



Everyday Cover
Policy document

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We're happy to help you stay healthy

Thank you for trusting nib to insure your good health. You want to take care of yourself, and our Everyday Policy is designed to help.

Read this policy carefully

This policy document explains how your policy works, how to make a claim, what we do and do not cover, and your responsibilities.

The documents that make up your Contract of Insurance

This policy document is one of a number of documents that together form your Contract of Insurance. These are (in descending order if they say slightly different things):

1. the Acceptance Certificate or Renewal Certificate (whichever is most recent)
2. this policy document (or any subsequent documents that replace this document)
3. any applications completed by the policyowner and all the insured persons covered under the policy.

Read the information carefully so that you know what you are covered for, what you need to tell us, how to make a claim and the other terms and conditions of your policy.

①	<i>Acceptance Certificate</i> The most recent document titled Acceptance Certificate sent to the policyowner by nib as part of the Contract of Insurance.
①	<i>Renewal Certificate</i> The most recent document entitled Renewal Certificate that we send to the policyowner as part of the Contract of Insurance.

Helpful hints for understanding your policy

Always check with us before you have any *health service*

Unless specified, this policy document only describes the terms and conditions of the nib Everyday policy that apply when the document was issued.

How your Everyday policy usually works

Here is a quick overview of how your policy works. To understand your policy completely, read this document and the other documents in your Contract of Insurance.

1. You see a *recognised health professional* for your *treatment*. They refer you for a *health service*, or perform it themselves.
2. You make a claim
3. We pay the claim, up to the limit of the benefit for that *health service*.

Words with special meanings in this policy

Some words in this document have a specific meaning which applies to your nib Everyday policy only.

Meanings of insurance terms we use frequently are listed below.

Meanings of less common insurance terms are explained on the page they appear.

Medical terms are printed in italics, and are defined in Meanings of medical terms on page 20.

Meanings of insurance terms

①	<i>Renewal Certificate</i> The most recent document entitled Renewal Certificate that we send to the policyowner as part of the Contract of Insurance.
①	<i>Benefit or benefits</i> An amount of money payable from nib either to, or on behalf of, an insured person, for approved expenses for their <i>health service</i> — in accordance with their Contract of Insurance.
①	<i>Benefit limit or benefit limits</i> The maximum amount nib will pay for each benefit for each insured person every policy year.

①	<i>Claim or Claims or Claiming</i> A request from an insured person for payment of benefits, or a confirmation of future payment of benefits, which complies with this policy document.
①	<i>Cover or covers</i> The defined group of benefits we can pay to an insured person under their chosen level of health insurance which comply with the policy document.
①	<i>Insured person or insured persons or person insured</i> Anyone named as an insured person on the Acceptance Certificate or Renewal Certificate – whichever is most recent. This may include the policyowner.
①	<i>nib, us, our, we</i> nib nz limited
①	<i>Policy or policies</i> This contractual agreement between the policyowner and nib as governed by the Contract of Insurance.
①	<i>Policyowner</i> A person who administers the policy and whose name is listed on the Acceptance Certificate or Renewal Certificate – whichever is most recent – as 'policyowner(s)'. This means all policyowners if there is more than one.
①	<i>Premium</i> The amount of money the policyowner needs to pay us for a specified period of cover for the policy.
①	<i>You or your</i> Anyone named as an insured person on the Acceptance Certificate or Renewal Certificate – whichever is most recent. This may include the policyowner.

Headings don't form part of the cover

The headings in this document are for your guidance only – these don't form part of your cover.

How to contact nib

The my nib portal provides 24 hour access to your policy and claims details – go to nib.co.nz/portal.

Email us for general enquiries at contactus@nib.co.nz

Email us for claims at claims@nib.co.nz

How to get financial statements

You can get a copy of nib nz limited's financial statements for the last reported financial year. Email us at contactus@nib.co.nz.

What you agreed with us when you applied for this Everyday policy

You agree that you have disclosed what we need to know

All the information that the policyowner and all insured persons, or anyone on their behalf, have given us must be correct and complete.

You have a legal duty of disclosure – you must tell us everything you knew, or should have known, which would have influenced a prudent insurer's decision to accept your application, and on what terms.

Anyone insured under this policy must have told us about any changes to the information they gave us before any commencement date, effective date or join date of this policy – whichever applies.

Otherwise, we can cancel this policy retrospectively from the commencement date, effective date or join date – whichever applies – and not pay any claims after those dates.

We may keep all the premiums paid. And we may recover any claims we have paid from the policyowner or the insured person.

①	<i>Commencement date</i> The start date of your policy that is shown as the original policy commencement date on the Acceptance Certificate, or Renewal Certificate – whichever is most recent.
①	<i>Effective date</i> The date any changes made to the policy take effect. The date is shown as 'Effective date' on the Acceptance Certificate or Renewal Certificate – whichever is most recent.
①	<i>Join date</i> The date when cover starts for an insured person. This date is shown on the Acceptance Certificate or Renewal Certificate – whichever is most recent.

You agree we will communicate online

The policyowner and insured people must give us valid email addresses and always tell us immediately when addresses change. Wherever this policy refers to a notice in writing such as a certificate, we mean a written notice sent electronically.

You agree to receiving and sending documents online

- We will send you all communications about this policy electronically – through email or through my nib.
- We will send communications to the email address that the policyowner gives us when they apply, or when they tell us it has changed. That email address will be our first point of contact.
- Information we will send online includes policy documents and notices.
- You agree to send us all communications about this policy through email or through the my nib portal, nib.co.nz/portal.

How we work together with you under this policy

As your insurer, these are our promises

We will value you as customers

We will:

- deal with feedback and complaints quickly and responsibly
- make every possible effort to resolve complaints to the policyowner's and the relevant insured person's satisfaction, whenever we can
- provide a 14-day free-look period on all health cover sales, as long as you have made no claims during that time.

We will keep you informed

We will:

- answer your questions promptly and accurately at the first point of contact, whenever we can
- give you detailed health policy information and help you understand what you are covered for.

We will handle transactions smoothly

We will:

- keep you informed about the process of your claim whenever we can
- give at least 30 days' written notification of any changes to cover or premium increases
- meet the terms of our direct debit authority.

We will respect your privacy

We will:

- treat your personal information with respect and in total accordance with the Privacy Act 1993 and Health Information Privacy Code 1994.

We ask that you honour these promises to us

Please comply with this policy in full

We ask you to:

- be accurate and truthful in your health insurance application and claims (see You agree that you have disclosed what we need to know on page 4)
- understand waiting periods, so you know when you can start claiming – if you are unsure, just ask us.

Please keep us informed

We ask you to:

- provide all information that we reasonably require that is relevant to the policy
- keep your premiums up to date to ensure you remain covered
- meet the terms outlined in our direct debit authority
- tell us as soon as you can of any change that may affect your policy, and if unsure – just ask us.

This policy covers New Zealand residents

This policy covers anyone who legally lives in New Zealand. We may ask to see originals or certified copies of all the insured persons' relevant documents.

If an insured person no longer meets the criteria, we may cancel their cover.

You can include dependent children under age 18 on your policy

A dependent child under age 18 must be accompanied on the policy by at least one adult aged 18 or older who is the policyowner. This can be the child's parent or legal guardian.

Unless otherwise approved by us, a person under age 18 years is not eligible to be a policyowner.

A dependent child will be charged adult premium rates on the policy anniversary date after they reach age 21.

We will automatically continue to cover them on this policy as an adult insured person. We will deduct the additional premium for the cover, from the same payment source and at the same frequency as this policy, unless you tell us otherwise.

①	<i>Dependent child</i> An insured person's natural or legally adopted child under 21 years of age.
①	<i>Policy anniversary date</i> The date 12 months after the commencement date and every 12-month anniversary of that date.

You can make changes to your policy

The policyowner can view and change the policy

The policyowner is the primary account holder. They have the full authority to make changes to the policy and make claims enquiries about anyone on the policy.

If the policy has more than one policyowner, all must consent to any changes.

Unless we specify, policyowners can make changes at a policy anniversary date. If you seek a change at a different time, we will make the change in alignment with your next billing cycle.

The policyowner must give us at least 30 days' notice in writing, by email, before they want the change to take effect.

If the change results in a change of premium, we will adjust it from the next billing date.

①	<i>Policy anniversary date</i> The date 12 months after the commencement date and every 12-month anniversary of that date.
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You can add people to this policy, or remove them

You can add a partner, dependent child, parent or grandchild

The policyowner can add a partner, dependent child, parent or grandchild onto their policy at any time. The insured person must meet the eligibility criteria (see This policy covers New Zealand residents on page 6). The insured person (or their parent or legal guardian if they are under age 18) must agree about the addition to the policy.

The policyowner and anyone to be added must follow our application process.

Cover for the new insured person will start:

- from the effective date or join date – whichever applies – shown on your Acceptance Certificate or Renewal Certificate (whichever is most recent.)
- after any applicable waiting period.

We will charge an additional premium for each insured person added.

①	<i>Partner</i> An insured person's spouse or a person who lives with the insured person in a marital, de-facto or civil union relationship.
①	<i>Dependent child</i> An insured person's natural or legally adopted child under 21 years of age.
①	<i>Effective date</i> The date any changes made to the policy take effect. The date is shown as 'Effective date' on the Acceptance Certificate or Renewal Certificate – whichever is most recent.
①	<i>Join date</i> The date when cover starts for an insured person. This date is shown on the Acceptance Certificate or Renewal Certificate – whichever is most recent.
①	<i>Acceptance Certificate</i> The most recent document titled Acceptance Certificate sent to the policyowner by nib as part of the Contract of Insurance. (Also see Renewal Certificate.)
①	<i>Renewal Certificate</i> The most recent document entitled Renewal Certificate that we send to the policyowner as part of the Contract of Insurance. We send you a renewal certificate each year, at least 30 days before your policy anniversary date.
①	<i>Waiting period</i> A period of time after the commencement date, effective date or the join date, during which we won't pay a claim for that specific benefit.

You can remove an insured person

An insured person can be removed from this policy:

- if they make a written request or
- if the policyowner makes a written request.

A person removed from the policy can continue insurance with us.

Waiting periods apply if a person moves to a new policy

If an insured person needs to transfer to a new policy with the same level of cover, a waiting period may apply before they can make a claim. Any waiting period applies from the commencement date, effective date or join date of the original policy – whichever date applies. Turn to page 11 for a list of waiting periods for this policy's benefits.

①	<i>Commencement date</i> The start date of your policy that is shown as the original policy commencement date on the Acceptance Certificate, or Renewal Certificate – whichever is most recent.
①	<i>Effective date</i> The date any changes made to the policy take effect. The date is shown as 'Effective date' on the Acceptance Certificate or Renewal Certificate – whichever is most recent.
①	<i>Join date</i> The date when cover starts for an insured person. This date is shown on the Acceptance Certificate or Renewal Certificate – whichever is most recent.
①	<i>Acceptance Certificate</i> The most recent document titled Acceptance Certificate sent to the policyowner by nib as part of the Contract of Insurance. (Also see Renewal Certificate.)
①	<i>Renewal Certificate</i> The most recent document entitled Renewal Certificate that we send to the policyowner as part of the Contract of Insurance. We send you a renewal certificate each year, at least 30 days before your policy anniversary date.
①	<i>Waiting period</i> A period of time after the commencement date, effective date or the join date, during which we won't pay a claim for that specific benefit.

You can change the details on the policy

You can add or remove a Hospital cover

The policyowner can add Standard Hospital or Premium Hospital to this policy at any time in the policy year for an additional premium, by making an application.

The added Hospital cover will start from the effective date or join date – whichever applies – shown on the Acceptance Certificate or the Renewal Certificate (whichever is most recent).

And the policyowner can remove an nib Hospital cover at a policy anniversary date. We need you to give us 30 days' notice before we apply the change.

①	<i>Effective date</i> The date any changes made to the policy take effect. The date is shown as 'Effective date' on the Acceptance Certificate or Renewal Certificate – whichever is most recent.
①	<i>Join date</i> The date when cover starts for an insured person. This date is shown on the Acceptance Certificate or Renewal Certificate – whichever is most recent.
①	<i>Acceptance Certificate</i> The most recent document titled Acceptance Certificate sent to the policyowner by nib as part of the Contract of Insurance. (Also see Renewal Certificate.)
①	<i>Renewal Certificate</i> The most recent document entitled Renewal Certificate that we send to the policyowner as part of the Contract of Insurance. We send you a renewal certificate each year, at least 30 days before your policy anniversary date.
①	<i>Policy anniversary date</i> The date 12 months after the commencement date and every 12-month anniversary of that date.

Once we have accepted the changes, we will send the policyowner a new Acceptance Certificate or Renewal Certificate – whichever is most recent – that will show the changes.

❶	<i>Acceptance Certificate</i> The most recent document titled Acceptance Certificate sent to the policyowner by nib as part of the Contract of Insurance. (Also see Renewal Certificate.)
❶	<i>Renewal Certificate</i> The most recent document entitled Renewal Certificate that we send to the policyowner as part of the Contract of Insurance. We send you a renewal certificate each year, at least 30 days before your policy anniversary date.

You can cancel the policy or cover

As the policyowner you can cancel the policy or cover for an insured person — unless we permit it without your authorisation. You must tell us in writing. You must give us at least 30 days' notice of the cancellation.

When your cover starts

Your cover starts from the commencement date, effective date or join date – whichever applies – shown on your Acceptance Certificate or Renewal Certificate (whichever is most recent). You will have a waiting period before we accept claims and pay benefits.

①	<i>Commencement date</i> The start date of your policy that is shown as the original policy commencement date on the Acceptance Certificate, or Renewal Certificate – whichever is most recent.
①	<i>Effective date</i> The date any changes made to the policy take effect. The date is shown as 'Effective date' on the Acceptance Certificate or Renewal Certificate – whichever is most recent.
①	<i>Join date</i> The date when cover starts for an insured person. This date is shown on the Acceptance Certificate or Renewal Certificate – whichever is most recent.
①	<i>Acceptance Certificate</i> The most recent document titled Acceptance Certificate sent to the policyowner by nib as part of the Contract of Insurance. (Also see Renewal Certificate).
①	<i>Renewal Certificate</i> The most recent document entitled Renewal Certificate that we send to the policyowner as part of the Contract of Insurance. We send it to renew your policy once a year, at least 30 days before your policy anniversary date.
①	<i>Waiting period</i> A period of time after the commencement date, effective date or the join date, during which we won't pay a claim for that specific benefit.

You will have a waiting period before you can claim

You can claim for the benefits provided by the cover once any waiting periods are over, provided that your premiums are paid up to date. The waiting periods below apply for each insured person for the Everyday policies. The waiting period starts at the commencement date, effective date or join date – whichever applies.

Benefit for treatment	Waiting period
Dental benefit Preventative <i>dental treatment</i> General <i>dental treatment</i>	2 months
Dental benefit Major <i>dental treatment</i> Orthodontic <i>treatment</i>	12 months
GP Treatment and Pharmaceutical Prescriptions benefit GP <i>consultation</i> Pharmaceutical <i>prescription</i>	2 months
Mental Health benefit Psychology and <i>psychiatry consultations</i>	6 months
General Treatment benefit Physiotherapy Chiropractic <i>treatment</i> Osteopathic <i>treatment</i>	2 months
Optical benefit Optical <i>appliances</i> (such as spectacles and contact lenses) Optical examinations	6 months
Speech Therapy benefit Speech <i>therapy</i>	2 months
Therapeutic Care benefit Acupuncture Traditional Chinese <i>medicine</i> Remedial <i>massage</i>	2 months
Vaccinations benefit Vaccinations	2 months

Waiting periods may apply if you change your nib Everyday cover

You can change your nib Everyday cover at policy anniversary. The application must be made by the policyowner. We may not accept your application. But if we do, your new cover will start as soon as your application is accepted.

If you change your cover to a policy that offers a higher level of benefits, you may have to serve further waiting periods.

But if you change to a policy with comparable cover, we recognise waiting periods that you have already served.

Check with us to find out which covers are comparable.

If you change your nib Everyday cover, these waiting period rules apply:

If...	Then...
Your cover has higher or new benefits	Waiting periods will apply from the effective date. They will include any waiting period you have already served under the previous cover.
There is no change in your cover's benefits	There is no change in your waiting periods – they apply as before the change, from the commencement date, effective date or join date.
Your cover provides lower or fewer benefits	The waiting period applies from the commencement date or join date – whichever applies – from before the change in cover

①	<i>Waiting period</i> A period of time after the commencement date, effective date or the join date, during which we won't pay a claim for that specific benefit.
①	<i>Commencement date</i> The start date of your policy that is shown as the original policy commencement date on the Acceptance Certificate, or Renewal Certificate – whichever is most recent.
①	<i>Effective date</i> The date any changes made to the policy take effect. The date is shown as 'Effective date' on the Acceptance Certificate or Renewal Certificate – whichever is most recent.
①	<i>Join date</i> The date when cover starts for an insured person. This date is shown on the Acceptance Certificate or Renewal Certificate – whichever is most recent.
①	<i>Policy anniversary date</i> The date 12 months after the commencement date and every 12-month anniversary of that date.

To avoid new waiting periods, maintain continuous cover

You must maintain continuous cover with nib to:

- ensure you can continue to claim benefits
- avoid having to re-assess all the insured persons' health
- avoid having to serve the waiting periods again if anyone on your policy decides to re-join later.

If you don't maintain continuous cover, you may lose advantages like discounts and concessions. When you resume cover, check your Acceptance Certificate or Renewal Certificate – whichever applies.

①	<i>Waiting period</i> A period of time after the commencement date, effective date or the join date, during which we won't pay a claim for that specific benefit.
①	<i>Acceptance Certificate</i> The most recent document titled Acceptance Certificate sent to the policyowner by nib as part of the Contract of Insurance. (Also see Renewal Certificate).
①	<i>Renewal Certificate</i> The most recent document entitled Renewal Certificate that we send to the policyowner as part of the Contract of Insurance. We send it to renew your policy once a year, at least 30 days before your policy anniversary date.

Reasons we will cancel your policy

We have the right to cancel the policy or cover for an insured person, if:

The policy ends

- The premiums are unpaid more than 90 days after the due date – then none of the insured persons will be able to claim.

An insured person becomes ineligible

- An insured person is no longer a New Zealand resident.
- The last insured person covered by this policy dies.

You breach the terms of the policy

- Any insured person breaches the terms of the policy.
- Any information provided by, or on behalf of, the policyowner or any insured person is not true, correct and complete.
- An insured person has achieved, or tried to achieve an advantage, financial or not, for themselves or for anyone else on the policy, that they are not entitled to under this policy.

- An insured person has behaved offensively to or intimidated nib employees.

If we cancel this policy or cover for an insured person, we may keep any premiums you have paid. And if we have paid any claims, we may require you to pay them back to us.

Making a claim

You have two ways to make a claim. Always quote your policy number.

You can make a claim online

1. Visit the my nib portal at nib.co.nz/portal
2. Upload a photo of your receipt or invoice using the nib app.

Meeting the requirements of your policy

All claims must meet the requirements of your Contract of Insurance, and What we do not cover on page 18.

- You must give us all relevant information with the claim (see Supporting documents for claims on page 13).
- The claim must relate to an insured person. We will only pay the claim to a *recognised provider*, policyowner or insured person, even if someone else has paid the account or bill.

i	<p><i>Contract of Insurance</i> means the following documents together:</p> <ul style="list-style-type: none">▪ the Acceptance Certificate or Renewal Certificate that we send you in subsequent years – whichever is most recent▪ this policy document (or any subsequent document that replaces it)▪ any applications that have been made by the policyowner or insured person to join the policy. If there are differences, the documents apply in descending order.
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When we can't pay claims

- When your premiums are not up to date.
 - If your premium is not up to date on the day we accept a claim, we will not pay until you have paid your premium in full.
 - If you have made a claim and then fall behind with your premiums, we may decide not to cover your claim.
 - You can only claim for *health services* carried out by *recognised providers*.
- We have the right to recover any money that we pay by mistake, or you obtain by fraud. We also have the right to recover money you obtain by contravening the policy or breaking the law.

Submit your claim within a year

We recommend that you send us all claims within 12 months of having the *health service*. We don't adjust claims payments for inflation.

Supporting documents for claims

Supporting documents for claims must be:

- in a format approved by nib
- supported by *recognised health professional's* invoices or itemised receipts on their letterhead; the paperwork must show their official stamp and GST number.

If we need more information to assess your claim, you must follow our requests.

Who we pay

Your claim must relate to a person who's insured on this policy.

Everyone covered by this policy must comply with it before we will pay any claim.

We reimburse a *recognised provider*, policyowner, or insured person, regardless of who paid the bill.

If we are refunding you by direct credit, please make sure your banking details are correct. If we pay to the wrong account because of your error, we can't make a replacement payment until the original payment is returned to us.
We will only refund to a nominated New Zealand bank account in New Zealand dollars.

Where possible, we process claims within 5 working days

Where possible, we will process your request for claim within five working days of receiving it, unless we need more information.

You cover any costs for submitting a claim

If you need help to complete the claim, or we ask for a medical report, you need to pay any cost for providing them.

If we ask for more information to assess the claim, we will pay to get it.

You must pay your premiums on time

You must keep your premiums up to date to keep the policy active. Otherwise, insured persons on the policy may not be able to claim benefits.

If the premium rate changes during the policy year, we will apply the change at your next policy anniversary date.

You can pay your premiums in advance for a maximum of 12 months.

①	<i>Policy year</i> The 12-month period that begins on the commencement date and ends at 6am on the policy anniversary date – and each following 12-month period from one policy anniversary date to the next.
①	<i>Policy anniversary date</i> The date 12 months after the commencement date and every 12-month anniversary of that date.

Your payment options depend on payment frequency

Your payment options are below. You must pay in advance, unless we have specifically told you otherwise:

Direct debit

If you pay your premiums by direct debit from a bank, building society, or credit union account, you can pay weekly, fortnightly, monthly, quarterly, half yearly or yearly.

Credit card

If you pay your premiums by credit card payment from a MasterCard or Visa, you can pay monthly, quarterly, half yearly or yearly.

Our agreement with you

We will give the policyowner at least 30 days' notice in writing if the amount of the direct debit is increased as a result of a premium rate change.

We will keep any information about the nominated account confidential, except when we need to complete direct debits with the financial institution.

When the due date is not a working day, we will debit the account on the first working day after the due date.

We have the right to cancel direct debit arrangements if the financial institution dishonours direct debits. We will arrange a different payment method with the policyowner.

The details of the direct debit arrangement are contained in the direct debit authority form which the policyowner completes. We will rely on those details to process payments until told otherwise.

Your agreement with us

It is the policyowner's responsibility to:

- make sure the nominated account can allow direct debit
- make sure there are enough funds available in the account to make a payment on the due date

- tell us if the account details change, or if the account is transferred or closed
- arrange a different payment method if we cancel the direct debit arrangements
- ensure all authorised people of the nominated account sign the direct debit authority form
- update us if the credit card details change

You can change the direct debit arrangements

The policyowner may cancel or stop a direct debit with their financial institution. They must give instructions in writing.

The policyowner can change the direct debit arrangements in line with the terms and conditions of our direct debit authority, at least 10 calendar days before the next due date.

Contact us if you have an enquiry or problem about direct debits

If the policyowner has a direct debit enquiry, or believes a debit has been made incorrectly, let us know us immediately.

Email us at contactus@nib.co.nz

If we can't reach you, we will continue your cover by making deductions

We want to ensure your valuable cover continues, if a premium deduction advice is returned to us as gone / no address. We will continue to make premium deductions until the policyowner tells us to stop the deductions.

Your premiums are based on your benefits, and increase with age

Your premiums are calculated according to the rates that apply from time to time for the policy selected.

Premiums automatically increase when an insured person reaches a specified age. The same changes to the premium rates and age-related steps apply to everyone insured under this policy.

We may change premiums and benefits if general circumstances change

We will make no changes to your individual policy alone, regardless of your claims history.

However, depending on wider circumstances we may change the:

- premium rates (including age related steps) benefits
- terms of cover (including 'What is not covered' and words defined in this policy) during the life of the policy.

We will only make changes in the circumstances below, and only to compensate for the particular circumstances that apply.

- The law that applies to the policy changes (including tax changes).
- Our costs increase as a result of medical inflation – as we determine.
- To increase the level of cover under a benefit or to add a new benefit.
- To allow for an unexpected and significant increase in the type or level of claims under the policy, which are unsustainable long term and threaten its commercial viability.
- To align this policy with a newer version of the same type of policy we offer later, with similar premiums or benefits.
- To take into account unexpected, severe public health threats, such as a pandemic.

We will let you know when premiums increase

We will give the policyowner 30 days' written notice of any change in premiums.

The policyowner has the right to cancel this policy at any time.

The health services we cover

Your Everyday cover does not cover any hospital related services. It provides cover for the *health services* and *treatments* below.

If we accept your claim, we reimburse:

- 60% of the *health service* or *treatment* cost for Standard Everyday cover
- 80% of the *health service* or *treatment* cost for Premium Everyday cover

for each cost you incur, up to the annual benefit limit.

Waiting periods apply to specific benefits (see page 11). The benefit limits for Standard Everyday and Premium Everyday are below.

i	<p><i>Benefit limit or benefit limits</i></p> <p>The maximum amount nib will pay for each benefit for each insured person every policy year.</p>
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Benefit <i>Treatment</i>	Annual benefit limit	
	Standard Everyday	Premium Everyday
Dental benefit <i>Preventative dental treatment</i> <i>General dental treatment</i> <i>Major dental treatment</i> <i>Orthodontic treatment</i>	\$750	\$1,000
GP and Pharmaceutical Prescriptions benefit <i>GP consultations</i> <i>Pharmaceutical prescriptions</i>	\$350	\$500
General Treatment benefit <i>Physiotherapy</i> <i>Chiropractic treatment</i> <i>Osteopathic treatment</i>	\$350	\$500
Mental Health benefit <i>Psychology and psychiatry consultations</i>	\$350	\$500
Optical benefit <i>Optical appliances</i> (such as spectacles and contact lenses) <i>Optical examinations</i>	\$350	\$500
Speech Therapy benefit <i>Speech therapy</i>	\$200	\$400
Therapeutic Care benefit <i>Acupuncture</i> <i>Traditional Chinese medicine</i> <i>Remedial massage</i> Vaccinations benefit <i>Vaccinations</i>	\$150	\$300

The benefits we cover

1 Dental benefit

This benefit covers the cost of:

- Preventative *dental treatments* – including examinations, cleaning and scaling
- General *dental treatments* – including fillings, basic extractions and associated x-rays
- Major *dental treatments* – including root canal therapy, removal of wisdom teeth, crowns, bridges, endodontic *treatment* and dentures
- Orthodontic *treatments* performed by a registered *dental practitioner, orthodontist* or oral surgeon

We do not cover:

- *Treatments* covered under the school dental service or general dental benefit scheme
- Any additional costs of gold or other materials that are unnecessarily expensive or not normally used in *dental treatments*
- *Treatment* that is purely cosmetic

2 Optical benefit

This benefit covers the cost of:

- *Optometrist, orthoptist* and *optician* examination fees
- Prescription spectacles and contact lenses

We do not cover:

- Replacing a lens as part of the process of repairing spectacles
- Sunglass tinting, coating or hardening lenses.

3 General Treatment benefit

This benefit covers the cost of *physiotherapy, chiropractic* and *osteopathic consultations* and *treatment*.

4 GP and Pharmaceutical Prescription benefit

This benefit covers the cost of *GP consultation* and *pharmaceutical prescriptions*.

We do not cover:

- Any additional services performed in the *GP's* rooms, such as *minor surgery*
- Cryotherapy, pulse light therapy, photodynamic therapy or *injections* of any kind
- Any drugs not listed on the PHARMAC pharmaceutical schedule
- Drugs listed under Section H of the PHARMAC pharmaceutical schedule

5 Mental Health benefit

This benefit covers the cost of *consultations* by a *psychiatrist* or *psychologist*.

6 Speech Therapy benefit

This benefit covers the cost of *speech therapy* with a *recognised health professional*.

7 Therapeutic Care benefit

This benefit covers the cost of:

- *Acupuncture*
- *Traditional Chinese Medicine*
- *Remedial massage*

We do not cover:

We do not pay for additions to the *treatment* itself. Examples include books, DVDs, CDS, associated diagnostics, testing (such as Vegatesting), and reports.

8 Vaccinations benefit

This benefit covers the cost of vaccinations, administered by a *recognised health professional*.

We do not cover:

Government funded, experimental or non-PHARMAC approved vaccinations.

What we do not cover

We do not cover the *health services*, *treatments* and costs listed in this section.

Health services we do not cover

We do not pay benefits for any of the following *health services* that relate to or result from any of the *conditions* or situations below. All examples are indicative only and are not an exhaustive list of what is excluded

Coverage relating to your policy or claim

- Claims if you've given us false or inaccurate information when you made your claim or applied for your policy
- *Health services* not mentioned in this policy document
- Providers who do not meet our criteria
- *Health services* you get after you have reached your policy benefit limit
- *Health services* you get during a waiting period, between taking out a policy with us, and the date you can start claiming
- Incomplete claims
- Claims that do not meet the terms of this policy.

Services provided by others

Health services provided by health professionals who are not recognised by the Medical Council of New Zealand (apart from those listed in this policy document)

Products, substances or services recognised under New Zealand legislation as illegal.

Services provided by a family member, such as accommodation, travel, or *health services*

Expenses you could recover from a third party, such as another person, a company or an insurer

Costs you that result from admission to a public hospital or a recognised private hospital – these may be covered under an nib Hospital policy

Services outside New Zealand

Health services you've received outside New Zealand

Items you have bought outside New Zealand, such as items you ordered on the internet from another country

Acute medical conditions and observation

Symptoms or *conditions* that need hospital *admission* for *treatment* or monitoring either immediately or within 48 hours

Immune deficiency disease

HIV and AIDS

Elective treatment

Vision enhancement, such as for myopia, hypermetropia, presbyopia, astigmatism, *treatments* such as radial keratotomy and photorefractive keratectomy

Breast reconstruction or reduction, gynaecomastia, and revision of breast implants, unless we approve the *treatment*

Cosmetic reconstructions, reductions, weight loss

Treatment for obesity, such as gastric banding, sleeve, and bypass
Gynaecomastia, breast reduction, blepharoplasty, unless we approve
Treatment of sleep problems and disorders, such as snoring, insomnia and sleep apnoea
Treatment of *allergies* and allergic disorders, such as allergy testing and desensitisation
Screening where there is no sign or symptom of a *condition*
Preventative *treatment* in the absence of signs or symptoms of an illness, disease or medical *condition*
Genetic testing for any purpose

Fertility treatment

Family planning, such as infertility, termination of pregnancy, reversal of sterilisation, contraception, caesarean section, hormone replacement therapy and erectile dysfunction

Conditions that run in families

Any *congenital*, hereditary or genetic *condition*, such as a birth disorder, chromosomal disorder, familial predisposition, or familial risk

Mental and psychiatric conditions (except where the contrary is expressly specified in the policy)

Psychiatric, behavioural, psychological or developmental *conditions*, such as depression, ADD, ADHD or eating disorders
Substance misuse such as misuse of alcohol or drugs
Self-inflicted *injuries*
Continuous care such as geriatric care, palliative care, respite care, long-term care, convalescence and disability care, costs for support services costs, if for example you become senile or develop dementia

Crime, riot, and war

Anything you do or don't do as a result of any medical *condition*, that results in your being charged under the Crimes Act
Cover for care during a war or riot

Consultations we don't cover

If an insured person sees the same *recognised provider* twice on the same day, we will only pay the costs for the first visit
Consultations that do not take place face-to-face – such as over the phone or on Skype

Administration and prescription charges

Administration costs such as fax charges, after hours costs, overtime, cancellation charges and prioritisation fees
Prescription charges (except where the policy specifically covers them).

Meanings of medical terms

Acupuncture

Treatment provided by an acupuncturist who is recognised as such at nib's sole discretion.

Acute medical condition

A sign, symptom or *condition* that needs *hospital admission* for *treatment* or monitoring, immediately or within 48 hours.

Admission

To have followed an administration process to become an *admitted patient* as a private patient in a *recognised private hospital*. The *admission* must be for *treatment* of a sign, symptom or *condition*. *Treatment* in the emergency room of a *recognised private hospital* is not covered as an *admission*.

Chiropractic Treatment

Treatment provided by a *chiropractor*.

Chiropractor

A *recognised health professional* who is:

- in *private practice* and holds a current annual practising certificate, and
- a member of The Chiropractic Board of New Zealand (or its replacement, if the legislation changes.)

Condition

Any illness, *injury*, ailment, disease, sickness, disorder or disability.

Congenital

A health anomaly or defect which is present at birth — whether it is recognised or not, and whether it is inherited or caused external or environmental factors such as drugs or alcohol.

Consultation

A necessary face- to-face meeting with a *recognised health professional*. The purpose must be to evaluate the medical case and any *treatment*. A *consultation* does not include the *treatment* itself. This does not include any virtual *consultations*, such as by phone or Skype.

Dental practitioner

A *recognised health professional* who is:

- in *private practice* and holds a current annual practising certificate
- a member of the Dental Council of New Zealand (or its replacement, if the law changes).

Dental Treatment

Treatment provided by a *dental practitioner*.

Diagnostic investigation

An investigative procedure to determine the presence or cause of a sign, symptom or *condition*. For the purpose of this cover, this does not include skin biopsies or *treatment* of any kind including, pain relief.

GP

A *recognised health professional* who is:

- in *private practice* and holds a current annual practising certificate, and
- a member of the Medical Council of New Zealand (or its replacement, if the legislation changes).

Health service or Health services

Consultation, assessment, *diagnostic investigation* or *treatment* of a sign, symptom or *condition* provided by a *recognised health professional*.

Obesity

The World Health Organisation recognised definition of *obesity*.

Optical appliance

Spectacles or contact lenses that correct sight and:

- are prescribed by an *optometrist* or *ophthalmologist*
- are approved by nib

Optometrist or optician

A *recognised health professional* who is:

- in *private practice* and holds a current annual practising certificate
- a member of the Optometrists and Dispensing Opticians Board of New Zealand (or an organisation that replaces it).

Orthodontist

A *recognised health professional* who is:

- in *private practice* and holds a current annual practising certificate
- a member of the Dental Council of New Zealand (or an organisation that replaces it).

Orthoptist

A *recognised medical professional* who is:

- in *private practice* and holds a current annual practising certificate
- a member of the New Zealand Orthoptic Society (or an organisation that replaces it).

Osteopath

A *recognised health professional* who is:

- in *private practice* and holds a current annual practising certificate, and
- a member of the Osteopathic Council of New Zealand (or its replacement if the legislation changes).

Osteopathic

The *treatment* provided by a registered osteopath.

Pharmaceutical prescription

A legally written order from a *registered specialist*, *GP*, dentist or nurse practitioner to prepare and administer a medicine. The medicine must be listed under sections A to G of the PHARMAC schedule (or its replacement if the law changes). A registered pharmacy must dispense the medicine.

Physiotherapist

A *recognised health professional* who is:

- in *private practice* and holds a current annual practicing certificate, and
- a member of The Physiotherapy Board of New Zealand (or its replacement, if the legislation changes).

Physiotherapy

Treatment provided by a *physiotherapist*.

Private practice

A practice recognised by nib (whether sole, partnership or group) which receives its main income from the fees it charges to its patients, without subsidy or funding from the public health sector.

Psychiatrist

a *recognised health professional* who is:

- in *private practice* and holds a current annual practising certificate;

- a member of the Royal Australian and New Zealand College of Psychiatrist (or its successor) and has Medical Council of New Zealand vocational registration in psychiatry.

Psychologist

A *recognised health professional* who is

- in *private practice* and holds a current annual practising certificate; and
- a member of The New Zealand College of Clinical Psychology (or its successor).

Public Hospital

A *Hospital* owned and administered by the publicly funded health sector of the New Zealand Government.

Recognised health professional

A person who is:

- registered and holds a current practising certificate that complies with the Health Practitioners Competence Assurance Act 2003 (or its replacement if the legislation changes)
- a member of the appropriate registration body, for example Medical Council of New Zealand, Dental Council of New Zealand, the Nursing Council of New Zealand or the Chiropractic Board in New Zealand
- recognised by nib.

Recognised provider

A *recognised health professional*, *recognised private hospital* or other medical facility that is recognised by nib.

Registered specialist

A *recognised health professional* who:

- is in *private practice* and holds a current annual practising certificate
- is a member of an appropriately recognised specialist college
- has vocational registration in that speciality with the Medical Council of New Zealand (or its replacement, if the legislation changes.).

This definition does not include those holding vocational registration for accident and medical practice, emergency medicine, family planning, sexual health and reproductive health, general practice, medical administration, public health medicine, or sports medicine.

Remedial massage

Treatment provided by a *massage therapist* who is recognised as such at nib's sole discretion.

Screening

An investigation carried out in the absence of any sign or symptom of a *condition* – for example, testing due to a family history of cancer.

Speech therapy

Treatment that is provided by a *recognised health professional* who is:

- in *private practice* and holds a current annual practising certificate, and
- a member of the New Zealand Speech Language Therapists Association (or its replacement, if the legislation changes).

Surgery or surgical

An operation performed in a *recognised provider* under an anaesthetic (general, intravenous sedation, local or spinal) requiring a surgical incision to remove or repair damaged or diseased tissue. For the purpose of this cover, this does not include *injections* of any type.

Traditional Chinese Medicine

Consultations and *treatment* provided by a traditional Chinese medicine practitioner who is recognised as such at nib's sole discretion

Treatment

A *health service* that involves medical care, therapy, or *surgery*.

Feedback and complaints

Any questions? More information?

Your customer feedback helps to improve the quality of our service.

Get in touch

Go to nib.co.nz

Email contactus@nib.co.nz

Have you got a complaint? Please let us know

We have a process for making sure complaints are heard and dealt with.

You are welcome to talk to the person who handled your enquiry or claim. Or to talk to a senior team member or team leader.

nib Complaints Committee

Or you can write to the nib Complaints Committee:

Email complaints@nib.co.nz

We will do everything we can to resolve complaints to your satisfaction.

If you are not satisfied with the outcome, we will write a 'letter of deadlock' which gives you the option to take your complaint to the Insurance & Financial Services Ombudsman (IFSO):

The Insurance & Financial Services Ombudsman

PO Box 10-845

Wellington 6143

Phone 0800 888 202

Email info@ifso.nz

Our privacy policy

We are committed to protecting the privacy and security of the personal information we collect.

We work to comply with our obligations under the Privacy Act 1993, including the Health Information Privacy Code 1994.

Our privacy policy explains how we may collect, use and disclose personal information. Read it at nib.co.nz/about-us/privacy-policy



Everyday Cover Policy document

Need help?

Go to nib.co.nz

Email us at contactus@nib.co.nz