimes	\otimes
Physiotherapy Benefit ³	Cover for physiotherapy up to 6 months after after being discharged from private hospital	\otimes	\otimes
Therapeutic Care Benefit ³	Up to \$1,000 for osteopathic, chiropractic and sports physician treatment, speech and occupational therapy, and dietitian consultations for up to 6 months after being discharged from private hospital	\otimes	\otimes
Delayed Treatment Benefit ³	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	\otimes	\otimes
Cover in Australia Benefit ³	Up to either the EMP ² or UCR charges ¹ for or surgery or treatment in Australia	UCR charges ¹	EMP ²
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 \$30,000 per overseas surgery or treatment	Up to \$30,000 per overseas surgery or treatment
Medical Tourism Benefit ³	Up to 75% of UCR charges ¹ , if an insured person elects to have treatment overseas, provided the treatment is available in New Zealand within 6 months	\otimes	No cover
High-Risk Pregnancy Benefit	Cover for treatment by an obstetrician to assess and monitor recognised risk factors with your pregnancy	Up to \$4,000 per pregnancy	Up to \$2,000 per pregnancy
Foot Surgery Benefit	Up to \$6,000 for podiatric surgery including one pre and one post consultation and associated X-rays	\otimes	\otimes
Pre-existing Cover for Newborns	Cover for pre-existing conditions (other than congenital) for dependent children when added within 4 months of birth	\otimes	\otimes
Public Hospital Payment ⁵	Up to \$3,000 payment when admitted to a public hospital for 3 or more consecutive nights	\otimes	\otimes
Hospice Benefit	Up to \$3,000 when admitted to a hospice for 3 or more consecutive nights	\otimes	No cover
Eye Injections Benefit	Up to \$3,000 for intravitreal eye injections	\otimes	\bigcirc
Skin Lesion Surgery Benefit	Cover for specialist skin lesion surgery	\bigcirc ³	Up to \$6,000
GP Surgery Benefit	Cover for GP minor surgery	Up to \$5,000	Up to \$1,500
ACC Top-up Benefit ³	Covers the difference in costs between what is payable by ACC for an injury and the actual cost of your surgery or treatment	\otimes	\otimes
ACC Treatment Injury Benefit ³	Cover for reparative treatment for any injury that occurs during treatment we've paid for that isn't covered by ACC	\otimes	\otimes
Medical Misadventure Benefit ⁵	\$30,000 lump sum payment in case of death due to medical misadventure	\otimes	\otimes
Funeral Support Benefit ⁵	A lump sum payment if an insured person dies between the age of 16 and 64	\$10,000	\$5,000

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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™
Waiver of Premium Benefit ⁵	Up to 2 years of premium waiver if the policyowner dies before age 70	\odot	\bigcirc
Terminal Illness Waiver of Premium Benefit ⁵	Up to 6 months premium waiver if the policyowner is diagnosed with a terminal illness before age 70	\bigcirc	No cover
Loyalty - Suspending your Cover Benefit	Cover can be suspended after 12 months of continuous cover for: travel or overseas residence, parental leave, unemployment or redundancy.	\odot	\bigcirc
Loyalty - Sterilisation Benefit ⁵	Covers a sterilisation procedure for contraception after 2 years of continuous cover	⊘ ³	Up to \$1,000 per lifetime of policy
Loyalty – Weight Loss Surgery Benefit ²	Up to a lifetime limit of \$10,000 for the cost of sleeve gastrectomy, gastric banding or bypass surgery, after 3 years of continuous cover	\odot	No cover
Loyalty – Breast Reduction Surgery Benefit ³	Up to a lifetime limit of \$10,000 for the cost of bilateral breast reduction surgery, after 3 years of continuous cover	\odot	No cover
Loyalty – Check Up Benefit ^{3,5}	Up to \$100 for a check up by a GP every 3 years for each insured adult, after 3 years of continuous cover	\bigcirc	\bigcirc

Options

Option	What is covered	Ultimate Health Max™	Ultimate Health™
	Unlimited specialist or vocational GP consultations	\otimes	⊗
	Unlimited specialist or vocational GP consultations for a second opinion		
	Up to \$500 for sports physician treatment		
Specialist Option	Up to \$3,000 for any diagnostic investigations e.g. X-rays, ultrasounds and mammograms		
	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		
	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	\otimes	\otimes
Proactive Health Option ⁷	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 medical check by a GP or nurse practitioner, at the end of every 24 months of cover under this Option		
	One-off lump sum payment if you are diagnosed with one of a number of serious conditions (as defined in the policy document)	39 conditions	39 conditions
Caria va Canditian	Choice of cover: \$20,000 or \$50,000	\bigcirc	\bigcirc
Serious Condition Financial Support Option This Option is always underwritten	An additional lump sum payment for paralysis (as defined), equal to the amount of the sum insured	\bigcirc	\oslash
	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	\bigcirc	\otimes

² The EMP (Efficient Market Price) is the maximum amount we'll pay for a health service provided by a recognised provider who isn't part of our First Choice Network. 3 Any related costs paid under this benefit are deducted from the balance available in the benefit maximum for the Surgical Benefit or non-surgical Benefit (whichever applies) in each policy year. 5 The excess doesn't apply to this benefit. 7 This Option covers any pre-existing conditions after the applicable waiting period has been served.

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.

Options

Option	What is covered	Ultimate Health Max™	Ultimate Health™
	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	\odot	⊗
	Up to \$200 for each GP surgery		
	Up to \$15 each item. Up to \$300 each policy year		
GP Option	Up to \$40 each visit. Up to \$15 each visit for ACC Top-up. Up to \$400 each policy year		
·	Up to \$30 per visit for 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		
Non-PHARMAC	Additional cover for the cost of non-PHARMAC funded drugs that are Medsafe approved, not just cancer, used both in private hospital or at home ⁸ and meet Medsafe guidelines for use	\otimes	Not available
Plus Option	Choice of cover: • \$20,000 • \$50,000 • \$100,000 • \$200,000 • \$300,000	\otimes	Not available
	Up to \$500 for dental treatment e.g. examination, cleaning, scaling, fillings, X-rays, removal of teeth, and crowns. Orthodontic treatment is also covered after 2 years of continuous cover under this Option.	\otimes	⊗
	Up to \$275 for optometrist, orthoptist and optician consultations / examinations		
	Up to \$330 for prescription eyewear if there is a change of vision		
	Up to \$250 for audiometric tests and \$250 for audiology treatment		
Dental, Optical, and	Up to \$250 for acupuncture treatment		
Therapeutic Option	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		

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⁸ 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.