

nib Assurance Extra Protection Benefit Sheet

Major Medical Cover

1. Lives Assured

The **Lives Assured** who are covered by this Major Medical Cover are detailed in the **Policy Schedule**. All references to **Life Assured** or **Lives Assured** in this Major Medical Cover Protection Benefit Sheet refer only to that person or those people. The Major Medical Cover and any optional benefits that apply to those **Lives Assured** are detailed in the **Policy Schedule**.

2. Major Medical Cover Claims

The Major Medical Cover is payable, if a **Life Assured** incurs medical costs covered by this policy and **nib** has accepted the claim. The amount payable to you will be the actual medical costs incurred. However if, in **nib**'s sole opinion, the medical costs incurred are excessive compared to what is usual for a particular treatment or procedure then **nib** will only pay what it reasonably believes to be the usual, customary and reasonable costs for the particular treatment or procedure. The amount payable is subject to any excess referred to in Clause 3 (The Excess) of this Protection Benefit Sheet and the maximums and exclusions referred to elsewhere in this Protection Benefit Sheet. Any medical costs incurred must have arisen directly from the recommendation of an appropriate registered medical practitioner approved by **nib** as being necessary for the purposes of diagnosing a medical condition or for treatment of a **Non-acute Medical Condition**.

The amount payable is also reduced by any other payments or benefits which the **Life Assured** is eligible to receive from any other persons or organisations as a result of the same medical costs.

3. The Excess

The excess you have selected is detailed in the **Policy Schedule**. The higher the excess you select the lower the **Protection Premium** will be for this Major Medical Cover.

Any excess applies to each treatment cost incurred by each **Life Assured**. **nib** will reimburse the balance of the treatment cost over and above the excess subject to the maximums and exclusions detailed elsewhere in this protection benefit sheet.

For the purposes of the excess, a treatment cost is defined as:

3.1 **Base Plan (including Optional Major Medical Deluxe Benefit)**

All costs incurred, unless specifically exempt from an excess, payable under the Base Plan and directly related to the same condition. This includes **Specialist** consultations and diagnostic procedures undertaken within six (6) months of surgery or admission providing they are directly related to the surgery or admission.

3.2 **Optional Specialists and Tests Benefit**

All costs incurred and payable under the Optional Specialists and Test Benefit detailed in this Protection Benefit Sheet which occur within the twelve (12) months following a policy **Anniversary Date** (assuming your policy remains in force).

4. Australian Coverage

Your Major Medical Cover reimburses medical costs for **Non-acute Medical Condition(s)**, which are incurred and treated in Australia. The amount of reimbursement will be the usual, customary and reasonable costs which would be payable in New Zealand for the same treatment or procedure subject to the excess, maximums and exclusions described elsewhere in this Protection Benefit Sheet. All maximums, excesses and benefit amounts referred to in this Protection Benefit Sheet are in New Zealand dollars.

5. Surgical Hospitalisation Benefit

The maximum Surgical Hospitalisation Benefit payable per **Life Assured** is \$200,000 per operation.

This Surgical Hospitalisation Benefit will cover costs which have occurred as a direct result of surgical treatment of a **Non-acute Medical Condition**, subject to the exclusions described elsewhere in this Protection Benefit Sheet. The treatment must have been recommended by an appropriate registered medical practitioner approved by **nib** as being necessary to improve the health of the **Life Assured** and must be carried out in a **Private Hospital** or a **Public Hospital** provided protocols for a **Private Hospital** set by the Ministry of Health for the treatment of private patients in **Public Hospitals** have been followed.

Surgeries included under this Surgical Hospitalisation Benefit are:

- General Surgery
- Cardiac Surgery
- Otolaryngological Surgery
- Urological Surgery
- Gynaecological Surgery
- Ophthalmological Surgery (Not including laser eye surgery to correct refractive errors or astigmatisms.)
- Orthopaedic Surgery
- Peripheral Vascular Surgery
- Plastic Surgery (Non-**Cosmetic**)
- Oral Surgery (Only if performed by a **Specialist** oral surgeon. Dentists costs not covered)
- Maxillofacial Surgery
- Day Surgery performed by a **Specialist** (Non-**Cosmetic**)
- Sterilisation Procedures (Only those occurring after two (2) years from the **Commencement Date**)
- Wisdom Teeth Extraction by an oral surgeon, **Dental Practitioner** or maxillofacial surgeon approved by **nib** (Only those occurring after two (2) years from the **Commencement Date**).

The Surgical Hospitalisation Benefit will cover the following costs associated with the surgery during the period of hospital admission:

- Surgeon's and anaesthetist's fees;
- Operating theatre fees;
- **Private Hospital** accommodation fees or a **Public Hospital** accommodation fees provided protocols for a **Private Hospital** set by the Ministry of Health for the treatment of private patients in **Public Hospitals** have been followed;
- **Specialist(s)** consultations that occurred within six (6) months pre or post the admission date and which were directly related to the surgery, this includes **Specialist** consultations for a second opinion from another **Specialist** if the **Life Assured** has been recommended a treatment by a **Specialist** and would like a second opinion;

- Diagnostic procedures including diagnostic procedures which are directly related to the surgery and which occurred within six (6) months of the admission date;
- Prostheses;
- Outpatient fees for day surgery;
- Surgical sundries including intravenous fluids, irrigating solutions, dressings, and prescriptions.
This includes prescriptions which are directly related to the surgery for a maximum period of six (6) months following the surgery;
- Post-operative physiotherapy including physiotherapy treatment which is directly related to the surgery for a maximum period of six months following the surgery;
- Post-operative **Osteopathy** which is directly related to the surgery for a maximum period of six months following the surgery;
- Post-operative **Chiropractic Therapy** which is directly related to the surgery for a maximum period of six months following the surgery;
- Post-operative **Speech Therapy** which is directly related to the surgery for a maximum period of six months following the surgery;
- Post-operative **Occupational Therapy** which is directly related to the surgery for a maximum period of six months following the surgery;
- Post-operative **Dietitian** consultations which are directly related to the surgery for a maximum period of six months following the surgery.

6. Non-Surgical Hospitalisation Benefit

The maximum Non-Surgical Hospitalisation Benefit payable per **Life Assured** is \$200,000 **Per Annum**.

The Non-Surgical Hospitalisation Benefit will cover costs which have occurred as a direct result of the diagnosis of any **Non-acute Medical Condition**, subject to the exclusions described elsewhere in this Protection Benefit Sheet, for which non-surgical hospital treatment is recommended by an appropriate registered medical practitioner approved by **nib** as being necessary to improve the health of the **Life Assured**.

The Non-Surgical Hospitalisation Benefit will cover the following costs, which are incurred during the period of hospital admission to a **Private Hospital** or a **Public Hospital** provided protocols for a **Private Hospital** set by the Ministry of Health for the treatment of private patients in **Public Hospitals** have been followed.

- **Private Hospital** accommodation fees or **Public Hospital** accommodation fees provided protocols for a **Private Hospital** set by the Ministry of Health for the treatment of private patients in **Public Hospitals** have been followed.
- **Specialist** fees including specialist fees directly related to the hospital admission and which have occurred within six (6) months of the date of admission, this includes **Specialist** consultations for a second opinion from another **Specialist** if the **Life Assured** has been recommended a treatment by a **Specialist** and would like a second opinion.
- Prescription drugs listed on the New Zealand Pharmaceutical Management Agency (**PHARMAC**) pharmaceutical schedule and administered to the **Life Assured** while in a **Private Hospital** or prescribed immediately upon the **Life Assured**'s discharge from a **Private Hospital** for a maximum period of six (6) months. The drugs must be listed on the **PHARMAC** Pharmaceutical Schedule as being approved for the condition being treated, taking into account any restrictions where applicable.
- Treatment costs, subsidised by **PHARMAC**, subject to the treatment being registered by **Medsafe** and approved for use in New Zealand, e.g. chemotherapy or radiotherapy. Oral treatment for chemotherapy recommended by an appropriate registered medical practitioner that does not require admission to a **Private Hospital** will also be covered.
- Treatment costs for hyperbaric oxygen treatment when recommended by an appropriate registered medical practitioner that does not require admission to a **Private Hospital** will also be covered.

- Diagnostic procedures including diagnostic procedures directly relating to the hospital admission which occurred within six (6) months of the date of admission
- Sundries including but not limited to intravenous fluids and dressings.
- Post-treatment physiotherapy which is directly related to the non-surgical hospital treatment for a maximum period of six months following the treatment;
- Post-treatment **Osteopathy** which is directly related to the non-surgical hospital treatment for a maximum period of six months following the treatment;
- Post-treatment **Chiropractic Therapy** which is directly related to the non-surgical hospital treatment for a maximum period of six months following the treatment;
- Post-treatment **Speech Therapy** which is directly related to the non-surgical hospital treatment for a maximum period of six months following the treatment;
- Post-treatment **Occupational Therapy** which is directly related to the non-surgical hospital treatment for a maximum period of six months following the treatment;
- Post-treatment **Dietitian** consultations which are directly related to the non-surgical hospital treatment for a maximum period of six months following the treatment.

7. Major Diagnostic Benefit

The maximum Major Diagnostics Benefit payable per **Life Assured** is \$200,000 **Per Annum**.

The Major Diagnostics Benefit will cover the costs of the following diagnostic procedures, subject to the exclusions described elsewhere in this Protection Benefit Sheet, which have been recommended by an appropriate registered medical practitioner approved by **nib**, whether they have occurred in relation to a period of private hospitalisation or not:

- MRI Scans
- CT Scans
- PET Scan
- Arthroscopy
- Laparoscopy
- Dilation & Curettage
- Cystoscopy
- Myelogram
- Hysteroscopy
- Angiogram
- Colonoscopy
- Gastroscopy
- Capsule Endoscopy
- Colposcopy

8. Minor Surgery Benefit

The Minor Surgery Benefit covers the cost of treatment for medically necessary minor surgery, incurred for an outpatient surgical procedure following referral by the usual general practitioner. The surgery must be performed under local anaesthesia in specialised surgery rooms by a registered medical practitioner who has undertaken appropriate vocational training reasonably acceptable to **nib** in a specialised area of medicine and whose primary business is to practice in this area of medicine.

The maximum Minor Surgery Benefit payable per **Life Assured** is \$3,000 **Per Annum**.

This Minor Surgery Benefit includes the pre and post minor surgery consultations or any diagnostic costs directly associated with the minor surgery as listed below:

- Specialising general practitioner consultations which occurred within six (6) months of the minor surgery date and which were directly related to the minor surgery;
- Diagnostic procedures including diagnostic procedures which are directly related to the minor surgery and which occurred within six (6) months of the minor surgery date;
- Outpatient fees for day surgery;
- Surgical sundries including intravenous fluids, irrigating solutions, dressings, and prescriptions. This includes prescriptions which are directly related to the surgery for a maximum period of six (6) months following the surgery.

9. Post-Admission Home Nursing Care Benefit

The maximum Post Admission Home Nursing Care Benefit payable per **Life Assured** is \$300 per day for up to a maximum of ten (10) days per admission. The Post Admission Home Nursing Care Benefit will reimburse costs incurred for home nursing care by a registered nurse following any **Private Hospital** admission covered under this Major Medical Cover, subject to the exclusions described elsewhere in this Protection Benefit Sheet. Such care must have been recommended as necessary by the **Private Hospital** where the admission occurred.

No excess applies to this Post Admission Home Nursing Care Benefit.

10. Transfer Costs Benefit

If the required treatment is not available within the **Life Assured's Residential Region** then **nib** will reimburse the air or road ambulance costs associated with transferring the **Life Assured** to or from a **Private Hospital** within New Zealand, subject to the exclusions described elsewhere in this Protection Benefit Sheet.

11. Support Person Accommodation Grant Benefit

The maximum Support Person Accommodation Grant Benefit payable per **Life Assured** is \$300 per day for up to a maximum of ten (10) days per admission.

The Support Person Accommodation Grant Benefit is payable, subject to the exclusions described elsewhere in this Protection Benefit Sheet, where on the recommendation of an appropriate registered medical practitioner approved by **nib**, a support person is required to accompany a **Life Assured** outside of their **Residential Region** for non-acute treatment in a **Private Hospital**, which is deemed necessary but cannot be provided locally in their **Residential Region**.

No excess applies to this Support Person Accommodation Grant Benefit.

12. Support Person Transfer Benefit

The Support Person Transfer Benefit is payable, subject to the exclusions described elsewhere in this Protection Benefit Sheet, where on the recommendation of an appropriate registered medical practitioner approved by **nib**, a support person is required to accompany a **Life Assured** outside of their **Residential Region** for treatment, which is deemed necessary but cannot be provided locally in their **Residential Region**.

nib will reimburse the actual transport costs of the support person provided that those costs are the usual, reasonable and customary costs for public transport directly to and from the treatment destination.

13. Overseas Treatment Benefit

The maximum Overseas Treatment Benefit payable per **Life Assured** is \$30,000 **Per Annum**.

The Overseas Treatment Benefit will reimburse overseas medical, travel and support person costs, subject to the excess, maximums and exclusions detailed elsewhere in this Protection Benefit Sheet. This benefit will only apply where the recommended treatment cannot be provided in New Zealand. **nib** will determine at its reasonable discretion, the country to which the **Life Assured** can travel for medical treatment. Any financial assistance which the **Life Assured** is eligible for from any other persons or organisations, as a result of the unavailability of New Zealand treatment options, will be deducted from any benefit payable under this Overseas Treatment Benefit.

14. Overseas Waiting List Benefit

The maximum Overseas Waiting List Benefit payable per **Life Assured** is \$200,000 **Per Annum**.

The Overseas Waiting List Benefit will reimburse overseas medical, travel and support person costs, subject to the excess, maximums, limits and exclusions detailed elsewhere in this Protection Benefit Sheet. This benefit will only apply where the recommended treatment is able to be provided in New Zealand but cannot be provided in New Zealand within six (6) months of the recommended time as a direct result of insufficient medical resources. **nib** will determine at its reasonable discretion, the country to which the **Life Assured** can travel for medical treatment. Any financial assistance which the **Life Assured** is eligible for from any other persons or organisations, as a result of the delay in accessing New Zealand treatment options, will be deducted from any benefit payable under this Overseas Waiting List Benefit.

The amount of reimbursement for overseas medical costs will be limited to the usual, customary and reasonable costs which would be payable in New Zealand for the same treatment or procedure. All maximums, excesses and benefit amounts referred to in this Protection Benefit Sheet are in New Zealand dollars.

15. Medical Tourism Benefit

If the **Life Assured** is recommended by a **Specialist** to undergo medical treatment, which is available in New Zealand within the six (6) months following recommendation and a claim for the medical tourism benefit is pre-approved by **nib**, you may elect at your sole discretion, to claim under the Medical Tourism Benefit instead of any other benefit provided under this Protection Benefit Sheet.

The Medical Tourism Benefit will reimburse seventy-five percent (75%) of the usual customary and reasonable costs which would have been incurred for the medical treatment, had that treatment been undertaken in New Zealand to a maximum of \$200,000 per operation as specified under the Surgical Hospitalisation Benefit.

nib will include the following costs in the reimbursement amount subject to the maximums detailed above:

- Treatment costs for the **Life Assured**; and
- Accommodation costs for the **Life Assured** and one support person; and
- Ordinary public transport costs to and from the destination for the **Life Assured** and one support person (including economy airfare, taxi, bus, train and ferry).

nib will not accept responsibility for the cost associated with any complications that might arise as a direct or indirect result of the treatment undertaken at your choice of overseas destination unless the treatment costs for these complications (including medical emergency evacuation costs) coupled with the other costs listed above remain below the seventy-five percent (75%) limit detailed above and occurs within six (6) months of the treatment.

16. Children's Benefit

Children are automatically covered for the first four (4) months after being born, subject to the exclusions described in Clause 23 (Exclusions) in this Protection Benefit Sheet. If you require coverage for your child after the four (4) month period you must advise **nib** of the child's name, gender and date of birth before this free coverage period ends. A premium will be payable for each child you require coverage for at the end of the free coverage period. **nib** will advise you what the new **Total Premium** payable will be. All children are subject to an exclusion for **Congenital Condition(s)** as specified in Clause 23 (Exclusions) in this Protection Benefit Sheet.

Children may remain covered under this Major Medical Cover for as long as you continue to pay the required **Total Premium**, irrespective of their age.

If a child covered under this Major Medical Cover wishes to convert their Major Medical Cover to an **nib** policy of their own, they may do so by writing to **nib**. Their Major Medical Cover will be converted to the new policy on the same terms and conditions that applied to their cover at the date of conversion or they may elect cover under the current policy terms and conditions that **nib** are offering at the time of conversion. Once converted no further Major Medical Cover will be provided under this policy for that child.

17. Optional Major Medical Deluxe

This Optional Major Medical Deluxe is only available to you if it is shown in the **Policy Schedule**. If the **Life Assured** has chosen the Optional Major Medical Deluxe and the claim would not otherwise be accepted under the base terms of the standard Major Medical Cover, **nib** will assess your claim based on the Major Medical Deluxe provisions. The Optional Major Medical Deluxe provides you with the following benefits:

17.1 Inability to Change Major Medical Wordings

nib will not alter the terms and conditions of this Major Medical Cover unless the change is to the advantage of the **Life Assured** and/or **Policy Owner**.

17.2 Coverage for Non-PHARMAC Drugs

Exclusions for non-**PHARMAC** drugs specified elsewhere in this Protection Benefit Sheet do not apply if the Optional Major Medical Deluxe is shown in the **Policy Schedule**. This includes but is not limited to chemotherapy.

The maximum coverage for non-**PHARMAC** drugs payable per **Life Assured** is \$200,000 **Per Annum** as detailed in Clause 6 (Non-Surgical Hospitalisation Benefit).

For the purposes of this Protection Benefit Sheet, non-**PHARMAC** drugs means any drug that has been approved by **Medsafe** but is not listed as a government subsidised drug by **PHARMAC**.

17.3 Bariatric Surgery

If the **Life Assured** is recommended by a **Specialist** acceptable to **nib**, to undergo medically necessary bariatric surgery and the **Life Assured** meets the criteria below, **nib** will cover the following costs, associated with the surgery during the period of hospital admission:

- Surgeon's and anaesthetist's fees;
- Operating theatre fees;
- **Private Hospital** accommodation fees or **Public Hospital** accommodation fees provided protocols for a **Private Hospital** set by the Ministry of Health for the treatment of private patients in **Public Hospitals** have been followed;
- **Specialist(s)** consultations that occurred within six (6) months pre or post the admission date and which were directly related to the surgery;
- Diagnostic procedures which are directly related to the surgery and which occurred within six (6) months of the admission date;
- Outpatient fees for day surgery;
- Surgical sundries including intravenous fluids, irrigating solutions, dressings, and prescriptions. This includes prescriptions which are directly related to the surgery for a maximum period of six (6) months following the surgery;
- Post-operative physiotherapy including physiotherapy treatment which is directly related to the surgery for a maximum period of six (6) months following the surgery.

In order to qualify for Bariatric Surgery the **Life Assured** needs to prove that other reasonable non-surgical weight loss measures have been attempted unsuccessfully and the **Life Assured** must meet the following criteria:

- BMI equal to or greater than 40;

or

- BMI equal to 35 to 39 inclusive and one (1) of the following:
 - Osteoarthritis of at least two (2) different weight bearing joints as shown in x-ray reports. The weight bearing joints being lumbosacral spine, hips, knees, ankles, first metatarsophalangeal joint in feet; or
 - Treatment-refractive hypertension s of BP > 140/90 and on three (3) or more medications; or
 - Obstructive sleep apnoea proven on sleep study; or
 - Medically confirmed Type 2 diabetes; or
 - Previous coronary artery disease, ischaemic heart disease or stroke.

17.4 Breast Reduction Surgery

If the **Life Assured** is recommended by a **Specialist** acceptable to **nib** to undergo medically necessary breast reduction surgery, and the **Life Assured** meets the criteria below, **nib** will cover the following costs, associated with the surgery during the period of hospital admission:

- Surgeon's and anaesthetist's fees;
- Operating theatre fees;
- **Private Hospital** accommodation fees or **Public Hospital** accommodation fees provided protocols for a **Private Hospital** set by the Ministry of Health for the treatment of private patients in **Public Hospitals** have been followed;
- **Specialist(s)** consultations that occurred within six (6) months pre or post the admission date and which were directly related to the surgery;

- Diagnostic procedures which are directly related to the surgery and which occurred within six (6) months of the admission date;
- Outpatient fees for day surgery;
- Surgical sundries including intravenous fluids, irrigating solutions, dressings, and prescriptions. This includes prescriptions which are directly related to the surgery for a maximum period of six (6) months following the surgery;
- Post-operative physiotherapy including physiotherapy treatment which is directly related to the surgery for a maximum period of six months following the surgery.

In order to qualify for Breast Reduction Surgery the **Life Assured** needs to meet all of the following criteria:

- Medical evidence showing an ongoing history of neck, back and/or shoulder pain; and
- Medical evidence of grooving from bra strap or skin irritation beneath breast; and
- The medical need to remove more than 350g per breast; and
- Normal mammogram within the last twelve (12) months is required for those aged forty (40) and over.

17.5 Medical Misadventure Benefit

The maximum Medical Misadventure Benefit payable is \$30,000 per **Life Assured**. The Medical Misadventure Benefit is payable if, during the course of a medical procedure or treatment in a **Public Hospital** or **Private Hospital**, the **Life Assured** dies as a direct consequence of any erroneous or negligent action, omission or failure to observe reasonable and customary standards by a **Recognised Health Professional**, provided:

- The death occurs within 30 days of such a recorded and proven incident; and
- A public admission of such an incident and liability is accepted by the **Public Hospital** or **Private Hospital** and verified and confirmed by the relevant government authority, a court of law, coroner's inquest or the Medical Council.

This Medical Misadventure Benefit is not payable when the medical misadventure occurs during a surgery or treatment that is not covered by this **Cover**.

No excess applies to this Medical Misadventure Benefit.

nib will deduct any Funeral Support Benefit previously paid for a **Life Assured** from this Medical Misadventure Benefit.

17.6 Obstetrics Benefit

The maximum Obstetrics Benefit payable is \$2,000 per pregnancy. This Obstetrics Benefit is not payable if the pregnancy is conceived prior to the date that the Optional Major Medical Deluxe commenced for the relevant **Life Assured**.

The **Obstetrics Benefit** will cover the cost of treatment by an **Obstetrician** following recommendation by the usual General Practitioner, and is only payable at the end of the **Life Assured's** pregnancy upon receipt of evidence of the costs incurred.

This Obstetrics Benefit is not payable when the **Life Assured** is admitted in a **Public Hospital**.

This Obstetrics Benefit is not payable for caesarean sections, treatment of ectopic pregnancies or any conditions arising post-birth.

17.7 Waiver of Premium Benefit

If a **Life Assured** dies, **nib** will waive the parts of your **Total Premium** that relate to Major Medical Cover and/or Major Medical Guaranteed Insurability Cover for the remaining **Lives Assured** on this policy for a maximum of two (2) years from the date of death of the deceased **Life Assured**.

The parts of your **Total Premium** that relate to Major Medical Cover and/or Major Medical Guaranteed Insurability Cover on this policy for remaining **Lives Assured** who are children will be waived for two (2) years from the date of death of the deceased **Life Assured** or until the relevant child reaches twenty-one (21) years of age, whichever is the earlier.

The waiver of premium under this benefit does not extend to any part of the **Total Premium** which has increased as a result of any increase in cover under this **Policy** during the period in which the premiums are waived. Any such increase in the **Total Premium** will need to be paid for by you.

18. Optional Specialists and Tests Benefit

You are only covered for this Optional Specialists and Tests Benefit if it is included on the **Policy Schedule**.

18.1 Specialist Consultations Benefit

The **Specialist** Consultations Benefit will cover the cost of **Specialist** consultations, subject to the exclusions described elsewhere in this protection benefit sheet, which have been recommended by an appropriate registered medical practitioner and which do not form part of the costs associated with the **Base Plan**.

For consultations with specialised alternative providers – see benefit 18.2 below.

18.2 Alternative Provider Consultations Benefit

The maximum Alternative Provider Consultations Benefit payable per **Life Assured** is ten (10) sessions per **Life Assured**, up to \$3,000 **Per Annum**.

The Alternative Provider Consultations Benefit will cover the cost of consultations with any of the following specialised alternative providers, subject to the exclusions described elsewhere in this protection benefit sheet, which have been recommended by an appropriate registered medical practitioner and which do not form part of the costs associated with the **Base Plan**:

- Registered **Osteopath**
- Registered Naturopath
- Registered Homeopath
- Registered **Chiropractor**
- Registered Acupuncturist
- Registered Physiotherapist
- Registered **Speech Therapist**
- Registered **Occupational Therapist**
- Registered **Dietitian**
- Registered **Nutritionist**
- Registered **Eye Therapist**

18.3 Diagnostic Tests Benefit

The maximum **Diagnostic** Tests Benefit payable per **Life Assured** is \$3,000 **Per Annum**.

The **Diagnostic** Tests Benefit will cover the cost of any **Diagnostic** procedures, subject to the exclusions described elsewhere in this protection benefit sheet, which have been recommended by an appropriate registered medical practitioner approved by **nib** and which do not form part of the costs associated with the **Base Plan**.

This benefit excludes cardiac **Diagnostic** tests – see benefit 18.4 below.

18.4 Cardiac Diagnostic Tests Benefit

The maximum Cardiac **Diagnostic** Tests Benefit payable per **Life Assured** is \$60,000 **Per Annum**.

The Cardiac **Diagnostic** Tests Benefit will cover the cost of any cardiac **Diagnostic** procedures, subject to the exclusions described elsewhere in this protection benefit sheet, which have been recommended by an appropriate registered medical practitioner approved by **nib** and which do not form part of the costs associated with the **Base Plan**.

19. Public Hospital Cash Grant Benefit

The maximum Public Hospital Cash Grant Benefit payable is \$300 per night for the third and each subsequent night, up to a maximum of \$3,000 **Per Annum**.

The Public Hospital Cash Grant will apply where the **Life Assured** is admitted to a **Public Hospital** as a non-private fee paying patient, and where the admission lasts for more than three (3) nights. This Public Hospital Cash Grant Benefit will be payable for the third night and each subsequent night, subject to the exclusions described elsewhere in this protection benefit sheet.

No excess applies to this Public Hospital Cash Grant Benefit.

20. Funeral Support Benefit

nib recognises that there will be immediate expenses associated with the death of a **Life Assured**. In order to assist with these expenses, **nib** will pay a Funeral Support Benefit of \$3,000 immediately upon written notification of the death of a **Life Assured** who is older than ten (10) years. Where the **Life Assured** is ten (10) years or younger, **nib** will pay a funeral support benefit of \$2,000 immediately upon written notification of their death.

No excess applies to this Funeral Support Benefit. The Funeral Support Benefit will be payable if the death was caused by an acute condition.

This Funeral Support Benefit is not payable when a Medical Misadventure Benefit has previously been paid for the same **Life Assured**.

21. Loyalty Benefits

nib will cover the cost of a sterilisation procedures occurring after two (2) years from the **Commencement Date** including vasectomies and female sterilisation procedures including but not limited to tubal ligation and hysteroscopic sterilisation. This includes procedures performed by General Practitioner's specialising in sterilisation.

nib will cover the cost of wisdom teeth extraction by an oral surgeon, **Dental Practitioner** or maxillofacial surgeon approved by **nib**, after two (2) years from the **Commencement Date**.

22. Claim Proofs

nib has no obligation to pay any claim under this Major Medical Cover until **nib**:

- has received all information it requires to assess the claim in accordance with the terms, conditions and exclusions of cover; and
- is satisfied that the **Life Assured** fulfils the relevant criteria; and
- is satisfied that no exclusion or other limitation of cover applies.

Pre-approval of a medical treatment or procedure is encouraged by **nib**. If a **Life Assured** has been referred for a medical test or procedure, they can apply to **nib** for pre-approval of the costs involved. If **nib** approves the procedure or treatment then a pre-approval letter will be provided to the **Life Assured** and **nib** will automatically pay the costs less the excess to the treatment supplier upon receipt of the pre-approved medical bills.

Where pre-approval has not been sought, **nib** will need to assess the validity of any claim made before any claim can be paid. To allow this process to be completed, **nib** will require the information listed below and any other information **nib** deems necessary:

- a fully completed claim form; and
- copies of the medical bills to be reimbursed; and
- details of any other payments or benefits which the **Life Assured** is eligible to receive from any other persons or organisations as a result of the same medical bills; and
- proof (acceptable to **nib**) of the death of a **Life Assured** if claiming under the funeral support benefit; and
- proof (acceptable to **nib**) of the surgery being completed if claiming under the medical tourism benefit; and
- this policy document.

Depending on the individual circumstances surrounding each claim, **nib** may also request any other additional claim proof that it determines, at its sole discretion, is necessary to complete its assessment of the claim. From time to time **nib** may learn of a **Specialist** or medical practitioner whose methods may not be consistent with what is, in **nib**'s sole opinion, commonly regarded as good medical practice. If, as a result of this, **nib** does not approve of a **Specialist** or medical practitioner from whom the **Life Assured** has obtained his/her diagnosis of the condition or a recommended treatment option on which a claim is based, **nib** can require that the **Life Assured** obtain a second diagnosis or recommended treatment option from another **Specialist** or medical practitioner approved by **nib**.

23. Exclusions

nib will not pay any claim under this Major Medical Cover if a medical condition is either directly or indirectly caused by or results from any of the following:

- intentional self-inflicted harm including attempted suicide, alcohol or drug abuse; or
- pregnancy or complications arising from the pregnancy unless complications last more than ninety (90) days after the end of the pregnancy, unless the Optional Major Medical Deluxe Benefit is shown in the **Policy Schedule**; or
- participating in a criminal activity; or
- HIV and related conditions including AIDS; or
- mental disease or disorder, developmental delay or psychiatric conditions; or
- geriatric conditions or senility; or
- **Congenital Condition(s)** or
- war, whether declared or not, civil war, participation in any armed force or peacekeeping activities resulting from an act of war or terrorism.

nib will also not pay any claim for any of the following costs or related costs:

- acute admission to a **Public Hospital** or **Private Hospital**; or
- **Cosmetic** surgery or procedures; or
- weight Reduction Surgery, unless the Optional Major Medical Deluxe Benefit is shown in the **Policy Schedule**; or
- general practitioner costs except if specifically included under the Minor Surgery Benefit, or
- dentist costs, including endodontists, periodontists and orthodontists; or
- all wisdom teeth extraction costs incurred within two (2) years of the **Commencement Date** of this Major Medical Cover
- prescription costs except those covered under the surgical and non-surgical hospitalisation benefits outlined in Clause 5 (Surgical Hospitalisation Benefit) and Clause 6 (Non-Surgical Hospitalisation Benefit) of this protection benefit sheet; or
- costs incurred outside of New Zealand and Australia except those specifically detailed in Clause 13 (Overseas Treatment Benefit), Clause 14 (Overseas Waiting List Benefit) and Clause 15 (Medical Tourism Benefit) of this protection benefit sheet; or
- contraception of any kind; or
- treatment provided by a **Public Hospital** except under the Public Hospital Cash Grant detailed in Clause 19 (Public Hospital Cash Grant) of this protection benefit sheet or unless protocols for a **Private Hospital** set by the Ministry of Health for the treatment of private patients in **Public Hospitals** have been followed; or
- surveillance or Routine Screening: An investigation or procedure undertaken when the **Life Assured** has no signs or symptoms and is undertaken to screen for early detection of diseases, except for follow-up investigations and/or diagnostics procedures that are undertaken to enable early detection of the re-occurrence of a **Non-acute Medical Condition** for which **nib** has previously accepted a claim; or
- prophylactic and Preventative procedures: A procedure undertaken to reduce the risk of or prevent disease from occurring.
- infertility investigations and treatment of any kind; or
- sterilisation costs incurred within two (2) years of the **Commencement Date** of this Major Medical Cover; or
- medical costs which are covered by ACC; or
- laser eye surgery; or
- any treatment which has not been approved by the Minister of Health or someone delegated by the Minister of Health to make such decisions for marketing in New Zealand; or
- any treatment which is not recognised as the appropriate treatment for **Non-acute Medical Condition(s)**, in the reasonable opinion of **nib**.

nib will also not pay any Funeral Support Benefit claim if a **Life Assured** dies as a direct or indirect result of self-inflicted harm including suicide or attempted suicide that occurs within the first thirteen (13) months following the date this Major Medical Cover commenced. If the policy is cancelled and subsequently reinstated by you then this thirteen (13) month suicide exclusion will also re-apply from the effective date of the policy reinstatement.

The terms and conditions of this Major Medical Cover may be changed by **nib** at any time by giving you not less than thirty (30) day's written notice. Unless your policy includes the Optional Major Medical Deluxe Benefit, if you or any **Life Assured** makes a claim in relation to the Major Medical Cover, the terms and conditions applying to the Major Medical Cover (as amended) will apply to your claim notwithstanding the original terms and conditions of the Major Medical Cover at the time your policy was issued.

Major Medical Cover

Supplementary Definitions from 1 December 2015

The following defined terms relate solely to Major Medical Cover and are additional to those that appear in the Assurance Extra Policy Wording.

References in the Assurance Extra Policy Wording to "OnePath", "we", "us", or "our" should be read as being reference to nib nz limited from 1 December 2015 unless the context requires otherwise.

Chiropractic Therapy	means treatment that is provided by a Chiropractor .
Chiropractor	means a Recognised Health Professional who is: <ul style="list-style-type: none">o in Private Practice and holds a current annual practising certificate; ando a member of the Chiropractic Board of New Zealand (or its successor).
Dental Practitioner	means a Recognised Health Professional who is: <ul style="list-style-type: none">o in Private Practice and holds a current annual practising certificate; ando a member of the Dental Council of New Zealand (or its successor).
Diagnostic	means an investigative procedure undertaken to determine the presence or cause of a sign, symptom or condition. Skin biopsies and treatment of any sign, symptom or condition are specifically excluded.
Dietitian	means a Recognised Health Professional who is: <ul style="list-style-type: none">o in Private Practice and holds a current annual practising certificate; ando a member of the Dietitian Board of New Zealand (or its successor).
Eye Therapist	means a Recognised Health Professional who is: <ul style="list-style-type: none">o in Private Practice and holds a current annual practising certificate; ando a member of the New Zealand Optometrist Association (or its successor); oro a member of the Australasian College of Behavioural Optometrists (or its successor).
nib	means nib nz limited.

Nutritionist	means a Recognised Health Professional who is: <ul style="list-style-type: none"> ○ in Private Practice and holds a current annual practising certificate; and ○ a member of the Nutrition Society of New Zealand (or its successor).
Obstetrician	means a Recognised Health Professional who is: <ul style="list-style-type: none"> ○ in Private Practice and holds a current annual practising certificate; and ○ a member of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (or its successor).
Occupational Therapist	means a Recognised Health Professional who is: <ul style="list-style-type: none"> ○ in Private Practice and holds a current annual practising certificate; and ○ a member of the Occupational Therapy Board of New Zealand (or its successor).
Occupational Therapy	means treatment that is provided by an Occupational Therapist .
Osteopath	means a Recognised Health Professional who is: <ul style="list-style-type: none"> ○ in Private Practice and holds a current annual practising certificate; and ○ a member of the Osteopathic Council of New Zealand (or its successor).
Osteopathy	means treatment that is provided by an Osteopath .
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 recognised by nib .
Recognised Health Professional	means: <ul style="list-style-type: none"> ○ a registered person who holds a current practising certificate in compliance with the Health Practitioners Competence Assurance Act 2003 (or its successor); ○ 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; and recognised by nib.
Speech Therapist	means a Recognised Health Professional who is: <ul style="list-style-type: none"> ○ in Private Practice and holds a current annual practising certificate; and ○ a member of the New Zealand Speech Language Therapists Association (or its successor).
Speech Therapy	means treatment that is provided by a Speech Therapist .