

nib

EveryDay Cover
Policy document



October 2015

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Introduction

Thank you for trusting nib to insure your good health. This Policy document explains what your Policy covers. It should be read in conjunction with all the documents that form part of your Contract of Insurance.

It is important you read the information carefully to ensure you know what you are covered for, what you need to tell us, how to make a Claim and any other terms and conditions of your Policy. However you should always make enquiries with nib before undergoing any Health Service (see Claims on page 17).

Unless specified, this Policy document only describes nib EveryDay Cover as at the date of issue of this Policy document. Each nib Cover can be amended from time to time in accordance with its terms.

Contract of Insurance

Your Contract of Insurance consists of:

- the Acceptance Certificate or Renewal Certificate (whichever is the later);
- this Policy document (or any subsequent document that replaces this document); and
- any application(s) completed by the Policyowner and all the Insured Persons covered under the Policy (if any).

In descending order of priority if there is any inconsistency.

Words in capitals

Some words in this document start with a capital letter, indicating a specific meaning which applies to nib EveryDay Cover. Please refer to the Glossary of important terms on page 35.

This is an important document

Please keep this Policy document and the other documents that form your Contract of Insurance in a secure place for future reference.

How to contact nib

Call us on **0800 123 nib** (0800 123 642)

Fax us on 0800 345 134

Email us at contactus@nib.co.nz

Write to us at:

nib nz limited

PO Box 91 630

Victoria Street West

Auckland 1142

Go to **nib.co.nz**

Our opening hours are Monday to Friday 8:00am to 5:30pm.

We are closed on public holidays.

If you leave a message outside of our opening hours, we will call you back the next working day.

General terms of EveryDay Cover

Applying for an nib health insurance Cover

All applications for an nib health insurance Cover must be accompanied by proof of identity and any other relevant information we may require.

We may at our discretion refuse to accept an application until such time as the required information is provided or until the Premiums for the minimum period relevant to the applicant have been paid.

- Subject to the terms of this Policy document and the Health Funds Association of New Zealand Inc. Health Insurance Industry Code we may, at our discretion, refuse an application to join nib as an Insured Person, as described below.
 - We have the right to refuse an application to join a Cover that has been closed for sale.
 - We have the right to refuse an application to combine a Cover currently for sale with a Cover that has been closed for sale.
 - We have the right to refuse an application to move a Cover that has been closed for sale to a Cover currently for sale.
 - We have the right to refuse an application to move to another nib Cover.
- If we refuse an application, we will provide a reason for the refusal to the applicant.

Duty of disclosure

The Policyowner and all Insured Persons had a legal duty to disclose everything they knew (or ought to have known) which would have influenced the decision of a prudent insurer whether to accept the Policyowner's application, and if so, on what terms. For example, an Insured Person must have disclosed any medical Condition or any sign, symptom, treatment or surgery of any medical Condition they had at the time of applying, or have had in the past. The Insured Person must have told us about any changes to the information given to us before any Commencement Date, Effective Date or Join Date (as applicable) of this Policy. If the Insured Person failed to do so, or if any of the above information was not disclosed to us, we can cancel this Policy from the Commencement Date, Effective Date or Join Date (as applicable) and not pay any Claims after those dates. We may retain all the Premiums paid, and any Claims paid by us after those dates may be recovered from the Insured Person.

Code of practice

This Policy complies with the Health Funds Association of New Zealand Inc. Health Insurance Industry Code. The Policyowners or any Insured Person can obtain a copy of nib nz limited's financial statements for the last reported financial year by writing to nib nz limited, PO Box 91 630, Victoria Street West, Auckland 1142.

Period of Cover

Cover for the EveryDay Cover shown on the Acceptance Certificate or Renewal Certificate starts on the Commencement Date, Effective Date or where the Insured Person is added to this Policy, the Join Date, subject to any applicable Waiting Period.

All information given by, or on behalf of, the Policyowner or any Insured Person when arranging this Policy or making any changes to it, must be true, correct and complete. If it is not, we may, at our discretion, cancel this Policy from the Commencement Date, Effective Date or Join Date (as applicable). If we cancel this Policy, any Premiums paid may be retained by us. If we have already made any Claims payments, we may recover these from the Policyowner.

14-day free-look period

A 14-day free-look period applies to all nib Covers.

The Policyowner can receive a full refund of Premiums if they decide to cancel the Policy within the first 14 days – providing no Claims have been made during that time, and that the cancellation is requested in writing. This period starts three days after we send you your Contract of Insurance. During this time, should you decide the Policy doesn't meet your needs, please send written confirmation to us and we will cancel the Policy and refund the full Premiums paid, providing no Claims have been made.

Health Cover reviews

It is the Policyowner and all Insured Persons' responsibility to understand what is and what is not covered by their health insurance Policy. We recommend you review your health insurance at least once each year. We are happy to discuss your health Cover – you are welcome to call us on **0800 123 nib** (0800 123 642).

nib Recognised Providers

Claims are only eligible for Health Services carried out by an nib Recognised Provider.

We will pay for Benefits under EveryDay Cover if the Insured Person attends an nib Recognised Provider, who must:

- meet all the minimum criteria outlined by us relating to their education, qualifications and active membership of any governing body specified by us; and
- be in Private Practice.

Key information found on nib's website

Our website provides key information, such as our Claim forms. All the relevant information can be found by visiting **nib.co.nz**

Who is covered

This Policy provides Cover for an Insured Person who lawfully resides in New Zealand.

We may request to see originals or certified copies of the all the relevant Insured Person's documents.

We reserve the right to cancel the relevant Insured Person's Cover if they no longer meet the criteria above.

Dependent Children

A Dependent Child will become subject to adult premium rates on the next Policy Anniversary Date after they reach age 21. We will automatically continue to cover that person on this Policy as an Insured Person and deduct the additional Premium based on their age for the Cover, from the same payment source and at the same frequency as this Policy, unless you advise us otherwise. If the smoking status is not known, smoker Premiums will apply.

Unless otherwise approved by us, a person under 18 years of age is not eligible to be a Policyowner. A Dependent Child under age 18 must be accompanied on the Policy by at least one adult aged 21 or older as an Policyowner or have his or her parent or legal guardian as the Policyowner.

Who can view and change the Policy

The Policyowner is the primary account holder and has full and total authority to make changes to the Policy and make Claims enquiries about anyone on the Policy. If the Policy has more than one Policyowner then all the Policyowners must consent to any changes.

The Policyowner(s) must give us at least 30 days' prior notice in writing or by email before any changes can be made.

The Policyowner may add or remove an Insured Person from the Policy, and may add or remove any nib Cover, at a Policy Anniversary Date.

If we agree to any other change, we will make the requested change to this Policy on the same (or nearest equivalent) date in the month that corresponds to the date in the month of the Policy Anniversary Date, immediately after you request this change. For example, if the Policy Anniversary Date is 30 September and you request a change on 15 June, the Effective Date of the change will be 30 June. If we make the change on any other date, we will let you know.

Adding a Partner, Dependent Child, parent or grandchild

The Policyowner can add their Partner, Dependent Child, parent or grandchild to this Policy. The person being added to a Policy will be required to serve a Waiting Period from the Effective Date or Join Date (as applicable). The Policyowner and any new Insured Person added must follow the relevant application process. Please call us on **0800 123 nib** (0800 123 642) for more details.

We will charge an additional Premium for each Insured Person added.

A new Insured Person added to this Policy from the Effective Date or the Join Date shown on the Acceptance Certificate or Renewal Certificate (whichever is the later).

Removing an Insured Person

We will remove an Insured Person from this Policy:

- at the written request of that Insured Person. He or she has the option, within 30 days of removal, to arrange a separate Policy on terms determined by us without providing any evidence of his or her current state of health; or
- at the written request of the Policyowner (see above).

Changes in contact details

The Policyowner must notify us of all changes in contact details of the Insured Persons covered under the Policy. Where possible, they must provide an email address. The Policyowner can advise us in writing or by email.

Changing the Insured Person's smoking status

If any Insured Person (aged 21 years or over) changes their smoking status, they must complete an nib smoking status questionnaire and send the completed questionnaire to us. If the smoking status is not known, smoker Premiums will apply. We will require at least 30 days' prior notice before this change will be applied on the Policy.

Adding or removing an nib hospital Cover

The Policyowner can add an nib hospital Cover to the Policy for an additional Premium, by following the relevant application process. Please call us on **0800 123 nib** (0800 123 642) for more details. The application must be completed fully and accepted by us before the nib hospital Cover can start.

The Premium will be adjusted from the next available billing date to reflect this change. The additional Cover will start from the Effective Date shown on the Acceptance Certificate or the Renewal Certificate (whichever is the later).

The Policyowner can only remove a nib hospital Cover at the next Policy Anniversary Date. The Policyowner must give us at least 30 days' prior notice in writing before that Cover can be removed.

We will process the change

We will process any changes to the Policy within five working days of receiving the relevant request, unless otherwise stated or further information is required.

Once we have accepted the changes, we will send the Policyowner a new Acceptance Certificate or Renewal Certificate that will show the changes.

Commencement of Cover

Any Insured Person will be able to Claim for the Benefits and / or Health Services provided by the Cover once Waiting Periods have been served and provided that all Premiums have been paid up-to-date.

Waiting Period

Waiting Period means a period of time after the Commencement Date, Effective Date or Join Date that an Insured Person is added to this Policy, for which no Claim will be paid for anything that happens during this period.

Waiting Periods vary according to the Benefit and / or Health Service being provided.

The following Waiting Periods apply to each Insured Person for all of the EveryDay Cover Policies:	
General Dental Treatment (for example: fillings, basic extractions excluding wisdom teeth and x-rays)	2 months
Preventative Dental Treatment (for example: examinations, scale & cleans and fluoride treatments)	2 months
GP (for example: Consultations, Surgeries)	2 months
Pharmaceutical Prescription	2 months
Physiotherapy	2 months
Registered Specialist (for example: Consultations)	3 months
Diagnostic Investigations	3 months
Optical Appliances (for example: prescription spectacles and contact lenses)	6 months
Major Dental Treatment (for example: root canal therapy, extractions including wisdom teeth, crowns, bridges, dentures, oral surgery)	12 months

Waiting Periods when changing Cover

For any change in Cover, the Policyowner must follow the relevant application process. Please call us on **0800 123 nib** (0800 123 642) for more details. The application process must be completed fully and accepted by us before the new Cover can start.

We recognise the Waiting Periods already served on a comparable nib EveryDay Cover only.

For Insured Persons changing their EveryDay Cover with nib, the following Waiting Period rules apply:

New Benefits and / or increase in Benefit Limits	Decrease in the Benefit Limits	No change in Benefits and / or Benefit Limits
The Waiting Period will apply from the Effective Date, this will include any Waiting Period served on the previous EveryDay Cover.	The Waiting Period applies from the Commencement Date or Join Date (as applicable) prior to the change.	The Waiting Period applies from the Commencement Date or Join Date (as applicable) prior to the change.

Transfer to a new Policy

If for any reason an Insured Person needs to transfer to a new Policy with the same level of Cover, the Waiting Period applies from the Commencement Date, Effective Date or Join Date (as applicable) of the original Policy.

Maintaining continuous Cover

It is important to maintain continuous Cover with nib to ensure you are able to continue to Claim Benefits and to avoid having to re-serve Waiting Periods if they decide to re-join later.

- If the Policy falls into arrears of Premium, all the Insured Persons on the Policy will be unable to Claim.
- After 90 days of non-payment the Policy will be terminated.
- After more than 90 days without Cover all Insured Persons listed on the Policy will have to re-serve Waiting Periods if they decide to re-join later.
- It will be at nib's discretion to determine whether the Insured Persons listed on the Policy will be covered for any EveryDay Cover Claims requested during a period of non-payment.

Cancelling the Policy or Cover

Unless otherwise permitted by us, any cancellation of a Policy and / or Cover for an Insured Person must be authorised in writing by the Policyowner. The Policyowner must give us at least 30 days' notice of the cancellation.

Termination of the Policy or Cover

We may terminate an EveryDay Cover Policy and / or Cover for an Insured Person:

- if the Premiums are in arrears by more than 90 days after the due date for payment; or
- if the last Insured Person covered by this Policy dies; or
- if any Insured Person breaches the terms of the Policy; or
- if any information provided by, or on behalf of the Policyowner or any Insured Person when arranging this Policy, or when making any changes to it, is false, incorrect or incomplete; or
- an Insured Person covered by the Policy has obtained or attempted to obtain an advantage, monetary or otherwise, whether for the Insured Person or for any other Insured Person, to which they are not entitled under this Policy document; or
- an Insured Person has engaged in offensive or intimidating behaviour towards employees of nib.

If we terminate this Policy and / or cover for an insured person, any Premiums paid may be retained by us. If we have already made any Claims payments for a health service that took place after our right to terminate arose, we may recover these from the Policyowner.

Your Premiums

Premiums must be up-to-date to keep the Policy active so that the Insured Persons listed on the Policy can continue to Claim Benefits.

- Where the Premium rate change takes effect during the period of advance payment, the change will not come into effect until the next Premium falls due.
- Premiums can be paid in advance for up to a maximum of 12 months.

Available payment methods and frequency

Payment periods are set out below and must be paid in advance, unless otherwise permitted by us:

- where Premiums are paid by direct debit from a bank, building society, credit union cheque or savings account – weekly, fortnightly, monthly, quarterly, half yearly and yearly.
- where Premiums are paid by credit card payment from a MasterCard or Visa – monthly, quarterly, half yearly and yearly.

nib direct debit service agreement

We will give the Policyowner at least 30 days' notice in writing if there are changes to the details of the direct debit.

- Any information about the nominated account will remain confidential, except where required 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.

It is the Policyowner's responsibility to:

- ensure the nominated account can accept direct debits;
- ensure there are enough funds available in the account to make the 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 account holders of the nominated account sign the direct debit authority form; and
- tell us about new credit card details with the new expiry date.

The Policyowners 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.

The Policyowner must give instructions to stop or alter the direct debit details in writing.

We reserve the right to cancel direct debit arrangements if the nominated financial institution dishonours direct debits, and to 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 submits to us. We will rely on those details to process payments until told otherwise.

Not all accounts held with a financial institution are available to be drawn on under the bulk electronic clearing system. The Policyowner should check with their financial institution if they are unsure whether their account can facilitate direct debits.

The Policyowner may cancel or stop a drawing with their financial institution.

If the Policyowner has a direct debit inquiry, or believes a debit has been made incorrectly, please contact us immediately on **0800 123 nib** (0800 123 642) or write to:

nib nz limited
PO Box 91 630
Victoria Street West
Auckland 1142

Important information about your Premiums and Benefits

The Premiums are calculated according to the rates applying from time to time for the Policy selected.

The Premiums automatically increase when an Insured Person reaches a specified age. Any changes to the Premium rates and age related steps apply across all Insured Persons with this Policy.

No changes will be made to your individual Policy alone, based upon the individual claims experience of your Policy.

The Premiums and the Benefits for this Policy are not guaranteed. We may alter the Premium rates (including age related steps) and / or Benefits and / or the terms of cover (including 'What is not covered' and 'Glossary of important terms') during the life of the Policy, but only in the following circumstances and only to the extent necessary to take these circumstances into account:

- if the law that applies to the Policy changes (including changes in taxation); or
- if our costs increase as a result of medical inflation, as determined by us; or

- in order to increase the level of cover under a Benefit or to add a new Benefit; or
- to allow for an unexpected and significant increase in the type and / or level of claims under the Policy, which are not sustainable long term and which threaten its commercial viability; or
- to align this Policy with a newer version of the same type of policy we subsequently offer with similar (but not necessarily the same) Premiums and / or Benefits; or
- to take into account unexpected and severe public health threats e.g. a pandemic.

We will give the Policyowner 30 days' prior written notice of any alteration. The Policyowner retains the right to cancel this Policy at any time.

We want to ensure your valuable cover continues if a deduction advice is returned to us as 'gone / no address'. In these circumstances, we will continue to make deductions in accordance with our Premium rates until we are advised otherwise and the Policyowner authorises us to stop the deductions.

Claims

- Benefits will only be paid for Claims which meet nib criteria.
- We reserve the right to recover any money paid in error, obtained fraudulently, or by any other means contrary to the Policy or law.
- The Insured Persons will not be paid any Benefits if the Premiums are not paid up-to-date (see Your Premiums on page 14).
- Claims are only eligible for Health Services carried out by a Recognised Provider.
- No payment will be greater than 100% of the actual costs of the Health Service.

How to make a Claim

- Visit our website at **nib.co.nz** for a claim form.
- Call us on **0800 123 nib** (0800 123 642).
- The Policy number must be quoted for all Claims.

- Any Claims must have all the relevant information submitted with the Claim form (see Supporting documentation for Claims below).

Supporting documentation for Claims

Supporting documentation for Claims must be:

- made in a format approved by us;
- submitted with a fully completed Claim form;
- include a copy of the GP or Registered Specialist referral letter or radiology request form (if appropriate); and
- supported by original Recognised Provider invoices and / or original Recognised Provider itemised receipts and / or itemised receipts on the Recognised Provider's letterhead or showing the Recognised provider's official stamp and GST number.

If we require further information in order to assess the Claim, all necessary requests must be complied with.

We recommend all Claims be submitted within 12 months of the relevant treatment date, as no inflation adjustments apply.

The Claim must relate to an Insured Person. Reimbursement must be to a Recognised Provider, Policyowner or Insured Person, regardless of whether any other person has paid the account or bill.

In cases where the Insured Person is deceased, Claim payment can only be made to the Recognised Provider, remaining Policyowner or the deceased Insured Person's estate.

The Policyowner and each Insured Person must comply with this Policy in full before any Claim is paid.

If any Premium is outstanding on this Policy at the date we accept a Claim, we will withhold payment of the Claim until all outstanding Premium(s) have been paid.

Medical report or assistance

If the Policyowner or an Insured Person needs assistance to complete the Claim form, or we request a medical report with the Claim form, these will be at the Policyowner's expense.

If we request additional information in order to assess the Claim, this will be at our expense.

Rapid refund and method

We will process the Claim within five working days of receipt of the Claim form, unless further information is required.

Typically we refund the nib Recognised Provider directly. If we are refunding the Policyowner by direct credit, please ensure your banking details are accurate on the Claim form. We will only refund to a nominated New Zealand bank account in New Zealand dollars.

Basic EveryDay Cover

This section lists and defines the Benefits we insure, and should be read in conjunction with all other parts of your nib Contract of Insurance. All Claims are subject to our general terms (see General terms of EveryDay Cover on page 6 and What is not covered on page 25).

Your Acceptance Certificate or Renewal Certificate (whichever is the later) details the type of EveryDay Cover selected.

What is covered

Basic EveryDay Cover does not cover any hospital related services. It provides cover for events outlined below.

We will refund 60% of each cost incurred under the Benefits up to the Benefit Limits. Waiting Periods must apply to specific Benefits (see Waiting Period on page 12).

1 Dental Benefit

This Benefit covers the cost of Dental treatments performed by a registered Dental Practitioner or oral surgeon, including examinations, cleaning and scaling, fillings, and basic extractions (excluding wisdom teeth) and associated x-rays.

Benefit Limit

The maximum we will pay for this Benefit is \$500 for each Insured Person every Policy Year.

Additional terms

- Benefits are not payable for treatments covered under the school dental service or general dental benefit scheme.
- Benefits are not payable for extraction of wisdom teeth. Cover may be available under the nib hospital Cover if the Policyowner has selected that Cover.
- Benefits are not payable for any additional costs of gold or other exotic materials.
- Benefits are not payable for any procedures such as orthodontic work, periodontic and endodontic treatment. Cover may be available under the Mid EveryDay Cover if the Policyowner have selected that Cover.

2 Optical Appliance Benefit

This Benefit covers the cost of prescription spectacles and contact lenses only.

Benefit Limit

The maximum we will pay for this Benefit is \$250 for each Insured Person every Policy Year.

Additional terms

- Benefits are not payable for any examination and / or Consultation fees.
- Benefits are not payable for replacing a lens as part of the process of repairing spectacles or for sunglass tinting, coating or hardening of lenses.

3 Physiotherapy

This Benefit covers the cost of Physiotherapy treatment.

Benefit Limit

The maximum we will pay for this Benefit is \$100 for each Insured Person every Policy Year.

4 GP Consultations Benefit

This Benefit covers the cost of GP Consultations only.

Benefit Limit

The maximum we will pay for this Benefit is \$100 for each Insured Person every Policy Year.

Additional terms

Benefits are not payable for any additional services performed in the GP's rooms. Cover may be available under the Mid EveryDay Cover if the Policyowner have selected that Cover.

Mid EveryDay Cover

This section lists and defines the Benefits we insure, and should be read in conjunction with all other parts of your nib Contract of Insurance. All Claims are subject to our general terms (see General terms of EveryDay Cover on page 6 and What is not covered on page 25).

Your Acceptance Certificate or Renewal Certificate (whichever is the later) details the type of EveryDay Cover selected.

What is covered

Mid EveryDay Cover does not cover any hospital related services. It provides cover for events outlined below.

We will refund 60% of each cost incurred under the Benefits up to the Benefit Limits. Waiting Periods must apply to specific Benefits (see Waiting Period on page 12).

1 Dental Benefit

This Benefit covers the cost of Dental treatments performed by a registered Dental Practitioner or oral surgeon, including examinations, cleaning and scaling, fillings, extractions (including extraction of wisdom teeth), orthodontic or endodontic treatment and associated x-rays.

Benefit Limit

The maximum we will pay for this Benefit is \$750 for each Insured Person every Policy Year.

Additional terms

- Benefits are not payable for treatments covered under the school dental service or general dental benefit scheme.
- Benefits are not payable for any additional costs of gold or other exotic materials.

2 Optical Appliance Benefit

This Benefit covers the cost of prescription spectacles and contact lenses.

Benefit Limit

The maximum we will pay for this Benefit is \$350 for each Insured Person every Policy Year.

Additional terms

- Benefits are not payable for any examination and / or Consultation fees.
- Benefits are not payable for replacing a lens as part of the process of repairing spectacles or for sunglass tinting, coating or hardening of lenses.

3 Physiotherapy Benefit

This Benefit covers the cost of Physiotherapy treatment.

Benefit Limit

The maximum we will pay for this Benefit is \$250 for each Insured Person every Policy Year.

4 GP and Pharmaceutical Prescription Benefit

This Benefit covers the cost of GP visits and Surgeries performed in GP rooms and Pharmaceutical Prescriptions.

Benefit Limit

The maximum we will pay for this Benefit is \$300 for each Insured Person every Policy Year.

Additional terms

- Benefits are not payable for any cosmetic surgeries.
- Benefits are not payable for cryotherapy, pulse light therapy, photodynamic therapy or Injections of any kind.
- Benefits are not payable for any drugs not listed on the PHARMAC pharmaceutical schedule.
- Benefits are not payable for drugs listed under Section H of the PHARMAC pharmaceutical schedule.

5 Registered Specialist and Diagnostic Investigations Benefit

This Benefit covers the cost of Registered Specialist Consultations and / or Diagnostic Investigations when they have been requested by a GP or Registered Specialist.

Benefit Limit

The maximum we will pay for this Benefit is \$5,000 for each Insured Person every Policy Year.

Additional terms

- Benefits are not payable for any other services performed in the Registered Specialist's rooms. Cover may be available under the nib hospital Cover if the Policyowner has selected that Cover.
- Benefits are not payable for any Diagnostic Investigations not requested by a GP or Registered Specialist.
- Benefits are not payable in relation to any skin / tissue biopsy. Cover may be available in the nib hospital Cover if the Policyowner has selected that Cover.

What is not covered

Benefits are not payable for any Health Services that are related to and / or any consequences of the following:

- Health Services not mentioned in this Policy document.
- Health Services provided during a Waiting Period.
- Health Services provided after the Benefit Limit has been reached.
- Policy applications or Claims where false or inaccurate information is supplied.
- Incomplete Claims.
- Providers who do not meet our criteria.
- Any services provided by a family member (for example: Health Services, accommodation and travel costs).
- Expenses reimbursed by any third party (for example: any other person, company or insurer).
- Services provided outside of New Zealand.
- Goods purchased outside of New Zealand (for example: goods ordered on the internet which are from another country).
- Acute Medical Conditions.
- HIV and AIDS.
- Cosmetic, reconstruction, reductions, weight loss / Obesity (for example: gastric banding, sleeve and bypass, gynaecomastia, breast reduction, blepharoplasty), unless approved by nib.
- Sleep problems and disorders (for example: snoring, insomnia and sleep apnoea).
- Allergies or allergic disorders (for example: allergy testing and desensitisation).
- Vision enhancement (for example: myopia, hypermetropia, presbyopia, astigmatism, radial keratotomy and photo-refractive keratectomy).

- Any Congenital, hereditary or genetic Condition (for example: birth disorder, chromosomal disorder, familial predisposition, familial risk, gene therapy and genetic testing).
- Family planning (for example: infertility, pregnancy, termination of pregnancy, sterilisation, contraception, caesarean section, hormone replacement therapy and erectile dysfunction).
- A psychiatric, behavioural, psychological or developmental Condition (for example: depression, ADD, ADHD and eating disorders).
- Substance misuse (for example: misuse of alcohol and misuse of drugs).
- Self-inflicted injuries, or injuries arising from attempted suicide.
- Charges under the Crimes Act (for example: any medical Condition which is related in any way to the Insured Person being involved in an incident which results in the Insured Person being charged under the Crimes Act).
- Any form of risk management (for example: Screening or preventative), unless approved by us.
- Prophylactic (unless approved by us in advance).
- Wars or riots.
- Continuous care (for example: geriatric care, palliative and disability, support services costs, senile Condition and dementia).
- Any costs incurred whilst the Insured Person is admitted to any Public Hospital or any Recognised Private Hospital (these may be covered under a nib hospital Cover).
- If an Insured Person sees the same nib Recognised Provider twice on the same day, only costs relating to the first visit will be payable.
- When Consultations do not occur face-to-face.
- Administration costs (for example: fax charges, after hours costs, over time, cancellation charges and prioritisation fees).
- Prescription charges (except where the contrary is expressly specified in the Policy).

- Any Health Services that are provided by health professionals not recognised by the Medical Council of New Zealand (unless expressly specified in this Policy document).
- Claims that do not meet our general terms (see General terms of Everyday Cover on page 6).

nib's obligations

We will:

- Treat Insured Persons as valued nib customers.
- Answer questions promptly and accurately at the first point of contact (whenever possible).
- Provide detailed health policy information and help the Policyowner and the Insured Persons understand what they are covered for.
- Deal with feedback and complaints in a timely and responsible manner.
- Keep the Policyowner and the Insured Persons informed regarding the process of their Claim (whenever possible).
- Comply with all aspects of the Health Funds Association of New Zealand Inc. Health Insurance Industry Code.
- Make every possible effort to resolve complaints to the Policyowner and the relevant Insured Person's satisfaction (whenever possible).
- Provide at least 30 days' written notification of Cover changes and at least 30 days' notification of a Premium increase.
- Meet the terms outlined in our direct debit authority.
- Provide a 14-day free-look period on all health Cover sales and Cover changes (providing no Claims are made during that time).
- Treat personal information with respect and in total accordance with the Privacy Act 1993, including the Health Information Privacy Code 1994.

Policyowner and Insured Person's obligations

By taking out a Policy with nib, the Policyowner and the Insured Person agree to:

- Comply with this Policy in full.
- Be accurate and truthful in their health insurance application and Claims.
- Undertake to understand Waiting Periods and what they are covered for, and if unsure – ask nib.
- Keep their health insurance Premiums up-to-date to ensure they remain covered.
- Meet the terms outlined in our direct debit authority.
- Provide all information reasonably required by us in relation to all Policies.
- Provide a relevant referral letter where the specific service or treatment in this Policy must only be performed after referral by a GP or Registered Specialist.
- Notify us as soon as reasonably possible for any change that may affect their Policy, and if unsure ask us.
- Comply with the Duty of disclosure (see Duty of disclosure on page 7).

nib's privacy policy

We are committed to protecting the privacy and security of the personal information we collect. We have implemented measures to comply with our obligations under the Health Funds Association of New Zealand Inc. Health Insurance Industry Code and the Privacy Act 1993, including the Health Information Privacy Code 1994. This section explains how we may collect and use personal information about the Policyowner and an Insured Person.

Why does nib collect my personal information?

We collect personal information primarily to enable us to provide health Benefits and related services. If the information provided to us is not accurate or complete, we may not be able to provide an accurate quote, or provide Benefits for the requested health or related services.

What personal information does nib keep?

The personal information we hold will depend on whether someone is an Insured Person or a Recognised Provider and which services they have used. Information may include:

- name, address, contact details, date of birth, email address;
- payment history;
- current or past details of private health insurance including level of Cover;
- Claim details;
- employment details; and
- Pre-existing Condition information.

How does nib collect personal information?

We may collect personal information directly (in person or by phone or internet) when someone:

- applies to become an nib customer or Recognised Provider;
- requests information concerning our services; or
- lodges a Claim.

How does nib use personal information?

The information we collect is used to:

- Provide Benefits for health and related services.
- Determine eligibility to provide or receive an nib health or related service.
- Administer this Policy.
- Promote or market our current and future health or related services.

If we use personal information for direct marketing or research purposes, we will do so in accordance with the Privacy Act 1993 including the Health Information Privacy Code 1994 and any correspondence sent to the Policyowner will give them the opportunity to “opt out” of receiving any further marketing or research correspondence.

Will personal information be given to anyone else?

In providing our health and related services and using personal information in accordance with this Policy, we may be required to collect information from or disclose an Insured Person’s personal information to:

- other nib companies;
- your financial adviser;
- health service providers including private health insurers, Recognised Private Hospitals, doctors and medical specialists and professional medical authorities, including the ACC and the Ministry of Health;
- our contractors and service providers performing services including (but not limited to) legal services, marketing, market research, mail house services, and product development services; and
- our existing and future strategic partners in respect of co-branded Covers and services.

Each Policyowner and Insured Person authorises the disclosure of personal information to such parties for collection of this information from and the purposes set out above.

We may also be required to disclose an Insured Person's personal information to other individuals on their nib Policy, or to individuals to whom the Insured Person has granted authority to act on their behalf. At the time of joining nib, the person applying for the nib Policy authorises us to share information with other individuals on the Policy. For example, this means we may make the Policyowner aware of the details of all Benefits and services claimed on the Policy.

We will not disclose an Insured Person's personal information to anyone, other than as above, unless:

- the Insured Person authorises us to do so; or
- the Insured Person's safety or the safety of others in the community is at risk; or
- we are required or permitted by law.

How does an Insured Person gain access to their personal information?

An Insured Person has a right to access, and request correction of, their personal information.

Policyowners can request details of their personal information by contacting nib at **0800 123 nib** (0800 123 642), or by emailing us at contactus@nib.co.nz

Can personal information be checked and corrected?

The accuracy of personal information is important to us.

We will take reasonable steps to ensure an Insured Person's personal information is accurate, complete and up-to-date.

We rely on the Policyowner and all Insured Persons to advise of any changes to their contact details and any other personal information. Where possible, please provide an email address. If an Insured Person believes that any personal information we hold is not accurate, complete or up-to-date, the Insured Person should contact us immediately.

Is personal information secure?

We take all reasonable steps to ensure personal information is kept secure.

Need more information?

Your personal information is collected and held by nib nz limited, 48 Shortland Street, Auckland.

For further information regarding this privacy policy or to discuss the steps we have taken to protect personal information and privacy, the Insured Persons can contact our Privacy Officer by calling **0800 123 nib** (0800 123 642), or by emailing contactus@nib.co.nz

Changes to this privacy policy

We reserve the right to change this privacy policy from time to time. This privacy policy was last updated in March 2015. To see the current privacy policy, please go to nib.co.nz/about-us/privacy-policy.

Feedback and complaints

Any questions? More information?

We know that customer feedback can help improve the quality of our service.

How to contact us:

Call nib on **0800 123 nib** (0800 123 642),
Monday to Friday 8:00am – 5.30pm

Go to **nib.co.nz**

Email contactus@nib.co.nz

We have a process for dealing with complaints to ensure they are heard.

You are welcome to contact us on the details above to talk to the person who handled your enquiry or Claim, or to talk to a senior team member or team leader.

Alternatively you can write to the nib Complaints Committee:

nib nz limited
PO Box 91 630
Victoria Street West
Auckland 1142

Email contactus@nib.co.nz

We will make every possible effort to resolve complaints to your satisfaction. In the event that you are not satisfied with the outcome, we will issue 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

Glossary of important terms

“ACC” means the Accident Compensation Corporation or any “Accredited Employer” as defined in the Accident Compensation Act 2001 or its successor under any subsequent legislation.

“Acceptance Certificate” means the most recent document entitled ‘Acceptance Certificate’ forwarded to the Policyowner by nib as part of the Contract of Insurance.

“Acute Medical Condition” means a sign, symptom or Condition that requires immediate, or within 48 hours, hospital admission for treatment or monitoring.

“Benefit” means an amount of money payable from nib to or on behalf of an Insured Person, in respect of approved expenses incurred by that Insured Person for treatment, in accordance with the Policy document and the Contract of Insurance.

“Benefit Limit” or **“Benefit Limits”** means the maximum amount we will pay for each Benefit for each Insured Person every Policy Year.

“Claim” or **“Claiming”** means a request from an Insured Person for the payment of Benefits or a confirmation of future payment of Benefits, which complies with this Policy document.

“Commencement Date” means the start date of your Policy that is shown as ‘Original policy commencement date’ on the Acceptance Certificate or Renewal Certificate (whichever is the later).

“Condition” means any illness, injury, ailment, disease, sickness, disorder or disability.

“Congenital” means a health anomaly or defect which is present at birth, whether it is recognised or not and whether it is inherited or due to external or environmental factors such as drugs or alcohol.

“Consultation” or **“Consultations”** means a necessary face-to-face meeting with a Recognised Health Professional for discussion or the seeking of advice, or conferring to evaluate the medical case and any treatment. A Consultation does not include the treatment itself. This does not include virtual consultation.

“Contract of Insurance” means the following:

- the Acceptance Certificate or Renewal Certificate (whichever is the later);
- this Policy document (or any subsequent document that replaces this document); and
- any application(s) completed by the Policyowner and all the Insured Persons covered under the Policy (if any).

In descending order of priority if there is any inconsistency.

“Cover” means a defined group of Benefits which are payable to an Insured Person under their chosen level of health insurance, subject to the relevant rules.

“Dental Practitioner” means an nib Recognised Health Professional who is:

- (a) in Private Practice and holds a current annual practicing certificate; and
- (b) a member of the Dental Council of New Zealand (or its successor under any subsequent legislation).

“Dental Treatment” means treatment that is provided by a Dental Practitioner.

“Dependent Child” or **“Dependent Children”** means an Insured Person’s child or children under the age of 21 years.

“Diagnostic Investigation” means an investigation procedure undertaken to determine the presence or cause of a sign, symptom or Condition. This does not include any skin biopsies or treatment of any kind including but not limited to pain relief.

“Effective Date” means the date that any changes made to your Policy take effect. The date is shown as ‘Effective date’ on the Acceptance Certificate or Renewal Certificate (whichever is the later).

“GP” or **“General Practitioner”** means a doctor registered under the Health Practitioners Competence Assurance Act 2003 (or its successor under any subsequent legislation) and recognised by the Medical Council of New Zealand to practise as a General Practitioner, and approved by nib.

“Health Services” means Consultations, assessments, investigations or treatments of a sign, symptom or Condition provided by a Recognised Health Professional.

“Injection” means forcing a liquid / pharmaceutical into any part of the body for any reason.

“Insured Person” means a person named as an ‘Insured Person’ in your Acceptance Certificate or Renewal Certificate (whichever is the later), and may, as applicable, include the Policyowner.

“Join Date” means the date when Cover commences when an Insured Person is added to this Policy shown on the Acceptance Certificate or Renewal Certificate (whichever is the later).

“nib” or **“we”** or **“us”** means nib nz limited.

“Obesity” means the World Health Organisation recognised calculation of Obesity.

“Optical Appliance” means spectacles or contact lenses used to correct sight which has been approved by nib and prescribed by an optometrist or ophthalmologist.

“Partner” means an Insured Person’s spouse or a person who cohabits with the Insured Person in the nature of a marital, de-facto or civil union relationship.

“Pharmaceutical Prescription” means a legally written order by a Registered Specialist, GP, dentist or nurse practitioner for the preparation and administration of a medicine (pharmaceutical), dispensed by a registered pharmacy and listed under sections A to G of the Ministry of Health PHARMAC Pharmaceutical Schedule (or its successor under any subsequent legislation).

“Physiotherapist” means an nib Recognised Health Professional who is:

- (a) in Private Practice and holds a current annual practicing certificate; and

(b) a member of The Physiotherapy Board of New Zealand (or its successor under any subsequent legislation).

“Physiotherapy” means treatment provided by a Physiotherapist.

“Policy” or **“Policies”** means this contractual agreement between the Policyowner and nib as governed by the Contract of Insurance.

“Policy Anniversary Date” means the date 12 months after the Commencement Date and every 12-month anniversary of that date.

“Policy Year” means the 12 month period that commences on the Commencement Date and ends at 6am of the Policy Anniversary Date, and each successive 12 month period from a Policy Anniversary Date to the next Policy Anniversary Date.

“Policyowner” means a person who administers the Policy and whose name is on the Acceptance Certificate or Renewal Certificate (whichever is the later) as ‘Policyowner(s)’. This means all Policyowners if there is more than one.

“Premium” means the amount of money the Policyowner is required to pay to nib in respect of a specified period of Cover for the Policy.

“Private Practice” means a practice (whether sole, partnership or group) which receives its primary income from the fees charged to its patients without subsidy or funding from the public health sector, and is recognised by nib.

“Prophylactic” means any Diagnostic Investigation or treatment prescribed to prevent the risk of a Condition developing in the future.

“Public Hospital” means a hospital owned and administered by the publicly funded health sector of the New Zealand Government.

“Recognised Health Professional” means any registered person who holds a current practising certificate in compliance with the Health Practitioners Competence Assurance Act 2003 (or its successor under any subsequent legislation) and is a member of the appropriate registration body, for example the Medical Council of New Zealand, the Dental Council of New Zealand, the Nursing Council of New Zealand or the Chiropractic Board of New Zealand, and is recognised by nib.

“Recognised Private Hospital” means a private hospital, day surgery unit or private wing in a Public Hospital, within New Zealand that has been recognised by nib. It does not include any other type of medical facility.

“Recognised Provider” means a Recognised Health Professional, Recognised Private Hospital or other recognised medical facility that is recognised by nib.

“Registered Specialist” means a medical practitioner who has trained and specialised in a specific branch of medicine and any specialist who is a member of an appropriately recognised specialist college and has Medical Council of New Zealand vocational registration in that speciality, and approved by nib. For the purposes of this definition it will not include those holding vocational registration for accident and medical practice, emergency medicine, family planning, sexual and reproductive health, general practice, medical administration, public health medicine or sports medicine.

“Renewal Certificate” means the most recent document entitled ‘Renewal Certificate’ forwarded to the Policyowner by nib in relation to the Policy.

“Screening” means a Diagnostic Investigation carried out in the absence of any sign or symptom of a Condition in order to confirm whether or not a Condition is present, for example: testing due to a family history of cancer.

“Surgery” or **“Surgical”** or **“Surgeries”** means 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. This does not include Injections of any type.

“Waiting Period” means, in relation to a Benefit, a period of time after the Commencement Date, Effective Date or where an Insured Person is added to this Policy, the Join Date, for which no Claim will be paid for a specific Benefit.



EveryDay Cover Policy document

Need help?

Call us on 0800 123 nib (0800 123 642)

Mon to Fri: 8:00am - 5.30pm

Fax us on 0800 345 134

Go to nib.co.nz

Email us at contactus@nib.co.nz

PO Box 91 630, Victoria Street West, Auckland 1142

